Bundle Public Board 26 March 2020

1 COVID-19 (Verbal)

Presenters: Chair/Chief Executive

2 Governance / Llywodraethu

2.1 Apologies / Ymddiheuriadau

Presenter: Chair

2.2 Declaration of Interests / Datganiad o Ddiddordeb

All

2.3 Minutes of the Public Meeting held on 30 January 2020 / Cofnodion y Cyfarfod Cyhoeddus ar 30 Ionawr 2020

Presenter: Chair

- Unapproved Board Minutes 30 January 2020

2.4 Matters Arising & Table of Actions from the Meeting held on 30 January 2020 / Materion sy'n Codi a Thabl o Gamau Gweithredu o'r cyfarfod ar 30 Ionawr 2020

Presenter: Chair

- Table of Actions from Health Board Meeting in Public held on 30 January 2020

2.5 Report of the Chair / Adroddiad y Cadeirydd

Presenter: Chair

- Chair's Report SBAR March 2020 Revised 25.03.20

2.6 Report of the Chief Executive / Adroddiad y Prif Weithredwr

Presenter: Steve Moore

- Report of the Chief Executive
- Appendix A - Register of Sealings March 2020
- Appendix B - Consultation Report March 2020

2.6.1 Transcutaneous Aortic Valve Insertion (TAVI) - REPORT UNDER EMBARGO UNTIL 10AM ON 26TH MARCH 2020

Presenter: Dr Philip Kloer

- TAVI
- TAVI statement
- TAVI Action Plan

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

Presenter: Paul Newman

- ARAC Update Report March 2020

2.8 Board Level Committee Terms of Reference for the Revised Corporate Governance Structure/ Arrangements/Cylch Gorchwyl Pwyllgor Lefel Bwrdd ar gyfer y Strwythur / Trefniadau Llywodraethu Corfforaethol Diwygiedig

Presenter: Joanne Wilson

- Revised Governance Arrangements March 2020
- Appendix 1 - PPPAC Terms of Reference
- Appendix 2 - H&SAC Terms of Reference
- Appendix 3 - ARAC Terms of Reference
- Appendix 4 - CFC Terms of Reference
- Appendix 5 - Finance Committee Terms of Reference
- Appendix 6 - MHLAC Terms of Reference
- Appendix 7 - QSEAC Terms of Reference
- Appendix 8 - RTSC Terms of Reference

3 Strategic Issues / Materion Strategol

3.1 Three Year Plan Including the Financial Plan / Cynllun Tair Blynedd yn Cynnwys y Cynllun Ariannol

Presenters: Karen Miles/Huw Thomas

SBAR Three Year Plan 2020-23 Incorporating the Annual Plan 2020-21

Three Year Plan 2020-23 Incorporating the Annual Plan 2020-21

3.2 Strategic Equality Plan & Objectives 2020-24 / Cynllun ac Amcanion Cydraddoldeb Strategol 2020-24

Presenter: Sarah Jennings

SBAR Strategic Equality Plan and Strategic Equality Objectives March 2020

SEP 2020-2024 - Updated 09.03.2020

4 Delivering the Here and Now / Darparu Yma, Nawr

4.1 Improving Experience Report / Adroddiad Gwella Profiad

Presenter: Mandy Rayani

SBAR Improving Patient Experience March 2020

Improving Patient Experience Report March 2020

Appendix 1 - Paediatrics Questionnaire

4.2 Primary Care Model for Wales Delivery Milestones 2019-20 and 2020-21 / Model Gofal Sylfaenol ar gyfer Cerrig Milltir Cyflenwi Cymru 2019-20 a 2020-21

Presenter: Jill Paterson

Primary Care Delivery Milestones March 2020

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

Presenter: Professor John Gammon

QSEAC Update Report March 2020

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

Presenter: Judith Hardisty

BPPAC Update Report March 2020

4.5 Performance Update - Month 11 2019/20 / Diweddariad Perfformiad - Mis 11 2019/20

Presenter: Karen Miles

SBAR Performance Update Month 11 2019/20

Performance Update Month 11 2019/20

Run Charts Month 11 2019/20

4.6 Report of the Finance Committee / Adroddiad y Pwyllgor Cyllid

Presenter: Michael Hearty

Finance Committee Update Report March 2020

4.7 Finance Update – Month 11 2019/20 / Diweddariad Cyllid – Mis 11 2019/20

Presenter: Huw Thomas

Finance Update Month 11 2019/20

4.8 Corporate Risk Register / Y Gofrestr Risg Gorfforaethol

Presenter: Steve Moore

SBAR Corporate Risk Register March 2020

Appendices 1-3

5 Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau

5.1 Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau

Presenter: Joanne Wilson

SBAR Committee Update Reports March 2020

5.1.1 Board Level Committees / Pwyllgorau Lefel Bwrdd

No Update Reports for this meeting

5.1.2 In Committee Board / Bwrdd Y Pwyllgor

In-Committee Board Update Report March 2020

5.1.3 HDdUHB Advisory Groups / Grwpiau Cynghori BIPHDd

HPF Update Report March 2020

SPF Update Report March 2020

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

Presenter: Steve Moore

SBAR HDdUHB Joint Committees and Collaboratives Update Report March 2020

WHSSC 2020-01 JC Briefing 28 January 2020

EASC Summary 28 January 2020

EASC Minutes 12 November 2019

NWSSPC Assurance Report 16 January 2020

5.3 Statutory Partnerships Update / Diweddariad ar Bartneriaethau Statudol

Presenter: Sarah Jennings

Statutory Partnerships Update March 2020

Appendix 1 - Update Provided to Pembrokeshire PSB on Collaborative Working

6 For Information / Er gwybodaeth

6.1 Board Annual Workplan / Cynllun Gwaith Blynyddol Y Bwrdd

Board Work Programme 2020-21

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

9.30am, Thursday 28th May 2020, Pembrokeshire County Council, Haverfordwest, Pembrokeshire SA61 1TP

8 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

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

Date of Meeting:	**9.30AM, THURSDAY 30TH JANUARY 2020**
Venue:	**PEMBROKESHIRE COUNTY COUNCIL, FREEMANS WAY, HAVERFORDWEST, PEMBROKESHIRE SA61 1TP**

Present:	Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member Mr Maynard Davies, Independent Member Professor John Gammon, Independent Member Cllr. Simon Hancock, Independent Member Ms Anna Lewis, Independent Member Mr Mike Lewis, Independent Member Ms Ann Murphy, Independent Member Ms Delyth Raynsford, Independent Member Mr Steve Moore, Chief Executive Mr Andrew Carruthers, 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 Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science Mr Huw Thomas, Director of Finance
In Attendance:	Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Ms Sarah Jennings, Director of Partnerships and Corporate Services Mr Mansell Bennett, Chair, Hywel Dda Community Health Council Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council Ms Hilary Jones, Chair, Stakeholder Reference Group Ms Amanda Glanville, Senior Workforce Advisor Ms Sally Owen, Interim Head of Strategic Resourcing Ms Tina Coleman, Recruitment Campaign Specialist Ms Debora Harry, Senior Nurse Manager Ms Indeg Jameson, Senior Physiotherapist Mr Morgan Williams, Health Care Apprentice Ms Shannon Disley, Health Care Apprentice Ms Angharad Carr, Health Care Apprentice Mr Ryan Davies, Health Care Apprentice Ms Shanice Borowski, Health Care Apprentice Ms Clare Moorcroft, Committee Services Officer (Minutes)

PM(20)01	**STAFF STORY**	
	The Chair, Miss Maria Battle, welcomed everyone to the meeting, extending a special welcome to the 42 Health Care Apprentices in attendance. Miss Battle felt that Hywel Dda UHB's Apprenticeship scheme offers hope, life and careers to young people and a potential solution to HDdUHB's staffing challenges. Mrs Lisa Gostling thanked the	

Chair for the opportunity to attend to present an update on the Health Care Apprenticeship scheme, reminding Members that this had been only a vision less than two years ago. The UHB had announced the launch of the scheme at Public Board in May 2019. Mrs Gostling felt honoured and privileged to introduce the Apprentice cohort, and regretted that some were unable to attend. Members heard from Ms Amanda Glanville, representing the Apprenticeship Academy, who stated that it was difficult to believe that this process had begun less than a year ago. In September 2019, the first cohort of Health Care Apprentices had started a three week induction. Since then, they have been undertaking placements in four areas: healthcare, therapies, administration and facilities. This rotational structure had been a pilot, and has proved extremely successful and beneficial, offering the Apprentices a different understanding of multi-disciplinary working. Ms Glanville continued by explaining the route which Apprentices will take going forwards, ending in their undertaking a BSc in Adult General Nursing. Members heard that the Apprenticeship scheme has influenced every area in which it operates, and is already making a difference to patient care. Apprentices have used their initiative in developing their roles, and their mentors should be thanked for their patience, together with the workplace and pastoral support they have offered. The scheme is a true testament of collaborative working, involving both clinical and support services, as well as external partners such as Health Education & Improvement Wales (HEIW), local colleges and Careers Wales. HDdUHB's Health Care Apprentices come from local communities, and represent an important investment in the local population. At this point, Ms Glanville handed over to representatives of the Apprentice cohort and mentors to outline their experiences of the scheme and the impact this is having on their lives and futures:

After a brief introduction in Welsh, Morgan Williams, aged 16, explained that he had wanted to be a nurse from a young age. Morgan felt that it is important to genuinely want to care for people, be kind, caring, passionate, and have the desire to help others. When he heard about HDdUHB's Health Care Apprenticeship scheme, he knew that this was the pathway he wished to take. It had been good to speak to other male nurses at the recruitment and assessment days. Rather than staying at school to take 'A' levels and applying to university, with no guarantee of a place, workplace learning was the perfect opportunity. Morgan felt that the Apprentice Academy will provide an invaluable insight into what healthcare involves, and that by the time he begins his degree, he will have the skills and experience to study competently and successfully. Morgan was grateful for this opportunity, and looked forward to becoming a future HDdUHB nurse. He was proud to work for the Health Board.

Shannon Disley, aged 19, stated that the Apprenticeship scheme had come at the perfect time for her, and offered opportunities for individuals from a wide range of age groups. Following the three week induction, Shannon had begun a work-based placement in administration, which had helped her to understand how administrative processes affect patient care. The Apprentices also attend college twice a week, at which a wide range of topics is covered. There is useful feedback on their

performance. Shannon shared how grateful she was for the opportunity offered by the scheme.

One of the mentors, Ms Debora Harry, Senior Nurse Manager, explained that the Health Care Apprenticeship Scheme has enabled the UHB to redesign how it will provide and plan for future workforce requirements, opening up opportunities for young people to become a Registered Nurse, without requiring them to remain in full-time education. The Apprentices are very visible across the Health Board and have formed a close group, extremely supportive of each other. The scheme offers an opportunity to enhance knowledge and consolidate practice with academic studies at college. Ms Harry's experience of the Apprentices had been one of enthusiasm, eagerness to learn, and good integration within both the cohort itself and with other teams.

Angharad Carr, one of the more mature Health Care apprentices, had not thought that a career in nursing would be possible, with family and financial commitments. However, the Apprenticeship scheme has offered her the opportunity to fulfil her dream of becoming a nurse, and she has been encouraged and supported by her family, particularly her children. The supportive recruitment and selection process had provided Angharad with the confidence to embark on a new challenge and, following induction, Angharad had commenced an Occupational Therapy (OT) placement which had offered opportunities for developing new skills and learning and provided an understanding of the contribution of OT to healthcare. Being local meant that she knew a lot of people, both patients and staff, which has been an advantage. Angharad is looking forward to starting her next placement, and is committed to being the best nurse she can.

Ryan Davies, aged 17, has commenced a work-based placement in facilities following the three week induction, beginning with the Portering department, which provided an opportunity to familiarise himself with the layout of the hospital. Ryan is now working within the Domestic department, which has highlighted the importance of cleanliness within clinical environments and has made him feel part of a team. Ryan stated that he loves talking to the patients he sees, and making a difference to their lives. During his time as an Apprentice, he has been supported and listened to, and he has no regrets about entering the scheme. Ryan would recommend the Health Care Apprenticeship scheme to anyone wanting to become a nurse.

Another of the mentors, Ms Indeg Jameson, Senior Physiotherapist, outlined her experience of hosting two Health Care Apprentices as part of the Physiotherapy team. Whilst Ms Jameson had initially questioned the value of physiotherapists being involved in the scheme, being part of the recruitment process had dispelled any doubts. Multi-disciplinary working is key to health care; the scheme offers an opportunity to showcase and educate future nurses on the contribution of therapists, and this opportunity has been grasped. The therapies team aspire to provide a meaningful and valuable experience for the Apprentices, including teaching them important skills for their future careers, which the Apprentices have embraced fully, having also integrated well into the team. Whilst this integration had initially required an additional time

commitment, the advantages offered by having Apprentices on the team have surpassed this, with the Apprentices able to spend time getting to know patients and assisting patients on a one-to-one basis, freeing up time for Registered staff. Early investment in terms of training and knowledge brings benefits in later careers, and Ms Jameson encouraged other teams in the Health Board to take advantage of the Health Care Apprenticeship scheme.

Shanice Borowski, aged 18, explained that, three years ago, whilst undertaking her GCSEs, her family had experienced the traumatic loss of her older sister. As a result, she had not gained the qualifications required for a nursing career and had not been able to see a way forward; the HDdUHB Health Care Apprenticeship scheme had both changed her and saved her. When Shanice had begun her placement in Physiotherapy, she did not even have the confidence to make phone calls. Now, she is seeing patients on her own. Shanice attributed this to her mentor, Indeg, adding that she could not have asked for a better mentor. Shanice ended by thanking the Health Board for this opportunity, which had genuinely changed her as a person, and has been the best experience of her life.

Mrs Gostling thanked the Apprentices and mentors for their presentations, which she hoped offer an insight into the scheme from the viewpoint of Apprentices, Registrants, the Health Board and patients. Members then heard feedback from the parents of two Apprentices, who were extremely positive about the scheme and its impact on their children. The first of these felt that the programme offers an excellent opportunity for people wishing to take up a career in nursing who, for whatever reason, do not get the qualifications required at school. She was amazed and proud of how her daughter has responded to the programme, with her confidence and maturity growing daily. Her daughter has adapted well to the working environment and received extremely positive feedback from the workplace. She loves the interaction with patients and is looking forward to a ward-based placement. The journey for Apprentice and parent has been very positive so far; with her daughter feeling extremely well supported, which is reassuring for both. Feedback from the second parent praised the amount and clarity of information available at the Apprenticeship Scheme Open Day, and the level of organisation involved. Her son had come home from the Open Day very excited and had been fortunate enough to be offered a place on the scheme. His mother described his reaction to this as ‘ecstatic and proud’, and she was pleased to see her son embarking on this career. She was proud to call herself his mother and thanked the UHB for providing such a fantastic opportunity.

In conclusion, Mrs Gostling was delighted to advise the Apprentices that, as a result of the overwhelmingly positive feedback received from colleges, work placements and mentors; and following discussion with various parties, including HEIW, it has been agreed that this cohort’s Health Care Apprenticeship programme will be shortened by 12 months. The current cohort of Apprentices will, therefore, become Health Care Support Workers a year earlier and will start their nursing degree a year earlier. Mrs Gostling also stated that, based on positive feedback regarding the scheme, the Health Board will be recruiting a further 50

	Apprentices this year. Miss Battle, on behalf of the Board, thanked the Apprentices for an inspirational presentation; and expressed the Board's pride in them as individuals and gratitude for their participation in the scheme. The Board felt that it should be widened to include other healthcare professions, in addition to nursing. During further discussion, Board members noted the following points: • The Apprentices were congratulated for their inspirational presentation and encouraged to keep up the good work, with Board Members looked forward to hearing more; • The Board sincerely thanked Mrs Gostling and the Apprenticeship Academy team for putting the scheme in place; • Other potential areas for Apprenticeships/placements are being considered; • The scheme should be entered into this year's NHS Wales Awards; • The Health Care Apprenticeship scheme is great for both HDdUHB, our patients and staff and the local communities ; • Whilst the Board always felt that this scheme would be successful, Members had not appreciated its full potential; • It would be great to follow individual Apprentices' stories. *The Health Care Apprentices and Apprenticeship Academy team were thanked for their contribution, and left the Board meeting.* Miss Battle reiterated how inspirational this Staff Story had been, and particularly welcomed the Apprentices' reaction to hearing that they will be beginning their nurse training a year earlier than anticipated.	

PM(20)02	**PUBLIC FORUM**	
	Miss Battle advised of two questions received from a member of the public for the Public Forum section of the meeting, indicating that copies of the questions and the responses had been provided to members of the public present and to Board Members. These would be published on the University Health Board website and a formal letter of response would be provided.	**MB**

PM(20)03	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	Apologies for absence were received from: • Mr Paul Newman, Independent Member • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services • Dr Kerry Donovan, Chair, Healthcare Professionals Forum • Dr Owen Cox, Chair, Local Medical Committee	

PM(20)04	**DECLARATION OF INTERESTS**	
	No declarations of interest were made.	

PM(20)05	**MINUTES OF THE PUBLIC MEETING HELD ON 28TH NOVEMBER 2019**	
	RESOLVED – that the minutes of the meeting held on 28th November 2019 be approved as a correct record.	

PM(20)06	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 28TH NOVEMBER 2019**	
	An update was provided on the table of actions from the Public Board meeting held on 28th November 2019. In terms of matters arising: **PM(19)190: Health & Care Strategy Update** – an update was requested on the action for Ms Jill Paterson to work with Dr Philip Kloer to provide an update for the next report. Members were advised that it has been determined that updates on the Health & Care Strategy will appear on alternate Public Board agendas. Ms Paterson confirmed that she and Dr Kloer have discussed how the required information will be provided for the next update to the March 2020 Public Board meeting. **PM(19)202: HDdUHB Well-Being Objectives Annual Report 2018/19** – noting the figure of 177 staff self-referrals to the Occupational Health service, Cllr. Simon Hancock requested additional narrative around whether this figure is unusually high or low, or as expected. Mrs Gostling advised that the Occupational Health department has indicated that, due to a change in IT system, it is difficult to confirm precise figures. It is believed, however, that this figure is fairly average. Members were informed that there have been more cases of stress and anxiety-related issues reported; there does not, however, appear to be any other particular 'spike' or trend. In response to a further query regarding confidence around whether there are sufficient resources to respond, Members heard that there are capacity issues within the current team. However, the UHB plans to enhance staff psychological wellbeing resources. Miss Battle suggested that the organisation consider establishing a staff welfare charitable fund, with this to be discussed by the Charitable Funds Committee.	**SJ**

PM(20)07	**REPORT OF THE CHAIR**	
	Miss Battle introduced her report on relevant matters undertaken as Chair since the previous Board meeting; beginning by apologising to those patients who had their operations postponed, and emphasising that the UHB is doing all it can to reschedule these. Decisions had been made to keep patients with complex clinical conditions, together with patients admitted as emergencies, in hospital, to keep them safe. Members heard that Miss Battle had visited staff in a number of frontline departments, all of whom had agreed that postponing operations for a limited period was the correct decision. Members' attention was drawn to the Celebrating Success/Awards section, emphasising the contribution and dedication of the UHB workforce at all levels and in all departments, and their response under pressure. The care they offer to patients is exceptional and there are many unsung heroes within the organisation. Miss Battle concluded by thanking Ms Hilary Jones and Dr Kerry Donovan for their contributions as Chairs of the Stakeholder Reference Group and Healthcare Professionals Forum respectively. Ms Ann Murphy and Mr Maynard Davies were also welcomed as new Independent Members (IMs). Professor John Gammon echoed Miss Battle's comments regarding the postponement of operations and its impact on patients, whilst emphasising that patient safety is imperative. The decision to postpone	

	procedures, whilst unfortunate, is a responsible one in ensuring that safety remains the UHB's first priority.	
	The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and **NOTED** the topical areas of interest.	

PM(20)08	**REPORT OF THE CHIEF EXECUTIVE**	
	Mr Steve Moore thanked Pembrokeshire County Council for providing the facilities for today's meeting, and highlighted the Health Care Apprenticeship scheme as one example of the outstanding work undertaken by members of the Workforce Director and her Team. The scheme is an exemplar in terms of Workforce & OD for both HDdUHB and across Wales. Introducing his report on relevant matters undertaken as Chief Executive of HDdUHB since the previous meeting, Mr Moore highlighted statements regarding the postponement of scheduled operations, suggesting that Board Members will be aware of the reasons for this decision. Mr Moore also apologised to those patients affected, emphasising that the UHB had never wished to be in the position where such a decision was necessary. The exceptional circumstances had, however, required the organisation to implement contingency plans which had included postponing operations. Fortunately, it had been possible to de-escalate from this position quickly. Whilst the system has now returned to normal activity levels for the time of year, the UHB's Emergency Departments remain extremely busy. The various factors contributing to the exceptional pressures which have been experienced this year are outlined in the Winter Plan progress update later on the agenda; more work is needed in order to learn lessons for next year. With regard to Planned Care, Members heard that the Referral to Treatment Time (RTT) recovery plan is being progressed; the expectation being that the UHB will be close to its target of zero waits of 36 weeks or more by the end of March 2020. This would repeat last year's RTT performance. Mr Moore also highlighted ongoing community engagement work in the Amman Gwendraeth cluster area, and plans for engagement events in Llandovery. The Christmas video messages prepared by the Communications team were commended for their impact. Mr Moore reported on meetings with Welsh Government (WG), including Joint Executive Team and Targeted Intervention meetings, at which positive feedback has been received, particularly around how the UHB is maturing as an organisation. Finally, Members were reminded that the situation regarding Brexit has changed since previous reports, although the UHB continues to review information and requirements in this regard. During discussion of the report, the following was raised: • There was a query regarding whether HDdUHB staff from the EU are having difficulty in applying for the EU Settlement Scheme. Members heard that Workforce & OD are not aware of any staff experiencing difficulties. A great deal of work has been undertaken to identify members of the workforce from the EU and a number have applied successfully to the Settlement Scheme; • The Community Health Council (CHC) had requested assurance that all of those patients affected by cancelled operations had been contacted individually by the UHB, and had received that assurance; • In relation to community engagement in the Amman Valley and Llandovery, the CHC understands that 11 beds had been removed and will continue to monitor and scrutinise this situation. In response,	

	Members were reminded that, whilst there are recruitment challenges in Llandovery, this area will have an important part to play in the UHB's future plans. In the short-term, however, the organisation must ensure the safest service it can staff.	
	The Board: • **ENDORSED** the Register of Sealings since the previous report on 28th November 2019; and • **NOTED** the status report for Consultation Documents received/ responded to.	

PM(20)09	**REVISED CORPORATE GOVERNANCE STRUCTURE/ ARRANGEMENTS**	
	Miss Battle presented the Revised Corporate Governance Structure/ Arrangements report, reminding Members that this has been discussed on a number of occasions, including the Board Seminar on 12th December 2019. The report sets out the proposed changes, and the reasons for these. During consideration of the report, the following comments were made: • Regarding the relationship between the Research & Development Sub-Committee and the Quality, Safety & Experience Assurance Committee (QSEAC), it had been suggested that this arrangement be time-limited and reviewed, which does not seem to be reflected in the report. Members were assured that this remains the intention, with both the Research & Development Sub-Committee and Health & Safety Committee to be reviewed after 12 months. It was agreed that this would be clarified in proposals presented to the March 2020 Public Board; • There was a query regarding membership of the Mental Health Legislation Assurance Committee and the Hospital Managers Powers of Discharge Committee; with Professor Gammon being both Chair of the latter and a member of the former. It was agreed that this would be reviewed prior to the March 2020 Public Board; • The statement that the Primary Care Applications Committee (PCAC) has 'struggled to maintain a full agenda' was queried. Whilst the need and rationale for changes to this committee were recognised, Members were reminded that when PCAC was established, a Primary Care Sub-Committee had been stood down. It was suggested that some form of forum, with a remit broader than PCAC, is required. The Director of Primary Care, Community and Long Term Care wished to assure members of the public that, by disestablishing PCAC, the Board will not be absolving itself of its responsibilities around Primary Care contracts. It was noted that a report later on the agenda highlights the need for a greater focus on Primary Care, and Members were assured that there will be more emphasis on this area in the future at Board Level; • It has become evident through various other committees that a more enhanced focus on Health & Safety is required. The introduction of a Health & Safety Committee, and its potential impact, was welcomed; • It is heartening to note that more than 50% of the Health Care Apprentices are Welsh speakers. Whilst the statement regarding an increased focus on the Welsh language at Board level was welcomed, further clarification of plans in this regard were requested. In response, it was suggested that there are opportunities in terms of	**JW** **JW**

	Board Member recruitment. All public engagement is already undertaken bilingually. However, the Board needs to lead in terms of conducting Board meetings bilingually, and this will require a culture change. It was agreed that consideration should be given to practical improvements which could be made as a Board.	**MB/JW/ DR/SJ**

	The Board:
	• **APPROVED** the revised corporate governance structure as follows:
	  ○ The disestablishment of the Primary Care Applications Committee.
	  ○ The disestablishment of the University Partnership Board as a formal Committee of the Board; to update HDdUHB's Scheme of Delegation accordingly.
	  ○ The disestablishment of the Business Planning and Performance Committee and associated Sub-Committees; to update HDdUHB's Scheme of Delegation accordingly.
	  ○ The establishment of a People, Planning and Performance Committee and associated Sub-Committees; to update HDdUHB's Scheme of Delegation accordingly.
	  ○ The establishment of a Health & Safety Committee; to update HDdUHB's Scheme of Delegation accordingly.
	  ○ The disestablishment of the Joint Regional Planning & Delivery Committee (JRPDC), subject to formal approval from the Minister for Health and Social Services.
	  ○ The disestablishment of the Health & Care Strategy Delivery Group as a formal reporting Committee of the Board.
	• **NOTED** that the Terms of Reference for all revised Board level Committees will be presented to the March 2020 Public Board, with the new governance structure to commence from 1st April 2020.	

PM(20)10	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE**	
	Mr Mike Lewis, Audit & Risk Assurance Committee (ARAC) Vice-Chair, outlined the ARAC update report, highlighting those areas which ARAC wished to bring to the Board's attention, including: • Operating Theatres Update (response to Wales Audit Office & Internal Audit reviews) – whilst it is acknowledged that there are formal processes, particularly around HR, which must be followed; ARAC agreed that, due to the length of time this issue has been ongoing, it should be escalated to Board. • Primary Care – as discussed in the preceding agenda item, ARAC agreed that this requires a greater focus within the Board and Committee structure; • Limited Assurance Internal Audit report on Financial Safeguarding: Maintenance Team Led Work – this area would continue to be monitored by ARAC; • Limited Assurance Internal Audit report on Consultant and SAS Doctor Job Planning – ARAC had concerns regarding the numbers of Job Plans completed, particularly electronically, and has not currently accepted the management response to this Internal Audit. Regarding Operating Theatres, the Board agreed there was no further action which could be undertaken by ARAC. Miss Battle requested that due to the ongoing HR issues this be discussed further during an In-Committee Board meeting. It was agreed that a detailed report would be	

	prepared for the March 2020 In-Committee Board meeting, which outlines how this matter is going to be resolved, provides an update on any outstanding audit recommendations and provides a look-back as to why it has taken so long to resolve and implement both WAO and Internal Audit recommendations.	**AC**
	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(20)11	**AUDITOR GENERAL FOR WALES – ANNUAL AUDIT REPORT 2019 AND STRUCTURED ASSESSMENT 2019**	
	Mr Jeremy Saunders introduced the Auditor General for Wales – Annual Audit Report 2019 and Structured Assessment 2019 report. Whilst HDdUHB continues to strengthen its governance arrangements, it faces ongoing challenges in terms of Unscheduled Care and finances. Members were advised that the UHB's management response will be considered by ARAC at its February 2020 meeting. Miss Battle reminded Members that they had been able to consider the Structured Assessment report in detail at the Board Seminar on 12th December 2019. Wales Audit Office was thanked for its assistance, and for the very constructive and useful reports presented. *Mr Saunders left the Board meeting.*	
	The Board: • **SUPPORTED** the content of the Annual Audit Report and Structured Assessment 2019 Report, reflecting the amendments agreed at the feedback session on 12th December 2019, 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 the Structured Assessment Report 2019 and **REQUESTED** that a detailed management response be prepared and submitted to the Audit and Risk Assurance Committee on 25th February 2020.	

PM(20)12	**CHARTER FOR IMPROVING PATIENT EXPERIENCE**	
	Mrs Mandy Rayani presented the Charter for Improving Patient Experience report, advising Members that various iterations of this document have been considered by QSEAC. The intention is to set out clearly what patients, families and carers can expect when receiving services from the UHB. The Charter has been co-produced with members of the local population, including specific groups. Members heard that there are also plans to provide patient experience ambassador training across the organisation. Following Board's approval and subject to making any amendments required, the Charter will be translated into a number of languages, including Welsh and Polish. An easy-read version will also be produced. Members welcomed the Charter for Improving Patient Experience and, in considering the report, made the following comments: • Whilst it is extremely important to influence behaviour, the challenge is how to bring the Charter 'to life' and improve people's experience of care. Also, how its impact can be meaningfully measured. In response, Members heard that a number of metrics and measures	

	are being developed, to assess both current and future performance. It is felt, however, important to ensure that improving patient experience does not become an academic exercise in data collection. The focus should be on actions such as invoking cultural change, training to embed patient experience, emphasis on values, patient experience ambassadors, Board to Floor walkabouts and increased visibility of senior staff; • This is a powerful document; the commitment to it remaining a 'living' document is welcomed. Too often, organisations simply gather information and data for performance and trend monitoring purposes, then do nothing further with it. The Charter offers the opportunity for important learning in relation to themes, which should be reflected in the wider governance structures, etc; • The Charter is not intended to be restricted to inpatient areas only; it will also be applied in outpatient settings, and community based care settings; • Whilst welcoming the Charter, it is important to bear in mind the 'health literacy' of the general public, and ensure that associated communications, such as questionnaires, are not pitched at expert level, but in 'layman's terms'; • Ms Louise O'Connor was thanked for her engagement with the Stakeholder Reference Group (SRG), and for incorporating their feedback. The SRG looked forward to the Charter being adopted; • Members heard that the Workforce & OD department actively engages with staff, to ensure that HDdUHB's values are embedded operationally. There are also a number of programmes for staff, such as the STAR programme for senior nurses and the Aspiring Leaders programme. The Patient Experience Ambassadors training will also ensure that the Charter is embedded. The Charter builds on the organisational values and should not be viewed in isolation; • The Charter details in one place the 'promise' made to patients and public. There has been a significant amount of engagement with the wider public and specific groups, including the Learning Disabilities 'Dream Team'; • Whilst the phrase 'community services' may encompass Mental Health and Learning Disabilities, it could perhaps be made more explicit. Acknowledging this comment, Members were informed that the Charter is intended to represent all communities/patients – this includes children and young people. The current document should be regarded as a starting point rather than an end product; • The UHB's Information Governance Sub-Committee monitors compliance with regulations such as General Data Protection Regulation (GDPR). The Charter offers an opportunity to gather and share 'soft intelligence' around how information governance can be utilised to improve patient experience; • The Charter and its contents will allow the public to hold the UHB to account regarding their care; • Regarding children and young people, there was a request for assurance that their views will be given equal weight. Members heard about the launch of 'My Health Passport', which is a way for children and young people with learning disabilities or complex health needs to share important information about themselves when accessing care. Members were assured that the Charter is intended to embrace children and young people, with the 'me' in 'What does	**MR**

	this mean for me?' referring to any patient. Hearing the patient's voice is critical, regardless of age. • At times of great pressure on services, concern for patients increases among both clinical and managerial staff. Improving patient experience is concerned with human beings; whilst metrics and dashboards have their place, the human element is the most significant; • In order to create a great patient experience, the organisation must first create a great staff experience, the Charter and its findings need to be built into future workplace planning processes. Miss Battle thanked Mrs O'Connor and others who had engaged with/ contributed to the Charter. This is an important first step in formalising actions which, in many cases, are already occurring. Members heard that it is intended for there to be a Patient Experience report on every Board agenda. It was suggested that Patient Experience Ambassador training be included in the training programme for Health Care Apprentices. Also, that the UHB develop a Children's Charter, with an evaluation of existing activities and required actions to take place.	**LG** **MR**
	The Board **CONSIDERED** and **APPROVED** the Charter for Improving Patient Experience, for publication and implementation.	

PM(20)13	**PROGRESS AGAINST THE WINTER PLAN**	
	Mr Andrew Carruthers began by thanking all UHB staff for their dedication, compassion and commitment in providing care under significant pressure. Members of the Executive Team have heard first hand, during a series of visits to clinical areas, the concerns of frontline staff. This has provided a clear sense of what is required in order to improve the situation for both patients and staff. Mr Carruthers went on to introduce the Progress against the Winter Plan report, whilst recognising the limitation in the report due to availability of data at this point of the year. Issues have included the unusually early presence of 'flu, outbreaks of norovirus – which meant that the UHB was unable to access approximately 30 beds – and recent outbreaks of diarrhoea and vomiting at Glangwili General Hospital. Anecdotally, it has been reported that the acuity of patients has been more intense recently than previously; with patients presenting with a number of co-morbidities. The pressure is, it seems, not related so much to activity or volume; more the acuity of patients. The activity during November 2019 has been higher than in previous years, with activity during December 2019 and January 2020 returning to more normal levels. The UHB has seen more major patients than minor, with more of these self-attending/presenting. Conveyances to hospital by ambulance are reduced. Despite a reduction in hospital admissions, there has been an increase in Length of Stay, due predominantly to two factors: increased acuity of patients and a reduction in ability to discharge patients. This has resulted in the number of bed days being utilised being greater than at any other time. There are gaps in staffing within both Secondary and Primary Care, with the latter contributing to fragilities in the GP Out of Hours (OOH) service. Members heard that the UHB will be embarking next week on an engagement process to consider the number of OOH bases it has open. Referencing earlier comments regarding Llandovery Community Hospital, Mr Carruthers explained that workforce challenges are	

contributing to difficulties in staffing beds at this facility. The UHB will continue to monitor the situation.

The escalation levels were described for Members. At the beginning of January 2020, there had been escalation to the highest level, business continuity, which had resulted in the postponement of some scheduled operations. The UHB has also seen the worst ever performance against 4 and 12 hour A&E targets. It is possible that January performance will be an improvement on that seen in November and December; however, this will depend on the last couple of weeks of the month. Members were reminded that the UHB and Regional Partnership Board (RPB) had been allocated funding by WG, and are working with partners to ensure delivery of various aims, as outlined in the report. A number of the actions implemented have been funded recurrently from the UHB's budget. Members may have noted that certain of the start dates in the action plan occur after the winter period; Mr Carruthers explained that these relate to substantive appointments. The temporary workforce market has been utilised to fill these roles in the meantime. As previously indicated, the UHB has over-committed financially to implement plans, knowing that there would be slippage in certain areas. Members were advised that the organisation is on track to spend all of its allocation. Mr Carruthers also highlighted the Systems Pressures Workshop held during December, with participation from various partners. Additional actions planned include placement of a GP with the Welsh Ambulance Services NHS Trust (WAST) to review and triage ambulance calls. Early indications suggest that this is having an impact. Extending support from the therapies at the front door is also contributing positively. Recently, it has been announced that WG will be allocating a further £10m funding; the UHB will be working with its social care colleagues in the RPB Integrated Executive Group to discuss how best this might be used. It is possible that funding will be applied to scale-up existing schemes. One of the key reflections is that this process should begin earlier. As a result, it is intended that preparations for next year's winter plan will be presented to Board in May/July, with implementation in the autumn. During subsequent discussion of the report, the following points were raised:

- Referencing workforce sickness absence levels for colds and flu, an update on staff 'flu immunisation levels was requested. Members heard that, despite challenges around supply of vaccines, currently 200 more have been given than at the end of the season last year.;
- it is right to recognise that staff are working to deliver services under considerable pressure;
- The proposed actions under 'Next Steps' could have the wrong focus. To base plans on a retrospective of the previous year's issues may not be the best approach. It would be better to focus on the most crucial areas and flex resources to respond accordingly;
- The annual allocation of winter pressures funding by WG appears to determine the programme for winter planning. An alternative approach would be to build the optimum winter planning solution into the financial plan, with costs, and allow the Executive Team to decide which priorities can be supported. In response, Members heard that this approach is reflected in discussions already taking place;

- The need to consider how winter planning links with the UHB's Three Year Plan;
- It is pleasing to see that this report begins to consider Primary Care data. Noting the increased number of 'walk in' attendances to A&E, it would be interesting to see whether there is any correlation between pressures in Primary Care and self-referrals to A&E, which may suggest a need for additional focus in specific locations. Members were assured that this data will be analysed as part of the evaluation process;
- The use of short-term temporary posts to facilitate discharge is not necessarily how the UHB would wish to operate, a short-term mitigation was required to address a specific issue. This action will be reviewed during workforce discussions;
- The UHB is beginning to recruit substantive therapy staff, with agency staff utilised in the interim;
- The CHC welcomes assurances around Llandovery Community Hospital. Noting statements in Appendix 1 around Amman Valley and Llandovery community hospitals, clarification was requested regarding efforts taken to staff beds at Llandovery, and whether these had also been applied to Amman Valley and South Pembrokeshire hospitals. Have all avenues of recruitment been utilised? Members were assured that various recruitment methods are utilised; the UHB does not restrict adverts to NHS Jobs. It also uses Facebook, LinkedIn (including targeting suitable individuals), recruitment videos/campaigns, open days (rotating locations through the region), and development programmes for Health Care Support Workers. The UHB does not currently advertise in local newspapers; however, if the local population feel that this would create interest in posts, consideration will be given to doing so;
- Efforts were made to secure staff through both agency and Bank routes. Patient safety must be the UHB's top priority; if beds cannot be safely staffed, they cannot be opened and maintained. The UHB does consider all possible options to maintain services;
- An All Wales CHC report on discharging patients has been published today. This highlights significant delays in assessment processes; patients are not necessarily waiting for care packages, they are sometimes waiting for a specific professional/individual to assess them prior to discharge. This will be taken into account in UHB planning;
- There can also be issues if a patient's family members do not live nearby. Families are often willing to offer support to patients on returning home; however, if it is not clear when they will be discharged, it is difficult for families to make arrangements such as taking time off work;
- The UHB is examining how it can support staff to ensure that discharge processes are as smooth and efficient as possible. Although this topic is being considered within the STAR programme for senior nurses, it was emphasised that discharge planning is not solely the responsibility of nurses; the entire Multi-Disciplinary Team needs to understand their individual responsibilities in this regard;
- The 'shift left' (increased delivery of care in communities away from hospital-based care) remains an important focus for both Health Boards and WG, and in light of the fact that Transformation Fund and Integrated Care Fund (ICF) monies are only allocated on a

temporary basis, assurance was provided that comprehensive plans across all three counties have been developed, and recruitment into key posts is taking place;

- The need for change, however, needs to be balanced against the challenging financial situation being faced by the organisation. It is not appropriate to raise expectations among staff and the public, if changes (for example new posts) cannot be sustained in the long-term. This is a significant challenge for the Board;
- The organisation also needs to work with the general public to discuss their expectations around accessing services;
- In terms of the Three Year Plan, the UHB needs to ensure that it builds in schemes currently funded via transitional monies;
- In addition to the Transformation Fund and ICF, there is £10m of Primary Care Cluster funding; the UHB has committed to scaling-up at least three Cluster projects. However, again, there needs to be cognisance of the organisation's financial position;
- There is currently 'untapped intelligence' among patients and frontline staff. The UHB needs to consider how it might gather and utilise this to inform future workforce planning.
- Following on from this point, Members heard that Patient Experience Apprentices are working with Patient Advice and Liaison Service (PALS) staff in speaking with patients. This addresses potential concerns around patients being reluctant to feed back on their experience to someone directly involved with their care;
- The UHB is collecting rich data; for example, a number of Executive Directors are visiting clinical areas and asking whether anything specific could be done to make life easier for patients or staff. Information is also obtained during Executive Directors' time on-call. Such data needs to feed into plans going forward;
- Discussions such as this should remind us how tolerant our patients are regarding the environment in which care is given and waiting times, etc. Whilst the care being provided is consistently high quality, the way in which it is delivered is sometimes not what the organisation would aspire to; and is the reason for making the changes outlined in the UHB's Health & Care Strategy;
- This is a whole-system issue, and Members should be assured that it is discussed regularly and robustly at the weekly Integrated Executive Group meeting, which is actively seeking solutions;
- The UHB has set out to be open and transparent. Whilst it is vital to provide the public with confidence regarding its services, it must also be honest about challenges. The organisation owes it to both staff and public to recognise and acknowledge issues;
- The pressures being experienced underline the need to progress at pace the Health & Care Strategy;
- Contact with frontline staff needs to be at Board level; it is crucial for their feedback to be heard;
- In terms of winter planning, we need to ensure that it is our staff and the wider system which tells us what is required, and that this is not a 'top-down' process.

Miss Battle reminded Members that the UHB's Three Year Plan will be discussed during the In-Committee Board meeting. Whilst the need for early anticipation and planning for winter pressures was supported, the UHB also needs to consider its Three Year Plan through the lens of all-

	year planning. Miss Battle was pleased to hear that staff are being consulted and listened to; the voices of staff and patients bring experiences 'to life'. Members were assured that the CHC's report on discharging patients will also be taken into account. Discharge planning should begin on the day that a patient is admitted. There was a request for real-time data for next year, and an expectation that the 2020/21 Winter Plan would be presented at the 28th May 2020 Public Board meeting. Miss Battle stated that the UHB needs to design services to meet the demographics of the local population, and offer the best opportunity to live well for longer. With respect to transformation funds, there is a need to learn from other areas; to this end, the RPB has been asked to obtain information from its equivalent bodies elsewhere. The organisation also needs to consider where sustainable posts are required – winter pressures are no longer restricted to one season; they are experienced all year round. Miss Battle concluded by thanking Mr Carruthers and his team for providing an honest appraisal of the winter period to date.	**KM** **AC**
	The Board: • **NOTED** the extent of continued system pressures across the broader unscheduled care system; • **NOTED** the proactive measure taken in setting up a systems pressures workshop and the associated agreed actions; and • **NOTED** the winter and system pressure actions being undertaken to mitigate the broader system pressures being experienced.	

PM(20)14	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE**	
	Professor Gammon outlined the QSEAC update report, highlighting in particular discussions on the 12 Corporate Risks assigned to QSEAC. The Committee had discussed each individually; noting that there were 3 new risks, 5 had been de-escalated and 2 had increased in risk score. With regard to Risk 91 (Lack of consultant Cellular Pathologists to enable compliance with the 14 day timescale set out within the new Single Cancer Pathway), a more detailed report would be presented to the next meeting in February 2020. Members had not been assured by the information and pace outlined in the Hospital Acquired Thrombosis (HAT) report, and had requested an increased focus in this area. A further report is due to be submitted to the next 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(20)15	**REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE**	
	Mrs Judith Hardisty presented the Business Planning & Performance Assurance Committee (BPPAC) update report, highlighting discussions around the Welsh Community Care Information System (WCCIS), which has been an ongoing topic for BPPAC. During a recent visit to Ceredigion, Mrs Hardisty had been pleased to hear extremely positive feedback regarding the system, with benefits already being seen. Members' attention was drawn to the key risk identified within the report, around delivery of Ophthalmology services. The Committee had agreed that, until workforce challenges are resolved, this will remain a risk, and that it should be flagged to the Board.	

	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(20)16	**PERFORMANCE UPDATE – MONTH 9 2019/20**	
	Mrs Karen Miles introduced the Performance Update for Month 9 of 2019/20, stating that it systematically demonstrates the level of pressures being experienced across the organisation. Whilst slight improvements are being seen, pressures are ongoing. Generally, the UHB is maintaining performance, although there are areas where improvements are required, for example in Unscheduled Care. It should be noted that the key deliverable indicators (targets) are outcome measures, and need to be supplemented with wider data, such as Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs). Members were reminded of the assurances provided by the Chief Executive earlier in the meeting around Planned Care/RTT targets. In considering the report, Lead Executives were requested to identify topics they wished to highlight and areas of concern within their portfolio: **Director of Operations** • Unscheduled Care performance has been, for the second consecutive month, the worst seen since 2015; • There has been a small improvement in Delayed Transfer of Care (DTOC) performance; • There has been an increase in Diagnostics breaches; these predominantly relate to cardiology diagnostics testing, performance in radiology has improved significantly; • Due to plans put in place previously, performance in Therapies has seen an improvement; with the exception of Dietetics and Paediatric OT, which is experiencing fragilities in workforce with unexpected staff turnover. A recovery plan is being developed; • The UHB began to see an improvement with regards to Cancer performance in December, although this is still not at the desired level. Whilst acknowledging earlier comments, it was highlighted that the report shows a deterioration in performance with regards to RTT and waiting lists over 36 weeks. Further assurance was requested that the RTT target will be met by the end of March 2020. In response, it was accepted that the number of breaches has increased, and Members noted that a further deterioration was anticipated. There is a risk in terms of delivery of approximately 200 patients. Members were assured that the UHB is working on a recovery plan; however, the associated costs do need to be considered, and this will be discussed with WG colleagues on 31st January 2020. **Director of Nursing, Quality & Experience** • With regards to Health Care Acquired Infections (Clostridium difficile (C.diff), Escherichia coli (E.coli) and Staphylococcus aureus (S. aureus)) whilst there is some improvement, targets are still not being achieved. The UHB fully recognises that every infection has an impact on the patient affected, which is why every case of infection is subject to a root cause analysis. Public Health Wales has employed	

an epidemiologist to work with the UHB, and it is hoped that this appointment will help to address the infection control agenda. It should be noted that the organisation is undertaking more diagnostics, which has increased the number of infections identified. Members were assured that the UHB's Infection Control team are regularly visiting clinical areas. There is a need to increase focus on 'the basics' of Infection Control;

- In terms of Concerns and Complaints, the organisation had not met the WG target of 75% in December, which is extremely disappointing for the team. The reasons are multi-factorial, including staffing issues within the Concerns team and operational pressures, with clinical teams needing to prioritise patient care.

As issue was raised from a patient safety walkabout in respect of the availability of laundry at BGH. An assurance was requested that deliveries will be increased to ensure that sufficient laundry is available for clinical areas. The Director of Nursing, Quality & Experience reported that she had been advised of this issue extremely promptly and had raised it with the Director responsible for laundry services. It was established that the size of laundry crates has been reduced to comply with manual handling regulations; steps have been taken to ensure that laundry deliveries are increased accordingly. There was a request for clarification in terms of how, and how often, reminders are issued to clinical staff regarding the importance of Infection Control measures. The Board was reminded that responsibility for Infection Control lies with every member of staff entering clinical areas, although staff turnover and use of temporary staff can cause issues. Infection Control is included within staff induction programmes; however, regular reminders are also required. Senior nurses need to be empowered to challenge inappropriate practice/behaviour. The Director of Nursing, Quality & Experience shared Members' frustrations around such a fundamental principle of care not being upheld. The Medical Director emphasised that failure to comply with Infection Control measures cannot be directed wholly at agency/locum staff; the need for major improvements in this regard has been made clear to medical staff. The Director of Operations suggested that a number of the issues facing the UHB are fairly fundamental/basic, in terms of the organisation it aspires to be. He assured Members that he would be focusing on such issues within operational teams.

Medical Director

- Consultant and Specialty and Associate Specialist (SAS) Doctor Job Planning has been discussed in detail recently at ARAC. There is still an expectation that the 90% target for complete and up-to-date job plans will be achieved by the end of March 2020. The Internal Audit report had identified various other areas of job planning which require further work. Recent figures received by the Medical Director suggest significant improvements in completion rates, although he wished to validate this information before presenting it to the Board. Directorates which are not complying with job planning requirements will be called to panel meetings within the next 6-8 weeks.

Director of Workforce & OD

- Sickness absence rates have increased, although this is not unusual for the time of year. The Workforce team will monitor and work with staff/departments as required;
- There have been issues around Mandatory Training in terms of the Level 1 Fire Safety course. Following staff feedback regarding difficulties in accessing this training, it has been decided to revert to an online package rather than face-to-face training.

Referencing staff sickness absence, and the current emphasis on staff 'flu vaccination, it was queried whether staff are engaged on an individual basis on return to work following absence due to 'flu. Members were informed that staff are required to participate in a one-to-one with their manager following any absence from work; this is not specifically targeted at those who have been absent due to 'flu.

Director of Planning, Performance and Commissioning

- There is a significant amount of digital enablement taking place to support the various Executive Leads' portfolios;
- A number of new systems are due for implementation imminently, which will provide valuable information for the Performance Update and in terms of trends/areas for potential improvement;
- Performance Dashboards are being developed in various areas.

Director of Therapies & Health Science

- The UHB is still on trajectory to achieve its target of zero breaches by end of March 2020;
- In terms of areas of concern, as mentioned above, fragilities in Paediatric OT, which consists of a very small team, and Dietetics. A limited number of breaches will be seen in the former in January and February 2020; however, this should be resolved by plans being put in place;
- The agency pool in Therapies is becoming severely restricted, although further agency interviews are being conducted today. If staff are recruited as planned, the situation should be improved;
- Whilst there has been a slight deterioration in Stroke performance, HDdUHB is still ranked second in Wales. The deterioration is as a direct effect of pressures at the 'front door' and on beds. Members should be assured that this is an area of focus. It had been intended to present a Stroke Business Case to the May 2020 Public Board; however, it has been determined that public and staff engagement should be extended, with the provisional timescale for consideration at Board now being Quarter 3.

Referencing the number of patients waiting longer than 14 weeks for a therapy appointment, Members were reminded of previous discussions around this topic and the need for a sustainable model, with no patients waiting. The UHB needs to develop a recovery plan which ensures accountability for at least some of the challenges. In the meantime, however, the information offered does provide assurance, and it is pleasing to note that the UHB is in an improved position without having received additional funding. A long-term strategy is in place, and there have been improvements in staff recruitment and retention, with a reduction in agency staff usage. In response to a query regarding

	whether Speech and Language Therapy includes services delivered in the community, Members heard that comprehensive multi-agency work is taking place in this regard. It is intended that plans relating to Stroke will cover both acute and community-based services. **Director of Public Health** • The situation with regards to Public Health is consistent; however, the UHB wishes to make a 'step change' and has ambitious plans for the next three years; • Objectives include improving immunisation rates and smoking cessation rates, the latter shows slow and steady improvement; however more significant progress is the aim. The number of pharmacies in the Smoking Cessation Level 3 scheme was requested, together with clarification of whether these are in areas of deprivation. Members heard that 65 of the 99 community pharmacies are in this scheme. There was a query regarding whether patients are required to undergo weight management or smoking cessation programmes before surgery. In response it was stated that, although currently the UHB wish to target optimising support for patients, it may be that these actions form part of the process for certain procedures or operations. With regards to targeting obesity, it was queried whether the UHB is embracing 'baby-friendly' work. The Director of Public Health confirmed that this was the case, as it is recognised that a focus on obesity during childhood is crucial. The UHB is Unicef Child-Friendly accredited. Noting figures for children and young people waiting less than 26 weeks to start a neurodevelopment assessment, it was highlighted that 66.7% are waiting longer than this. Whilst various initiatives have been introduced, with the historical backlog reduced, the steps being taken towards a sustainable position were queried. Members heard that operational teams are working with NHS Wales, and that a further update can be provided at a later date. It was agreed that identifying the main concerns of individual Executive Leads was a useful approach. There was a suggestion that this be further enhanced by outlining specific actions being taken to address these, and when the Board can expect to see an improvement.	**AC**
	The Board **DISCUSSED** the Integrated Performance Assurance Report for Month 9 2019/20 and issues arising from its content.	

PM(20)17	**REPORT OF THE FINANCE COMMITTEE**	
	Mr Michael Hearty presented the Finance Committee reports from meetings in November and December 2019, adding that the Committee had also met on 28th January 2020 to review the Month 9 position. Spending has already encroached into the Month 10 and 11 allocation. The Committee is now focusing on building a solid financial foundation for next year.	
	The Board **NOTED** the Finance Committee update report and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being taken to address these.	

PM(20)18	**FINANCE UPDATE – MONTH 9 2019/20**	
	Mr Huw Thomas outlined the Finance Update for Month 9 2019/20, reminding Members that the Board had agreed at the previous meeting to increase the UHB's forecast year-end deficit. No indication has been	

	received to date regarding whether WG intend to recover the £10m additional funding predicated on delivery of the £15m control total. Members noted that cash implications have been managed. Mr Thomas outlined the Month 9 figures detailed within the report, highlighting cost pressures, which include £4.1m Unscheduled Care costs, £2m of which relates to Withybush General Hospital. Also, £3.5m prescribing costs, which relate mainly to Category M and Novel Oral Anti-Coagulant (NOAC) medicines. The postponement of operations has impacted the RTT position, although Members were advised that the UHB is working with colleagues in WG on this matter. Whilst the organisation needs to be cognisant of cost pressures such as those outlined above, it should also monitor the potential cost benefits/savings offered elsewhere by new developments such as NOAC medicines. As detailed at the previous meeting, the Welsh Risk Pool risk share had not been invoked in previous years; as a result the organisation had, perhaps, become complacent in this regard. Mr Thomas emphasised the need to build on the financial discipline established within the organisation in recent years, and develop a system-wide approach. As suggested earlier, there is also a need to mainstream/up-scale examples of good practice. Referencing the statement that Month 9 substantive pay is lower than Month 8, primarily driven by an increase in acute vacancies, clarification was requested regarding the possible cause for this. It was suggested that December is a month where higher staff turnover is sometimes seen. The Director of Workforce & OD would explore whether this is a trend. Members noted that the absence of further questions is probably due to Finance Committee being scheduled before the Public Board meeting, with most queries having already been addressed.	**LG**
	The Board **DISCUSSED** and **NOTED** the financial position for Month 9.	

PM(20)19	**CORPORATE RISK REGISTER**	
	Mrs Joanne Wilson introduced the Board Assurance Framework and Corporate Risk Register report, highlighting that two-thirds of the Corporate Risks have been discussed during, or form part of papers for today's meeting. Members were reminded that all Corporate Risks are assigned to specific Board level Committees for detailed monitoring and discussion noting this has been undertaken on 2 occasions since the risks were last discussed by the Board. Mrs Wilson outlined the numbers, as follows: Total Number of Risks – 27; New risks – 7; De-escalated/Closed – 9; Increase in risk score – 4; No change in risk score – 14; Reduction in risk score – 2. Members heard that Risk 635, relating to a 'No Deal' Brexit, had been reviewed by the Brexit Steering Group and that this will need to be revisited following Britain's exit from the EU on 31st January 2020. It was noted that there will be impacts and risks involved in the transitional period following Brexit. However, all of the contingency planning during the past 12-18 months has put NHS Wales in a good position in terms of preparing for trade agreements, etc. As mentioned earlier, the UHB will continue to support its EU staff.	
	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 Board level Committees.	

PM(20)20	**COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES**	
	Mrs Wilson outlined the Board Level Committees update report, drawing Members' attention to those matters requiring consideration or approval by the Board and the areas of concern and risk which had been raised by the Committees. These included: • The request that the Health & Care Strategy Delivery Group (HCSDG) no longer continues to be an assurance committee reporting directly to the Board. This matter had been discussed as part of an earlier agenda item; • The request from the In-Committee Board to change the year-end deficit position, which had been approved at the Public Board Meeting on 28th November 2019. With regards to the HCSDG, and specifically staff engagement and change processes, there was a query regarding whether the organisation is confident it is retaining the right balance between what needs to be done and maintaining a human dimension to the change process. Members were advised that preparations are underway for the challenging phase of Strategy delivery; whilst it may have felt that progress has stalled, various actions have been taking place, including the establishment of a Clinical Group. It is vital that staff lead the changes required. In view of the changes to reporting structure for the HCSDG, Miss Battle reiterated the need for regular and detailed update reports to Board on delivery of the Strategy.	
	The Board **ENDORSED** the updates and **RECOGNISED** matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.	

PM(20)21	**COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD**	
	The Board **RECEIVED** the update report of the In-Committee Board meeting.	

PM(20)22	**COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS**	
	Ms Sarah Jennings echoed earlier comments, thanking Ms Hilary Jones for her contribution as Chair of the Stakeholder Reference Group. Dr Philip Kloer endorsed this statement, adding his thanks also to Dr Kerry Donovan for her efforts in developing the Healthcare Professionals Forum to the influential group it is today. Members heard that Dr Mo Nazemi, a community pharmacist, would be replacing Dr Donovan as Chair of the Healthcare Professionals Forum.	
	The Board **RECEIVED t**he update report in respect of recent Advisory Group meetings.	

PM(20)23	**HDDUHB JOINT COMMITTEES & COLLABORATIVES**	
	The Board **RECEIVED** for information the HDdUHB Joint Committees & Collaboratives update report.	

PM(20)24	STATUTORY PARTNERSHIPS UPDATE	
	The Board: • **NOTED** the progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report. • **NOTED** the links to the PSB and RPB websites where the agenda and minutes of recent meetings can be accessed.	

PM(20)25	BOARD ANNUAL WORKPLAN	
	The Board **NOTED** the Board Annual Workplan.	

PM(20)26	ANY OTHER BUSINESS	
	There was no other business reported.	

PM(20)27	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 26th March 2020, Ceredigion County Council Chambers, Penmorfa, Aberaeron, Ceredigion SA46 0PA.	

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TABLE OF ACTIONS FROM
HEALTH BOARD MEETING IN PUBLIC
HELD ON 30TH JANUARY 2020

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(20)02	**PUBLIC FORUM:** • To provide letters of response to the questions received and to ensure that responses are available on the UHB website.	MB	March 2020	Completed.
PM(20)06	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 28TH NOVEMBER 2019:** • To discuss at the Charitable Funds Committee establishing a staff welfare charitable fund.	SJ	March 2020	Committee Services Officer advised of potential agenda item for future meeting.
PM(20)09	**REVISED CORPORATE GOVERNANCE STRUCTURE/ ARRANGEMENTS:** • To clarify in proposals for the March 2020 Public Board plans to review the Research & Development Sub-Committee and Health & Safety Committee after 12 months; • To review Professor Gammon's membership of the Mental Health Legislation Assurance Committee and Chairmanship of the Hospital Managers Powers of Discharge Committee;	JW JW	March 2020 March 2020	On agenda. R&D Sub-Committee will report into the Quality, Safety & Experience Assurance Committee. This will be reviewed as part of the annual review of the committee structure in 2021. Membership reviewed and communicated to all Board members.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	• To give consideration to practical improvements regarding the Welsh Language which could be made as a Board.	MB/JW/ DR/SJ	March 2020	Meeting to be rearranged to take this forward.
PM(20)10	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE:** • To prepare a detailed report for the March 2020 In-Committee Board meeting, which outlines how this matter is going to be resolved, provides an update on any outstanding audit recommendations and provides a look-back as to why it has taken so long to resolve and implement both WAO and Internal Audit recommendations.	AC	March 2020	Forward planned for 26th March 2020 In-Committee Board meeting.
PM(20)12	**CHARTER FOR IMPROVING PATIENT EXPERIENCE:** • To make more explicit that the phrase 'community services' encompasses Mental Health and Learning Disabilities; • To include Patient Experience Ambassador training in the training programme for Health Care Apprentices; • To develop a Children's Charter, and undertake an evaluation of existing activities and required actions.	MR LG MR	March 2020 March 2020 March 2020	Completed. Document amended to reflect agreed action. Being progressed. Work is progressing on a multi-agency basis.
PM(20)13	**PROGRESS AGAINST THE WINTER PLAN:** • To ensure that real-time data is available for next year;	KM	March 2020	The Analytics team is working with the Unscheduled Care team and has provided a suite of

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				interactive dashboards, based on previous daily data. Delivered January 2020. The team continues to refine the delivery of dashboards as per the requirements of the Director of Operations. To assist with the Winter Plan we have designed an Emergency Demand & Activity Planning Toolkit (EDAPT) consisting of three key elements: • a forecaster which provides short-term and medium-term demand & activity predictions; • an atlas which provides a map of historical data trends; • a historian which provides the history of a particular day/week/month. This is the first time that machine learning has been utilised within the University Health Board (UHB) to provide predictive activity demands for the service. The aim is to provide a toolkit to service users (particularly managers) to help them facilitate improved seasonal planning throughout the year.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				There are three main objectives for the EDAPT: • model black days to help services identify (and later understand) potential “at risk” days; • demonstrate historic trends (in relation to at least past five years). There should be a mixture of aggregation levels ranging from “whole period static” to “daily time-series” charts; • allow for expected demand and activity during the next 12 months in order to provide trajectories. The Assistant Director of Informatics and the Strategic Programme Director have been in talks with third party vendors that are able to assist the UHB with the development of real-time data to assist the Transformation agenda. It is anticipated that the beta version will be available in the second Quarter of 2020/2021, and an incremental development plan will be delivered within the same timescales.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	• To present the 2020/21 Winter Plan at the 28th May 2020 Public Board meeting.	AC	May 2020	Forward planned for 28th May 2020 Public Board meeting.
PM(20)16	**PERFORMANCE UPDATE – MONTH 9 2019/20:** • To provide an update on steps being taken towards a sustainable position for children and young people waiting to start a neurodevelopment assessment.	AC	March 2020	MH&LD - Autistic Spectrum Disorder (ASD), assessment service - Recruitment remains challenging as there is a small work force with the required skills, however, some in house training has taken place to improve the performance position. Working with the Delivery unit to review capacity and demand planning to predict what resources are required and to determine when in the future targets can be met. Paediatric ADHD – A business case is being developed in order to manage the backlog of long wait patients, using RTT monies. Neurodevelopment sustainable plans are also articulated within the Health Board 3 year plan.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(20)18	**FINANCE UPDATE – MONTH 9 2019/20:** • To explore whether the increase in vacancies seen in December 2019 is part of a trend.	LG	March 2020	Analysis still being undertaken.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Report of the Chair
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Miss Maria Battle, Chairman
SWYDDOG ADRODD: REPORTING OFFICER:	Miss Maria Battle, Chairman

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 one such action to report since the previous meeting of the Board, which relates to a variation to the Health Board's Standing Orders, specifically, Standing Order 6 (meetings) which sets out the way in which Board meetings should be organised and run, the details of which are attached as Appendix 1 to this report.

COVID 19

I would like to give my heartfelt thanks on behalf of the Board to all our Hywel Dda staff; nurses, doctors, therapists, housekeepers, estates, porters, managers, executives – everyone for their dedication and preparation. As well as continuing to care for all our patients, they are totally focused on preparing and being ready to care for everyone who has been or will be affected by coronavirus.

For most people who contract COVID-19 the symptoms will be mild. However, the disease is more serious for people with complicated existing conditions and we will be there for them.

We are training staff in the new skills needed and ensuring everything is in place to provide the best care we can.

We are fortunate in west Wales to have close-knit communities and we know our residents are looking after themselves and others, and for that, we are thankful. We will do everything we can to care for our staff and we thank the public for their support at this challenging time.

We are working hand in hand with our three local authorities and all our partners in west Wales.

At the same time, business will continue as usual where possible. Today we will consider our three- year plan, our promises to you over the next three years. We will also consider our new patient experience and our performance reports, which are the essence of what we do.

We will be reducing some of our services and our meetings in response to the outbreak but we will ensure that there is good care, good governance and good communication throughout this period.

General Update

The challenges and rewards of being a nurse in Wales

During January and February 2020, S4C highlighted the work of Nurses across Wales, including nurses from across Hywel Dda University Health Board. Given that the World Health Organisation has designated 2020 the Year of the Nurse and Midwife, this is an appropriate time to recognise the vital role these staff play in caring for our patients.

My Health Passport

The My Health Passport is a new way for children and young people with learning disabilities or complex health needs to share important information about themselves when accessing care within Hywel Dda University Health Board. The passport has been developed by Donna Richards, Wellchild Nurse, and Janet Millward, Senior Paediatrics Manager, and has kindly been produced by WidgitHealth, My Health Passport is a simple but important document that will empower children and young people and their families to communicate their needs, wishes and values to those caring for them. Using Widgit symbols, the passport contains three sections; things you must know about me; things important to me; and my likes and dislikes. I would like to thank Donna and Janet for their work to get this invaluable resource in place and to WidgitHealth for their generosity and support throughout its production.

Hywel Dda University Health Board signs TUC's Dying to Work Charter

Hywel Dda University Health Board has become the latest employer to sign up to the TUC's Charter aimed at helping employees who become terminally ill at work. The Charter protects the rights at work for those facing a terminal illness. This is a very positive step forward in supporting our staff when they need it most. The Health Board is proud to sign up to this Charter, which will strengthen our values as an organisation and as an employer.

Nurses go digital to improve patient experience

Withybush Hospital's Ward 11 was chosen to pilot the first phase of a national project established to transform nursing documentation and create a digital way of working. The pilot, which took place during February 2020, involved nursing staff completing adult inpatient assessments and core risk assessments in relation to falls, pressure damage, pain, continence, nutrition and manual handling, using the latest tablet based technology rather than paper forms. These areas have been chosen based on frequency of use, and those that have the

biggest potential to improve patient assessment, inform care planning and enhance patient safety and outcomes. The experience, learning and feedback from the pilot will help to inform the future digitalisation of nursing documentation and potential national roll-out of the programme at a later stage.

Arts and Health

The Arts Council of Wales has confirmed funding for a 3-year partnership to build capacity within Hywel Dda University Health Board to develop our arts and health agenda. The recruitment process is underway to appoint an arts and health co-ordinator responsible for the co-ordination and development of arts and health activity across the University Health Board.

Events/Visits

- Welsh NHS Confederation Launch 2020
- Tregaron Surgery and Hospital
- Cardigan Health Centre
- Llandovery Hospital
- Bronglais and Withybush General Hospitals
- Solva Care Information Evening
- Carmarthen Hospice Appeal Coffee Morning

Key Meetings

I have continued to meet with and listen to front line staff across Hywel Dda. It is important that, as a Board, we listen to our staff and patients and thank them for their dedication and service in these continuing challenging times.

I also attended the following meetings:

- Llandovery Public Meeting
- West Wales Regional Partnership Board
- Swansea Bay City Region Joint Committee
- Ceredigion Public Services Board
- The Community Health Council
- Chairs Ministerial Meetings
- Meetings with AMs/MPs
- Meetings with the three County Council Leaders and CEOs
- Pembrokeshire Public Services Board

Board Seminar 13th February 2020 and 12th March 2020

Covid 19

The Board discussed the organisation's preparedness for the Coronavirus pandemic.

Primary Care Clusters Update

Members received Primary Care Cluster presentations on four projects highlighting the outcomes following funding received from Welsh Government and the Health Board. Members recognised the benefit of Clusters to support higher quality care and proposed that work should now progress, at pace, to scale up the appropriate schemes and asked the clusters to recommend which schemes would be most beneficial to the public.

Financial Position Briefing 2019/20, Financial Plan 2020/21 and Draft Annual Plan 2020-21 (both meetings)

Members discussed the plans presented, noting that the forecast financial deficit for 2019/20 is comparable to the 2018/19 position. Members recognised the challenge as a Health Board

in reducing the financial deficit, given that the underlying factor is our workforce challenges. The Board acknowledged the significant work undertaken by each Directorate to reach this stage in the process, bringing the Health Board a stage closer to the new strategy.

Emergency Ambulance Services Committee (EASC) Update
The Board received a presentation from the EASC Chair and the Chief Ambulance Service Commissioner to provide an update on the Health Board's performance between October and December 2019. Members noted that Hywel Dda's data would be reviewed alongside other Health Boards in Wales in order to benchmark the information; this will then influence trend analysis and forecasting.

Celebrating Success/Awards

Investors in Carers
The Investors in Carers (IiC) scheme is a quality assurance scheme, which has themed standards, an audit and certification processes and rewards, and which recognises best practice. The Investors in Carers scheme is a tool designed to help health, social carer third sector and other organisations focus on, and improve, their carer awareness and the help and support they give to carers. Since the previous Board meeting, the Health Board has received the following IiC awards:

Silver award
- The Memory Assessment Service and Community Mental Health team in Caebryn, Prince Philip Hospital.
- Furnace House Surgery.

Bronze award
- The Pre-assessment Clinic in Bronglais Hospital.
- Brynmair Community Mental Health Team.

NHS Wales Awards

Chair's Commendation Award
In addition to our wonderful workforce, our hospitals were supported once again by our amazing volunteers over the Christmas period. Mr Wynne Evans welcomed visitors to the hospital at the front desk on Christmas Eve, Christmas Day, Boxing Day, New Year's Eve and New Year's Day and visited all patients who didn't have a visitor. Dr Kerry Donovan nominated Mr Wynne Evans, in recognition of his support to Withybush General Hospital. All volunteers who supported our hospitals over the Christmas period will also receive a special Chair's commendation award in recognition of their ongoing dedication to their local NHS, staff and patients.

In Attendance Board Member Update
At the end of May 2020, Dr Owen Cox will be standing down as the Chair of the Local Medical Committee. On behalf of the Board, I would like to sincerely thank Owen for all the work he has undertaken for both the Board and the Local Medical Committee and we look forward to welcoming Owen's successor to future Board meetings.

Argymhelliad / Recommendation

The Board is asked to:

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

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:	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:	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.

Appendix 1 - Register of Chairman's Actions 2019/2020

Serial No.	Requesting Department	Details of Request	Cost, where applicable	Date Issued	Date Signed by Chair
116	Corporate Governance	Approval is sought to a variation to the Standing Orders Due to the unprecedented event of COVID-19, the Board cannot meet in person for the foreseeable future. A Board meeting is scheduled for Thursday 26 March - it is proposed the meeting be run by electronic / telephony means as opposed to in a physical location. This means members of the public cannot attend in person or observe on line.	**Not Applicable**	**25.03.2020**	**25.03.2020**

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
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 (Assistant Director of Corporate Legal Services & Public Affairs), Yvonne Burson (Assistant Director of Communications) and Nicola O'Sullivan (Assistant Director of Engagement)

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 30th January 2020; 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. Operational Issues

Coronovirus

Our country, and indeed the world, is living through an extraordinary event in dealing with the coronavirus pandemic. We are working together with Welsh Government and Public Health Wales, and also our local partners through the Local Resilience Forum, on implementing our planned response.

An Incident Management Team is co-ordinating this work and linking in to a strategic and tactical group. We have established specific operational groups considering areas, such as primary care, community care, hospital acute care and workforce. We have launched our Hywel Dda COVID-19 Co-ordination Centre to deal with enquiries and arrangements with our patients, as well as our staff and stakeholders. We are increasing our capacity to deal with this pandemic in our communities and hospitals, and this means shifting some of our work to allow us to prioritise our response.

We remind the public that they can access information about coronavirus from Public Health Wales at http://phw.nhs.wales

Thank you to all our staff for their contribution and hard work during this time and always.

Turnaround

As part of the UHB's Targeted Intervention status, members are aware that the UHB had appointed a Director of Turnaround to lead and support this agenda. However, I believe that the UHB is in a position to continue the Turnaround work it has been doing for the last two years, and for this to be embedded within normal business.

4. Listening and what we've heard

We are continuing to talk to our staff, communities and partners on multiple issues as part of our commitment to continuously engage and benefit from the different skills, experiences and insights working in this way offers us.

Llandovery Drop-In Event – 14 February 2020
We would like to thank all our community members who attended the Llandovery Hospital drop in event on the 14th of February 2020. The response was fantastic and over 550 people attended. The UHB was delighted to see the community coming together to show their support for their local hospital.

The main themes raised at the event were around:

- Reassurance around the future of Llandovery Hospital
- The number of beds available at the hospital
- The staff required at the hospital and the efforts made to recruit further staff
- The Minor Injuries Unit and the potential to extend its hours
- Further development of existing services such as phlebotomy and x-ray and the opportunity to develop additional clinics at the hospital together with additional services for older people.

A further event was arranged for Tuesday 17 March 2020, but this has been postponed to allow our staff and partners to focus on the priority task of supporting our local response to the COVID outbreak; this approach was supported by key members of the local community.

A new date will be set for this later in the year and we look forward to working with the community and stakeholders to develop and design the future for Llandovery Hospital.

5. Strategic Issues

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

Health & Care Strategy Delivery Group

On 26 February 2020, a workshop of the Health & Care Strategy Delivery Group took place to discuss the development of our Operating Model to deliver our 3 year plan and beyond. The operating model needs to be refreshed in order to effectively deliver the plan, and ensure best use of corporate resources and utilisation of available skills.

The operating model will align delivery mechanisms to wider reporting to the Board and Welsh Government on transformation, improvement and business as usual activity.

Argymhelliad / Recommendation

The Board is invited to:

- **Endorse** the Register of Sealings (**Appendix A**) since the previous report on 30th January 2020.
- **Note** the status report for Consultation Documents (**Appendix B**) received/responded to.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the report
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 issues are identified in the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues are identified in the report.
Gweithlu: **Workforce:**	Any issues are identified in the report.
Risg: **Risk:**	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 report.
Enw Da: **Reputational:**	Any issues are identified in the report.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? Not on the Report • Has a full EqIA been undertaken? Not on the Report

Appendix A: Register of Sealings from 11th January – 10th March 2020

Entry Number	Details	Date of Sealing
266	Confirmation Notice No. 2 for Commencement of Stage 4, 5 and 6 Services for the Contract Manager Phase 2 Neonatal & Maternity Development, Glangwili Hospital Between Hywel Dda University Local Health Board and Provelio Limited	04/02/2020
267	Contract for the Sale of Freehold Land with Vacant Possession at Aberaeron Hospital, Aberaeron Between Hywel Dda University Local Health Board and Wales & West Housing Association Limited	13/02/2020
268	Transfer Deed of Aberaeron Cottage Hospital, Princes Avenue, Aberaeron SA46 0JJ Between Hywel Dda University Local Health Board and Wales & West Housing Association Limited	13/02/2020

Appendix B: Consultations Update Status Report up to 10th March 2020

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
429	Managing the transition from children's to adults' healthcare services	Welsh Government	Mandy Rayani, Margaret Devonald-Morris - lead, Lisa Humphrey	28.01.2020	20.04.2020	
430	Charitable rates relief for schools and hospitals in Wales	Welsh Government	Huw Thomas, Jennifer Thomas, Gareth Jones (Tax lead)	03.02.2020	24.04.2020	12.02.2020
431	Speech, language and communication delivery plan 2020 to 2021	Welsh Government	Alison Shakeshaft, Natalie Vanderlinden, Philippa Large	04.02.2020	23.04.2020	
432	Local Authority Education databases	Welsh Government	Sarah Jennings, Nicola O'Sullivan	10.02.2020	22.04.2020	
433	Hospital discharge processes	National Assembly for Wales	Mandy Rayani	20.02.2020	17.04.2020	
434	WHSSC: PP196 Voretigene Neparvovec for treating inherited retinal dystrophies caused by RPE65 gene mutations	Welsh Health Specialised Services Committee	Karen Miles, Phil Kloer, Carly Buckingham, Eirini Skiadaresi	28.01.2020	25.02.2020	25.02.2020
435	Amendments to the organ donation regulations	Welsh Government	Andrew Carruthers, Dr Mike Martin, Dr Wojciech Groblewski	28.02.2020	30.04.2020	
436	Consultation on Cancer	National Assembly for Wales	Andrew Carruthers, Keith Jones, Debra Bennett	02.03.2020	24.04.2020	

REPORT UNDER EMBARGO UNTIL 10AM ON 26TH MARCH 2020

Meeting Date	**26 March 2020**	**Agenda Item**	**2.1**
Report Title	Transcutaneous Aortic Valve Insertion (TAVI)		
Report Author	Irfon Rees, Chief of Staff		
Report Sponsor	Richard Evans, Medical Director		
Presented by	Richard Evans, Medical Director		
Freedom of Information	Open		
Purpose of the Report	To update the Board on the findings of an external review of patients who died while on the waiting list for a TAVI (Transcatheter Aortic Valve Insertion); and on the actions taken since the waiting list issues came to light.		
Key Issues	• Background to ABMU Health Board (as was) commissioning an external review • Actions taken to minimise risks identified at the time • Supporting the families affected • Findings and recommendations of the review • Improvement actions • Current waiting times		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐
Recommendations	Members are asked to: • To **receive and note** the report; • To **note** that the Health Board has accepted the recommendations in full and actions taken to address the recommendations • To **agree** that the Quality and Safety Committee will continue to monitor the delivery of the actions on behalf of the Board; • To **agree** an update report in 6 months		

1. INTRODUCTION

This report sets out the detail of a Health Board commissioned, external review of the clinical management of patients who passed away while waiting for a cardiac procedure. The review was commissioned in response to a historic build-up of a backlog of cases, which has since been cleared. The review identified a number of deficiencies and made a number of recommendations. This report also details the Health Board's progress in implementing the recommendations.

2. BACKGROUND

Trans-catheter Aortic Valve Implantation (TAVI) is a specialist procedure offered by the health board to some elderly cardiac patients suffering from severe aortic stenosis. Aortic valve stenosis is a common disease of the older patient. The aortic valve gradually narrows without causing symptoms, but when the valve is sufficiently obstructed to cause exertional shortness of breath or chest pain, then prompt treatment is very important. Traditionally, this has been with open heart surgery, whereby the diseased valve is removed and replaced with a new artificial valve and this procedure is performed by a cardiothoracic surgeon. It remains a widely practiced operation. Unfortunately, a proportion of patients are unable to have this treatment due to age, frailty, comorbid conditions or a combination of these.

More recently an alternative treatment has become available, which involves the placement of a valve through the arterial system (usually the femoral artery) under X-ray guidance – a TAVI. This procedure is much less invasive and has become an option for patients who would otherwise not be fit for traditional aortic valve replacement surgery. Although still a major intervention for frail elderly people, TAVI is nevertheless a safer alternative than full surgery for this group of patients.

Evidence suggests that approximately half of patients with untreated severe aortic steonosis will die within one to two years. In patients who do undergo a TAVI procedure, the mortality at one year is still 30%. This demonstrates both that early intervention is important and that intervention is not always successful.

Morriston Hospital has been undertaking TAVI procedures since 2009. The service is commissioned by the Welsh Health Specialised Services Committee (WHSCC). The University Hospital of Wales is the only other provider of a TAVI services in Wales.

The demand for TAVI procedures has grown over time. In 2017-18, concerns emerged over a growing backlog of patients waiting for the procedure, and over the welfare of patients awaiting TAVI. This prompted ABMU Health Board to commission an internal review of patients who had died whilst on the waiting list.

3. CASENOTE REVIEW

Prompted by the internal review, in December 2018 the Health Board Executive Team considered it appropriate to commission an external, independent and expert review of the management of patients who had been listed, or considered for a cardiology TAVI procedure between January 2015 and November 2018 but who sadly passed away before a TAVI was undertaken. The Executive Medical Director commissioned

the Royal College of Physicians (RCP) to undertake that review, which took the form of a clinical record review of the management of 32 patients.

The review team was asked to make an assessment of the overall quality of care, given consideration to a range of factors such as patient selection, appropriateness and implementation of treatment plans, communication, record keeping, and arrangements for monitoring patients while waiting for treatment. In reviewing the overall care, it was asked to take into account whether this it was in line with national good practice and guidelines at the time of clinical contact. The review team was also asked to take a view on the probability of whether earlier intervention could have impacted on the patient's outcome and if so whether there had been a breach in the duty of care to the patient.

As well as considering the clinical management of individual patients, the RCP was asked to highlight any cross-cutting concerns and any lessons to be learned and if required, recommend appropriate actions.

The RCP provided the Health Board with its findings and recommendations in light of their review in late December 2019.

4. ACTIONS TAKEN TO MINIMISE RISKS IDENTIFIED AT THE TIME

Alongside commissioning the casenote review, the Health Board concurrently undertook urgent improvement actions to the TAVI pathway. The Board has been kept apprised of the progress of those actions. In summary:

- Immediate improvements were made to streamline the referral process and clinical pathway. A common electronic referral route and Referral to Treatment monitoring arrangements for TAVI were established. There was a reiteration of WHSSC commissioning criteria and a validation of all patients referred or recommended for TAVI to ensure they met WHSSC criteria and that they were not suitable for medical therapy of conventional aortic valve replacement.

- The Health Board invested more than £1million in additional capacity to speed up access for patients deemed suitable for TAVI. This included increasing the availability of the catheter laboratory sessions for TAVI patients, allowing for additional patients to be treated; appointment of additional nurses to support extra TAVI clinics; and additional contact with patient for triage and post procedure support. This investment allowed the backlog of cases to be cleared in early 2019. .

- The service is commissioned to deliver a 36 week pathway. There are currently 51 patients on the waiting list. Only one is waiting over 26 weeks and the majority (36 patients) have been waiting 10 weeks or under.

5. BOARD OVERSIGHT

The Board and its Quality and Safety Committee have received regular updates on the issues related to the review, in particular the progress in reducing the waiting list and making the necessary broader improvements to the pathway.

6. SUPPORTING THE FAMILIES AFFECTED

A core objective when commissioning the review was to be open and transparent with the families of those affected and to communicate and engage, where possible, with family members sensitively and in a way that allowed opportunities for feedback and comment.

The RCP has now provided detailed commentary on the clinical management of individuals reviewed. The next of kin of deceased patients whose care was reviewed by the RCP have been contacted and given the opportunity to discuss the circumstances and raise any issues. The full feedback will be shared with relevant families, who have been written to and invited to discuss the feedback with senior clinicians.

7. FINDINGS AND RECOMMENDATIONS OF THE REVIEW

Overall, the clinical reviewers found:

- Care in 23 of the 32 cases was unsatisfactory
- One case was judged to be 'room for improvement' for clinical reasons
- Two cases were deemed 'room for improvement' for organisational reasons;
- Four cases were deemed 'room for improvement' for both organisational and clinical reasons;
- One case was considered to represent good practice;
- For one case there was insufficient information available to reach a judgment.

For 23 out of the 32 cases, the reviewers concluded that, on the balance of probability, earlier intervention could have had an impact on the patient's outcome and that there had been a breach in the duty of care to the patient.

Key findings

The RCP provided feedback on overarching themes, as follows:

- Patient selection was generally thought to be appropriate. The reviewers considered that the patient was appropriately selected for a TAVI in the majority of cases. This usually meant that the patient's general condition suggested a high likelihood of benefit from having a TAVI and that investigations suggested the patient was technically suitable for TAVI. For five of the 32 cases, the question of whether the patient was appropriately selected for a TAVI was not applicable, either because the patient was not actually selected for TAVI (i.e. there was no work-up for TAVI or TAVI was never confirmed as suitable for the patient) or because the patient did not agree to the process. However, in four of the 32 cases, the reviewers found

that the patient had been inappropriately selected for a TAVI, for instance because a patient's comorbidities or condition made them a "marginal" case for TAVI.

- The reviewers found deficiencies in relation to the appropriateness of treatment plans, leading them to conclude that in most cases patients had not been managed in line with current and best practice guidance. The deficiencies were as follows:
    - Lack of clarity in the casenotes as to whether a patient had actually been listed for TAVI
    - Lack of evidence of care coordination across the cases
    - Lack of a lead clinician documented in some instances, resulting in some patients being transferred between cardiologists, or between cardiologists and surgeons
    - Lack of clarity on mechanisms for inpatient referral to Morriston hospital
    - Delays between referral and initial assessment, or between initial assessment and treatment
- The reviewers also found deficiencies in relation to the implementation and timeliness of treatment plans caused by delayed decision making, arising out of investigations being carried out in sequence rather than in parallel or delays between investigations and decision making points.
- The reviewers reported a lack of effective Multi-Disciplinary Team (MDT) working and communication. In some cases there was a lack of evidence of appropriate MDT discussion taking place; in others a lack of documentary records of MDT discussions held; and in others MDT discussions were not held in a timely way or with sufficient urgency. Most cases reviewed were rated 'poor' or 'very poor' care in relation to communication between colleagues. Similarly, the reviewers found deficits in communication with some patients and their families.
- In 12 of the 32 cases, reviewers rated 'poor' of 'very poor' the quality of clinical record keeping, often reflecting the absence of documentation relating to MDT noted above.
- The reviewers reported little documented evidence of clinical prioritisation of patients**.** They could not find evidence of a mechanism for reviewing patients awaiting TAVI treatment.

Recommendations

The reviewers concluded that the pathway needed to be streamlined; stressed the need for better coordination and clinical ownership of cases; and for more visible leadership of the service. The review team made a number of specific recommendations, given each an expected timeframe for completion of implementation. The Health Board has accepted the recommendations in their totality. The action plan attached at Annex 1 is framed around each of the specific recommendations, as made by the RCP.

8. IMPROVEMENT ACTIONS AND THE CURRENT SERVICE

As noted under section 4, above, when the RCP case note review was commissioned the Health Board concurrently instigated a number of immediate improvement actions to streamline the pathway, invested in additional capacity, and took steps to improve the co-ordination of TAVI patient care. The backlog of patients awaiting a TAVI procedure was cleared.

As noted above, the Health Board accepts the RCP's recommendations in full. A number of the Health Board's early actions were consistent with the subsequent recommendations made by the RCP. Other recommendations began to be implemented as soon as the final RCP report was received.

The RCP's review focused on a set of cases whereby patients died before receiving a TAVI procedure. It was not commissioned as a result of any concerns arising out of how TAVI procedures were performed.

It is legitimate that stakeholders nevertheless ask whether the service is safe, notwithstanding the improvements made in accessing it. The service produces a monthly Quality and Safety Dashboard for TAVI which includes a range of metrics. A snapshot of this dashboard is provided below, providing assurance against a range of metrics:

Percutaneous TAVI Outcomes for 85 TAVI cases from June 2019 to February 2020:

Outcome	**MORRISTON**	**British Cardiovascular Intervention Society-UK TAVI audit 2017**
Inpatient Mortality	1 (1.17%)	2%
30 day mortality	2 (2.35%)	Not recorded
Permanent pacemaker implantation	12.9%	8% to 16% depending on type of valve used
Major Vascular complications (VARC 2)	0 (0%)	2.3%
BARC Type 3 or worse bleeding	0 (0%)	Not recorded
Bail out Valve in Valve	1 (1.17%)	1.1%
Length of stay post procedure (median)	2 days	3 days

[Medical terms/acronyms to be explained in footnotes]

9. FURTHER WORK WITH THE ROYAL COLLEGE OF PHYSICIANS

Given the significance of the RCPs conclusions in its case note review, the Health Board considers it crucial that a case note review also be undertaken on all other patients who died while listed for a TAVI procedure and that these be subject to the same level of external scrutiny. This includes all other cases considered by the internal review but not initially considered by the RCP; and any other cases prior to 2015 or after 2018. The number of cases is 46 in total. The RCP has been commissioned to review these cases. The next of kin/families of those patients have been written to, and invited to discuss the care of their loved one with senior Health Board staff. The outcome of the RCP's review of specific cases will be shared with the relevant next of kin as and when it becomes available.

An expert panel convened by the RCP was also invited to undertake a site review to provide assurance regarding the improvement work and to advise on any further service changes required. The review team visited the Health Board for two days on 22-23 July 2019 and a final report is expected soon. The Board will be kept apprised of the ongoing improvement work.

10. CONCLUSION

In a statement being issued on the day of the Board meeting, the Health Board apologises unreservedly to patients and their families who were affected by past delays in accessing the TAVI procedure and, the harm this caused. These apologies are also being communicated directly to the families involved.

The report outlines immediate actions taken to reduce the waiting list before receiving the findings of the review, and the Health Board has acted promptly on the advice and recommendations following the review. Improvements to the way the TAVI service in now managed means we are treating TAVI patients much more quickly and effectively. The Health Board remains steadfastly committed to ensuring the service is operating to the highest standards. Progress against any ongoing improvement actions will be scrutinised by the Quality and Safety Committee and the outputs from the RCP's site visit will be used to provide both further learning and assurance.

DATE: 26th March 2020

Statement re Trans-catheter Aortic Valve Implantation (TAVI)

A paper published at a meeting of the Swansea Bay University Health Board today, 26th March 2020, details findings by the Royal College of Physicians into the way some patients were managed while they were waiting for a specialist cardiac procedure.

Called Trans-catheter Aortic Valve Implantation, or TAVI; it is a keyhole procedure offered by the health board to some elderly cardiac patients, particularly over the age of 80, who are too frail to undergo traditional open-heart surgery. TAVI treats the narrowing of the aortic valve, and although still a major intervention for frail elderly people, it is nevertheless a safer alternative than full surgery for this group of patients.

However, concerns were rightly raised by cardiac doctors about the length of time some patients were waiting for TAVI, as some very sadly passed away before receiving the procedure.

Following these concerns, the health board took a number of urgent actions to improve the management of the service and also commissioned the Royal College of Physicians to assist us.

We asked the Royal College to review 32 cases between 2015 and 2018 where patients did not receive their TAVI treatment before they passed away, and it concluded that earlier intervention could have had an impact on the patient's outcome in 23 of these cases.

We are grateful to the Royal College for their recommendations. The majority of these actions are already completed, as we began urgent improvements to the management of the service before even contacting the Royal College. Waiting times are now much improved. Included in the Board paper is the detail of all the actions taken.

Swansea Bay UHB Chief Executive, Tracy Myhill, said:

"We apologise unreservedly to patients and their families affected by past delays in accessing the keyhole heart valve procedure known as TAVI, and the harm this has caused.

"Waiting times for TAVI for some of our cardiac patients have been too long, and it is with profound regret that we acknowledge some patients passed away before we were in a position to offer them the procedure."

Swansea Bay UHB Medical Director, Dr Richard Evans, said:

“We can give assurances that we took immediate actions to reduce the waiting list before inviting the Royal College of Physicians to assist us. We acted promptly on the advice given by them, and a range of robust actions are already in place.

“Improvements to the way the TAVI service is managed means we are now treating new TAVI patients much more quickly.”

One of the immediate and key actions included appointing a dedicated TAVI coordinator to oversee the service. This role has been fully operational for some time, and is ensuring that patients’ care is continually monitored at all times while they wait for treatment.

We have also invested more than £1million in additional capacity to speed up access for patients deemed suitable for TAVI. We have increased the availability of the catheter laboratory sessions for TAVI patients, which has allowed us to treat more patients.

Additional nurses have also been brought in to support extra TAVI clinics, telephone contact with patients and offer both triage and post procedure support.

As an alternative to open heart surgery, demand for TAVI is growing, and is expected to continue growing as a result of an ageing population. At the same time, there has been increased demand for other specialist support and interventions for heart problems. This was adding to the time taken to assess potential TAVI patients.

We have now worked closely with commissioners and agreed a forward programme of at least 100 TAVI procedures annually, which is expected to meet future forecast demand and reduce the risk of long waiting lists building again.

Next steps

To ensure the review is as thorough as possible, we have now asked the Royal College to look at other cases where patients did not receive their TAVI treatment. This covers the entire period of time TAVI has been offered by the health board (since 2009) for completeness.

An expert panel from the Royal College of Physicians has also undertaken a site review to assess the improvements and advise on any other service changes required.

We have been contacting the families and carers of patients involved in this review to gather feedback, share details of the report (and details of their individual cases), offer meetings and support, and any further information they might need.

A helpline is available for families we have contacted directly and the details of the helpline have been forwarded to them.

Notes to Editors:

Aortic stenosis is a very serious condition, which can affect people of all ages, but is commonest in elderly people. It occurs when the heart's aortic valve narrows, obstructing blood flow out of the heart and around the body.

Often it can be undetected, with no obvious symptoms. By the time symptoms are experienced, it has usually reached a severe stage. This carries a significant risk of heart failure and other complications.

There is no medical intervention to reverse or halt the progression of the condition and eventually patients may need the valve replaced. In younger and fitter patients, the best option is usually open heart surgery to replace the aortic valve. However, many older people, whose health may be affected by other conditions, are not fit to have such major surgery.

Trans-catheter Aortic Valve Implantation (TAVI) is available for some of these patients who are not fit for major surgery. This procedure does not involve open heart surgery and the valve can be replaced through a small incision in the skin (keyhole).

TAVI is not suitable for all patients and is not without risk, especially for those with significant health issues or frailty. For these people, treatment with medicines to manage their symptoms and help them lead a comfortable life is the best option.

Morriston Hospital was the first centre in Wales to offer it in 2009, and it is only available in Wales in Morriston and UHW Cardiff.

Assurance Framework for the delivery of the Royal College of Physicians' recommendations relating to the TAVI casenote review

Recommendation 1. The Health Board should undertake further clinical record review considering the findings relating to the clinical management of 26 sets of case notes under terms of reference 3. The Health Board has already been in discussion with the RCP ISR team about conducting this further clinical record review.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Executive Medical Director

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Determine the number of additional casenotes to be reviewed in a second cohort by the RCP	The casenotes of the remaining patients who died while waiting for a TAVI between 2015 and 2018 will be forwarded to the RCP for review	January 2020 **Completed**			
	Patients who died while waiting for a TAVI between 2009 (the commencement of the service) and 2015 have been identified and will be forwarded to the RCP for review	January 2020 **Completed**			
	One concern raised by a family member regarding a relative who died while waiting for a TAVI will also be forwarded to the RCP for review	January 2020 **Completed**			
Commission the RCP to undertake a review of a second cohort of patients' casenotes	A formal request has been made from the Executive Medical Director to the RCP's Invited Service Review team	September 2019 **Completed**			

Recommendation 2. **The Health Board must review the pathway for patients who may be suitable for TAVI. The pathway should reflect the natural history of severe aortic stenosis and offer timely assessment of patients, coupled with timely provision of TAVI for those patients who are suitable.**

Recommended timescale for completion: Short term 0-6 months | Lead Officer: Servicel Director, Morriston Hospital

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Review of the TAVI pathway to ensure that patients are on a defined pathway and that assessment and treatment occur in a timely way	There is now a clear process to ensure that there is an agreed definition of when patients on the aortic stenosis pathway are placed on the waiting list for TAVI procedure	August 2018 **Completed**	Monthly report of component waiting times for TAVI	Quality and Safety Committee	Monthly for minimum 12 months
	Clear the waiting list of patients who are overdue for TAVI procedure	March 2019 **Completed**			
	Undertake a demand/capacity analysis to ensure deliverability of current service within commissioned timescales	March 2019 **Completed**	Review TAVI pathway with commissioners to ensure that the service is commissioned to deliver within best practice timescales	WHSSC commissioning meeting with Health Board; reported to Quality and Safety Committee	July 2020
Review standards set by the British Cardiac Intervention Society (BCIS)	A multidisciplinary workshop has been held to secure consensus regarding the standards required	October 2019 **Completed**	Review TAVI pathway with commissioners to ensure that the service is commissioned to deliver within best practice timescales	WHSSC commissioning meeting with Health Board; reported to Quality and Safety Committee	July 2020
Ensure service is able to deliver appropriate standard of care within a timeframe that reflects the natural history of aortic stenosis	Demand/capacity analysis for 18 week pathway	June 2020			
	Review the commissioning arrangements with WHSSC to align with BCIS standards and component waiting times	June 2020	Review TAVI pathway with commissioners to ensure that the service is commissioned to deliver within best practice timescales	WHSSC commissioning meeting with Health Board; reported to Quality and Safety Committee	July 2020

Recommendation 3. **The Health Board should review the way referrals to the TAVI service are received and responded to. Given the apparent constraints on the service, it may consider that all referrals should be pooled and then prioritised according to clinical need.**

Recommended timescale for completion: Short term 0-6 months | Lead Officer: Executive Medical Director

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Review process for receiving and processing referrals	A single common electronic referral route for TAVI has been established	August 2018 **Completed**			
Ensure that pathway design enables compliance with WHSSC commissioning criteria	Pathway conforms to WHSSC commissioning criteria	August 2018 **Completed**			
Implement system of pooled referrals	Pooled referral system implemented	August 2018 **Completed**	Quarterly audit of referrals processing	Quality and Safety Committee	Quarterly for minimum 12 months

Recommendation 4. The Health Board should agree with local hospitals a mechanism for inpatient transfer of patients into the TAVI service at Morriston Hospital.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Clinical Director for Cardiology

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale
Communicate need to actively refer patients needing TAVI to the relevant consultant team to plan admission	Communication with all referring centres and process agreed	July 2019 **Completed**
Circulate process and contact details to referring clinicans across the network and partner organisations (WAST, Hywel Dda University Health Board)	Communication with all referring clinicians distributed.	July 2019 **Completed**
Agree cardiac centre escalation policy for bed capacity with specific reference to recommended transfer time for TAVI	Cardiac Centre escalation policy reviewed and approved at Cardiac Board	January 2020 **Completed**

Additional Actions	Assurance Group	Updated timescales for completion
Monitor performance on timely transfer	Quality and Safety Committee	Monthly for minimum 12 months

Recommendation 5. The cardiothoracic surgeons and cardiologists, both TAVI and non-TAVI, at Morriston Hospital, should consider how best to ensure greater coherence in the review of patients who may be suitable for TAVI, with the aim of reducing referrals between surgeons and cardiologists. One option is to run a joint TAVI clinic with TAVI cardiothoracic surgeons and TAVI cardiologists.	
Recommended timescale for completion: Medium term 6-12 months	Lead Officer: Clinical Director for Cardiology

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale
Establish joint clinic with Cardiology and Cardiothoracic Surgery	Joint clinic established, involving Cardiologist and Cardiothoracic surgeon - commenced July 2019	July 2019 **Completed**

Additional Actions	Assurance Group	Updated timescales for completion
Quarterly audit of attendance	Quality and Safety Committee	Quarterly for minimum 12 months

Recommendation 6. **The patient pathway should make clear the expectation regarding when MDT discussion of a case should take place (including with respect to BAV) and the timing of MDT discussion should allow for the clinical prioritisation of deteriorating patients. Patients should be advised when MDT discussion of their case is to happen and be told of the outcome in a timely fashion. The outcome of the MDT should be clearly documented in the case records.**

Recommended timescale for completion: Short term 0-6 months	Lead Officer: Clinical Director for Cardiology

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale
Implement stand-alone MDT meeting held separately to TAVI Joint Clinic	Weekly standalone MDT meeting commencing February 2020.	February 2020
Frequency of the MDT to reflects the need to make prompt decisions; membership of MDT has appropriate multidisciplinary representation		February 2020
Patient to be informed of date when case is to be discussed at MDT	Electronic record and scheduling of TAVI MDT set up via Cardiology PATS system with NWIS-agreed interface to upload to WCP. Automatic letter generation to patient, referring clinician and GP enabled. Go Live date for system in February 2020.	February 2020
Patient to be assigned responsible consultant for overseeing care		February 2020
Documentation of MDT discussion and decision		February 2020
Communication of MDT discussion and decision **with patient**		February 2020
Documentation of MDT discussion and decision **with referring clinician and GP**		February 2020

Additional Actions	Assurance Group	Updated timescales for completion
Audit to give assurance of effective MDT working	Quality and Safety Committee	Quarterly for minimum 12 months

Recommendation 7. The clinicians providing the service should make clear to patients and referring clinicians, and in the clinical records, when a patient is on the waiting list for TAVI, the arrangements for review whilst they are waiting, and the process for clinical prioritisation should the patient deteriorate.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Clinical Director for Cardiology

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Communication to patients: Confirm date/time of their MDT discussion (see R6)	Electronic record and scheduling of TAVI MDT has been via Cardiology IT system with NWIS-agreed interface to upload to Welsh Clinical Portal. Automatic letter generation to patient, referring clinician and GP enabled. Go Live date for system in February 2020.	February 2020	Audit of communications with patients/GPs/referrers to ensure system is robust	Quality and Safety Committee	Quarterly for minimum 12 months
Communication to patients: Confirm outcome of MDT discussion (see R6)		February 2020			
Communication to patients: Confirm process for review		February 2020			
Communication to patients: Confirm process for escalation		February 2020			
Communication to referring clinician: Confirm date/time of their MDT discussion (see R6)		February 2020			
Communication to referring clinician: Confirm outcome of MDT discussion (see R6)		February 2020			
Communication to referring clinician: Confirm process for review		February 2020			
Communication to referring clinician: Confirm process for escalation		February 2020			
Documentation in clinical record to reflect communication to patient and referring clinician - as described above		February 2020			

Recommendation 8. The role of TAVI coordinator should be given greater prominence and be made an integral element of the patient pathway. The coordinator should be responsible for making sure that momentum is maintained for every patient being considered for TAVI and should be supported by a clear plan for escalation if the pathway is not operating efficiently.	
Recommended timescale for completion: Medium term 6-12 months	Lead Officer: Service Director, Morriston Hospital

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Appointment of TAVI Clinical Nurse Specialist (CNS)	TAVI CNS appointed	November 2018 **Completed**			
Priority within job plan to manage all patients on TAVI pathway	Agreed within role of TAVI CNS	August 2019 **Completed**			
Priority within job plan to manage all patients on TAVI pathway	Agreed within role of TAVI CNS	August 2019 **Completed**			

Recommendation 9. There should be strong clinical leadership of the TAVI service, with a named clinician responsible for overseeing the effectiveness of the patient pathway and leading the development of the service.	
Recommended timescale for completion: Medium term 6-12 months	Lead Officer: Unit Medical Director, Morriston Hospital

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Appointment of Acting Clinical Director for Cardiology	Acting CD for Cardiology appointed	**Completed**			
Acting TAVI Clinical Lead appointed	Acting TAVI Clinical Lead appointed	**Completed**			
Formal appointment of Clinical Director for Cardiology		June 2020			
Formal appointment of Clinical Lead for TAVI		June 2020			

Recommendation 10. There must be unequivocal clinical ownership of each patient's care, a named clinician who oversees a patient's journey and ensures that there is a coherent management plan for the patient, the treatment decisions are made in a timely way; and that decisions reflect MDT discussion.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Clinical Director, Cardiology

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Named clinician responsible for every patient	Named clinician for every patient allocated by MDT. Clarity regarding responsibility of each named clincian to ensure that there is a coherent management plan for the patient, the treatment decisions are made in a timely way; and that decisions reflect MDT discussion (see also R6)	**Completed**	Audit of process to allocate named consultant	Quality and Safety Committee	Quarterly for minimum 12 months

Recommendation 11. Investigations needed to establish whether a patient is suitable for TAVI should be ordered in parallel as far as possible, to get the process moving.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Clinical Director, Cardiology

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale
Agree and document minimum set of investigations prior to TAVI	Minimum set of investigations prior to TAVI documented within referral pathway.	**Completed**
Agree in pathway that investigations are ordered in parallel	Investigations ordered in parallel as matter of course through referral pathway and MDT where required.	**Completed**

Additional Actions	Assurance Group	Updated timescales for completion

Recommendation 12. The cardiologists should stop routine ordering of TOEs for TAVI evaluation and swicth to computerised tomography (CT) scan for 95% of patients. Where TOE is considered necessary, the Health Board must take steps to reduce the waiting time for this investigation.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Executive Medical Director

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale
Ensure CT is the investigation of choice rather than TOE	Pathway reflects CT as investigation of choice	**Completed**
	Review of current proportion of patients having CT rather than TAVI - confirms CT as the primary investigation	**Completed**

Additional Actions	Assurance Group	Updated timescales for completion
Establish clear criteria for use of TOE in cases where CT is not possible/appropriate	Quality and Safety Committee	June 2020
Establish capacity required to deliver required CT capacity to support the TAVI pathway to take component waiting times into account	Quality and Safety Committee	June 2020

Recommendation 13. The Health Board should make provision for relatives of the 32 patients covered by this review to discuss with a cardiologist the case summary relevant to their relative at Appendix 2. The Health Board should ensure that Duty of Candour is enacted for those instances where patients were deemed to have received unsatisfactory care.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Head of Patient Experience

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Initial communication with families and next of kin of the first cohort of patients to inform them that RCP will be reviewing casenotes	Communication with families and next of kin	November 2018 **Completed**			
Communication to inform families and next of kin that casenote review has been completed and offer time to meet to discuss	Communication with families and next of kin	March 2020			
Offer meetings with families to discuss outcomes of the review and the RCP's findings with regard to their relative	Communication with families and next of kin	March 2020			

Recommendation 14. The Health Board should consider this report at a relevant Board quality assurance committee and develop an action plan to address the recommendations made.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Executive Medical Director

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale	Additional Actions	Assurance Group	Updated timescales for completion
Regular updates have been provided to the Health Board and Quality and Safety Committee (In-Committee) over the past 12 months, including updates on correspondence with the RCP, outline draft reports and planned additional input from RCP (site visit in July 2019 and planned casenote review of a second cohort of patients)	Agendas of Health Board and Quality and Safety Committee	**Completed**	Monthly report to be provided for oversight and scrutiny of delivery of action plan and ongoing compliance with actions	Quality and Safety Committee	Monthly for minimum 12 months
Action plan developed in response to the report's recommendations	Document: Assurance Framework for the delivery of the Royal College of Physicians' recommendations relating to the TAVI casenote review	January 2020 **Completed**			
A report will be presented and discussed at a formal meeting of the Health Board		March 2020			

Recommendation 15. The Health Board should consider sharing the outcome of this report with the relevant bodies in Wales, to include Health Inspectorate Wales, the Welsh Health Specialist Service Commissioning and Chief Medical Officer for Wales.	
Recommended timescale for completion: Short term 0-6 months	Lead Officer: Executive Medical Director

Key actions taken to meet the requirements of the recommendation	Evidence to support action completion	Completion timescale
The report has been shared with Welsh Government, including the Chief Medical Officer (CMO) for Wales	Correspondence with Welsh Government; meeting with Welsh Government officials and the CMO's office	January 2020 **Completed**
The report has been shared with Welsh Health Specialised Services Committee (WHSSC) as commissioners	Meeting with representatives of WHSSC	March 2020 **Completed**
The report has been shared with Hywel Dda University Health Board	Meeting with representatives of Hywel Dda UHB	March 2020 **Completed**
The report has been formally shared with Health Inspectorate Wales (HIW)		June 2020
All Health Boards whose patients were involved in this review have been informed of the review's findings and the actions being taken		June 2020

Additional Actions	Assurance Group	Updated timescales for completion

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 25th February 2020

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 25th February 2020, 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 25th February 2020, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:

- **Matters Arising (NHS Consultant Contract Follow-up Review/Consultant & SAS Doctors Job Planning)** – the Committee noted updates appended to the Table of Actions, and that this topic is scheduled for discussion at the next meeting. Members requested that the report presented in April 2020 includes specific data, which will be communicated to the report authors.

- **Matters Arising (WAO Review of Primary Care)** – the Committee noted the updated management response in relation to this review, noting further updates to the management response were required.

- **Targeted Intervention** – the Committee noted that there had been no Targeted Intervention meetings since 18th December 2019.

- **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 26th March 2020.

- **Financial Assurance Report** – the Committee received the Financial Assurance report. Members were pleased to note the UHB's improved relationship with HMRC. It was noted that Single Tender Actions (STAs) seem to be utilised regularly for equipment, particularly in Radiology, and it was agreed that there should be an alternative mechanism for approving planned replacements. With regard to the financial loss relating to treatment of a non-paying overseas patient, a system is in place, such that amounts owing for treatment beyond a certain financial threshold are flagged on Home Office systems. A Task & Finish group has been established to draft a HDdUHB Overpayments

policy, to ensure that work in this area is not impacted by delays in the issuing of an All Wales policy. Processes have been put into place to ensure that Primary Care Cluster funding is integrated/ regularised into the core financial business of the UHB and to facilitate improved future financial planning. Increases in Medical Negligence and Personal Injury provisions were noted, with it noted learning from these claims will be monitored through the newly established Listening and Learning Sub-Committee. The Committee approved the losses and debtors write-offs noted within the report.

- **Wales Audit Office Update Report** – the Committee received the Wales Audit Office (WAO) Update Report, providing an update on current and planned performance audit work.

- **Wales Audit Office Annual Plan 2020** – the Committee received the WAO Annual Plan 2020, which sets out the work WAO plan to undertake during the year and is split into Financial and Performance Audit work. A slight reduction in fees was noted, which reflects efficiencies offered by the strong working relationship between the UHB Finance team and WAO.

- **Wales Audit Office Structured Assessment Report and Management Response for Structured Assessment 2019 and Revised Responses to Previous Recommendations that are 'not yet complete'** –the WAO Annual Report and Structured Assessment Report had been presented to the Public Board meeting on 30th January 2020. The Committee received the Structured Assessment Report 2019; agreed that the management response provides assurance that the new recommendations within the report will be addressed appropriately; and agreed that the revised management responses to previous years' recommendations provide assurance that these areas will be addressed in the coming year.

- **WAO Integrated Care Fund (ICF) Review Update** – the Committee received an update report, which outlined the various steps being taken to address the issues identified by the national and local WAO reviews. With regards to the need to develop exit strategies, it was noted that this is a significant challenge, and is an issue across Wales. A number of current services are funded through ICF monies and other transitional funding, which brings with it inherent risks. The West Wales Regional Partnership Board (RPB) is in discussion with other RPBs and Welsh Government (WG) on this matter. WG does recognise the issue and is aware of the need for successor funding. Clarification was sought in regards to how the local outcomes framework under development fits with the national outcomes framework developed by WG. The WG framework is at the centre of the local outcomes framework, with the addition of local population-specific outcomes and Transformation/ICF funded project outcomes. Third Sector access to ICF funds was discussed, with a specific request for information in relation to the target of 25% being made available to the Third Sector. Referencing the recommendation that exit strategies be developed for ICF projects, it was highlighted that this does not simply refer to planning for when ICF monies cease. Exit strategies should be developed for those projects which have not proved successful. ICF funding should be regarded as 'pump priming' for projects which are shown to be effective, before they are rolled-out regionally. It was suggested that the key finding that 'governance of the fund needs to be strengthened at national and regional level', has not yet been considered at a national level. Further, that national recommendations impact locally. Whilst acknowledging the

potential issues caused by timing of WG funding allocations, details of ICF expenditure across the year were requested. It was agreed that this WAO review should be added to the HDdUHB Audit Tracker, together with timescales/dates for completion of recommendations. It was also agreed that future updates should be provided in the standard format of progress against recommendations in the form of a management response. Such responses would be expected to be SMART (Specific, Measurable, Achievable, Realistic and Timely).

- **Internal Audit (IA) Progress Report** – the Committee reviewed the Internal Audit Progress Report, noting developments since the previous meeting, and requested that the time allocated to individual audits be included in future iterations of the report. The Committee were also concerned regarding the number of outstanding Internal Audit Reports requiring completion and requested the plan commences earlier in the new financial year with audits delivered to the agreed timescale.

- **Preparedness & Compliance with the Nurse Staffing Act** – the Committee received a briefing paper on additional testing conducted to assess preparedness and compliance with the Nurse Staffing Act. The Committee had requested that further testing be conducted, following the presentation of the original IA report. It was highlighted that the UHB does have plans in place to achieve compliance with the Nurse Staffing Levels Act; its rosters are compliant. The issue is the UHB's difficulties in staffing these rosters, which is well-acknowledged by the organisation. There is also a broader matter which spot check audits do not adequately acknowledge: the judgements made by nursing managers in risk assessing every shift. Members were reminded that the scope of the Internal Audit had been around processes, which are in place. The issues highlighted by the additional testing relate to staff shortages. Following further discussion, the Committee agreed that this topic is more suited for consideration by QSEAC. It was agreed that the original and additional sampling reports would be remitted to QSEAC in order to provide supplementary information for their discussions on the Nurse Staffing Levels Act.

- **Internal Audit (IA)** – the Committee reviewed the following IA reports which had achieved reasonable assurance:
  - Medical Devices (Reasonable Assurance)
  - Cyber Security (Stratia Report) (Reasonable Assurance)

  Due to a lack of clarity around the steps being taken to address recommendations, updated management responses were requested for these reports.

- **Research & Development Department Governance Review (Limited Assurance)** – the findings of this IA report were discussed at length. A number of actions are already underway and the department has recently been subject to an Organisational Change Process, which has addressed the gaps in structure which previously existed, together with a number of the concerns. There needs to be detailed consideration of how the UHB takes the R&D function forward. The wider Organisational Change Process had been instigated to ensure a clearer organisational structure. The R&D department is now the correct size and structure, with strong functions in place, and is more robust as a result. The changes made put the department in a better position, and should reduce the chances of issues arising in the future. Improvements have also been made to scrutiny and governance processes within R&D. It was suggested that, in focusing on the detail of

the internal audit recommendations, the wider viewpoint has been disregarded. It was agreed that a report outlining the broader R&D position, including recent, current and planned changes was required. This report would be presented to the June ARAC meeting.

- **Bronglais General Hospital (BGH) Directorate Governance Review (Limited Assurance)** – an IA report on this topic was considered in detail by the Committee. Concern was expressed regarding the risk targets and tolerance, with Members reminded that there is a Board-agreed approach to this issue, which differs from the one applied in this report. Whilst it was emphasised that staff at BGH recognise there is work required around risk management processes, this needs to be managed within the Board-agreed framework. Assurance was provided by the Director of Operations that all recommendations are on track to be implemented by the timescales indicated in the management response. Concern was expressed that the report was identifying issues which management should already have been aware of. The content and tone of the management response also required further improvements, and it was suggested that it would have been helpful if a member of the BGH hospital management had attended the meeting. In view of the concerns raised, it was agreed that a Follow-up Internal Audit would be conducted in the early part of 2020/21, and that following publication, the BGH management team would be required to attend ARAC.

- **Update on Private Practice (Response to IA and WAO Reviews)** – the Committee received an update, as a final iteration and source of assurance that the required progress has been made to ensure control and governance of private practice work.

- **Mental Health Legislation Assurance Committee (MHLAC) Report around the Discharge of their Terms of Reference** – the Committee received a report detailing MHLAC activities during 2019/20. The Committee was assured that MHLAC 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. Since the previous meeting, a further 10 reports have been closed with 20 new reports received by the UHB, leaving 101 reports currently open, 41 of which have recommendations that have exceeded their original completion date. At the last ARAC meeting 104 recommendations were overdue (i.e. the original implementation date had passed), which has increased to 136. Of the 136 recommendations that are overdue, 39 have gone beyond six months of the original completion date.

- **Counter Fraud Update** – an update was received, with Members noting it is likely that the Counter Fraud team will exceed the resource (days) allocated to Hold to Account. As it is not possible to cancel or postpone this work, the days will need to come from elsewhere. However, it is anticipated that all of the Counter Fraud standards and Work Plan contents will be delivered. Counter Fraud Awareness e-learning be made mandatory has been rejected by the Mandatory Training Group Panel. The Panel has, however, requested further information, including costings, which the Counter Fraud team will provide.

- **Audit Committee Work Programme** – The Committee received for information the ARAC work programme for 2019/20.

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

- The **Audit & Risk Assurance Committee Terms of Reference**, incorporated into agenda item 3.8;
- The update regarding the **WAO Integrated Care Fund (ICF) Review**, and requested a profile of expenditure across the year; an indication of the proportion of monies provided to the Third Sector; and that future updates be provided in the normal format and with SMART responses;
  - A further report would be provided in six months.
- A Limited Assurance IA report on **R&D Department Governance** had highlighted a number of issues which are in the process of being resolved;
  - A further, broader report would be provided to the June ARAC meeting.
- A Limited Assurance IA report on **BGH Directorate Governance** had highlighted a number of issues which are in the process of being resolved;
  - A Follow-up Internal Audit would be conducted in the early part of 2020/21.

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

- Concerns in relation to **Preparedness & Compliance with the Nurse Staffing Act** – whilst it was recognised that the UHB does have plans in place to achieve compliance with the Nurse Staffing Levels Act, there are issues in staffing its rosters;
  - The Committee agreed that the original and additional sampling reports would be remitted to QSEAC to inform its discussions.
- **Internal Audit Reports on Medical Devices and Cyber Security**
  - Updated management responses were requested for these reports.

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:

21st April 2020; 5th May 2020; 27th May 2020

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Board Level Committee Terms of Reference for the Revised Corporate Governance Structure/Arrangements
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Maria Battle, HDdUHB 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

This report presents the Terms of Reference for all Board level Committees following the recent review of the corporate governance structure/arrangements at Hywel Dda University Health Board (HDdUHB) commissioned by the Chair, Miss Maria Battle, following her appointment on 19th August 2019.

The Board is asked to approve these Terms of Reference.

Cefndir / Background

Effective Boards regularly reflect on their effectiveness and the robustness of their governance arrangements. Following the appointment of the Chair in August 2019, a review of the current corporate governance arrangements, in consultation with all Board Members and senior staff, was undertaken, and the outcomes from this review were presented to the Board on 30th January 2020 for approval.

Asesiad / Assessment

At its meeting on 30th January 2020, the Board approved the following:

- The establishment of a People, Planning and Performance Assurance Committee (following the dis-establishment of the Business Planning & Performance Assurance Committee);
- The establishment of a Health & Safety Assurance Committee.

New Terms of Reference have been drafted for the People, Planning & Performance Assurance Committee and the Health & Safety Assurance Committee in discussion with the Chairs and Lead Executives of these Committees and the HDdUHB Chair, and these are attached at Appendices 1 and 2.

For the already established Board level Committees:

- Audit & Risk Assurance Committee
- Charitable Funds Committee

- Finance Committee
- Mental Health Legislation Assurance Committee
- Quality, Safety & Experience Assurance Committee
- Remuneration & Terms of Service Committee

These Terms of Reference have been subject to their routine annual review and are attached at Appendices 3 – 8.

Argymhelliad / Recommendation

The Board is asked to **APPROVE** the following Board level Committee Terms of Reference:

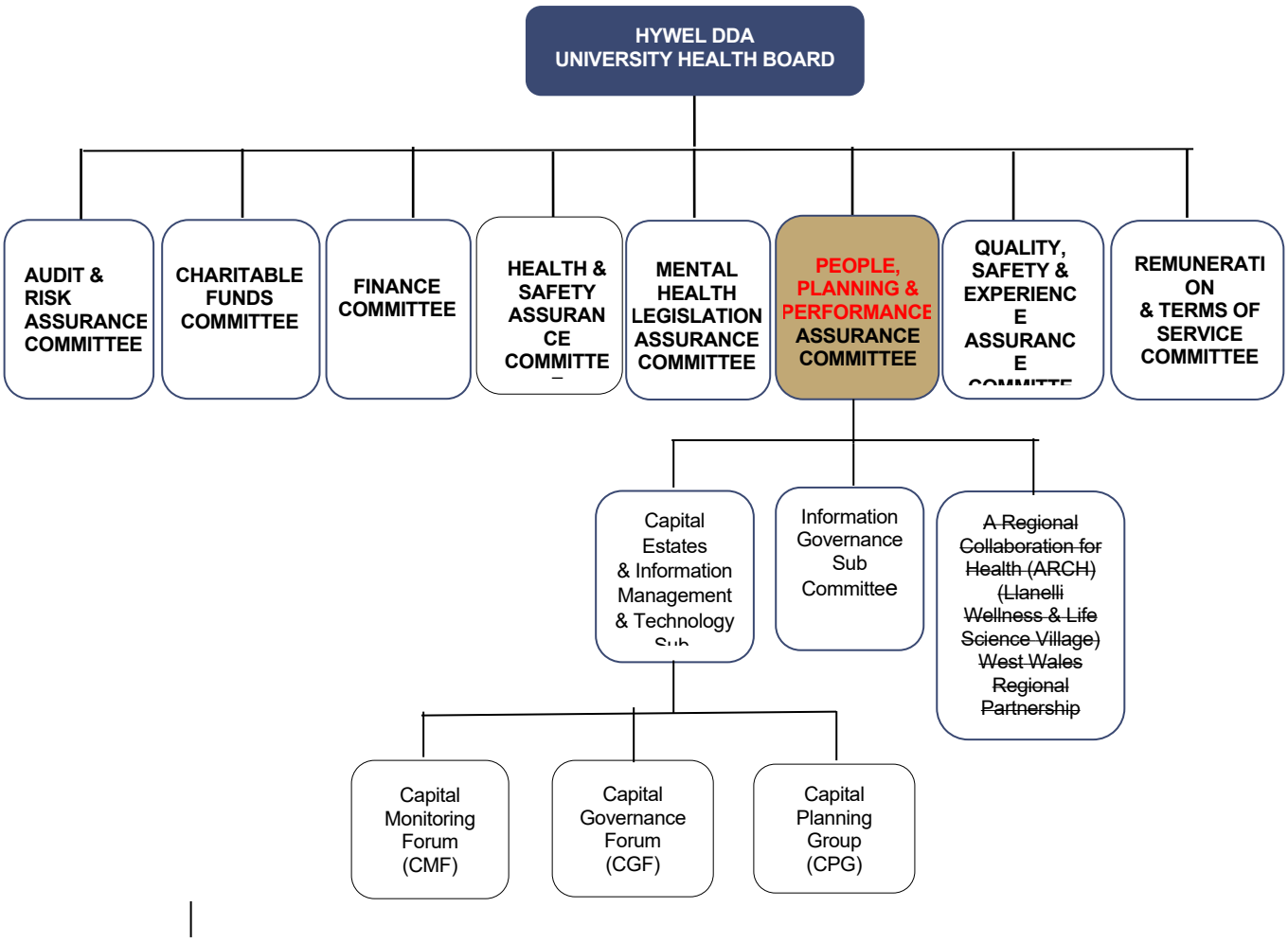
- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Finance Committee
- Health & Safety Assurance Committee
- Mental Health Legislation Assurance Committee
- People, Planning & Performance Assurance Committee
- Quality, Safety & Experience Assurance Committee
- Remuneration & Terms of Service Committee

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	HDdUHB Standing Orders
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Board Seminar Session – December 2019

Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There should be no financial impacts from implementation of this review.
Ansawdd / Gofal Claf: Quality / Patient Care:	The review should lead to the more effective management of patient concerns and complaints which in turn should help shape strategy improve services and enhance the patient experience.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The review should lead to more robust and systematic risk management to ensure risks are being managed effectively, particularly to protect patients.
Cyfreithiol: Legal:	This review has been undertaken in compliance with HDdUHB's Standing Orders
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Versi	PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE		nents
V0.1	Hywel Dda University Health Board	26.03.2020	
V0.2	People, Planning & Performance Assurance Committee	30.04.2020	
V0.3			
V.03			
V.04			
V.05			
V.06			
V.06			
V.06			

1. Constitution

1.1 The People, Planning & Performance Assurance Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st April 2020.

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~~
Executive Director of Planning, Performance & Commissioning (Joint Lead Executive)
Executive Director of Workforce & Organisational Development (Joint Lead Executive)
Executive Director of Operations
~~Executive Director of Finance~~
Executive Medical Director/ Deputy CEO
Executive Director of Nursing, Quality & Patient Experience
Executive Director of Therapies & Health Sciences
Executive Director of Public Health
Director of Primary, Community & Long Term Care
Director of Partnerships & Corporate Services
~~Staff Side Chair of Partnership Forum/TU Reps?~~
~~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 People, 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 People, 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 People, Planning & Performance Assurance Committee is to assure the Board on the following:

4.1 Provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda.

4.2 Provide assurance to the Board on the implementation of the UHB's Workforce & OD Strategy and Enabling Plan, ensuring it is consistent with the Boards overall strategic direction and with any requirements and standards set for NHS bodies in Wales.

4.3 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.

4.4 Provide assurance to the Board 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.

4.5 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.

4.6 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 key 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.

4.7 Provide assurance to 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.

4.8 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.

4.9 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

4.10 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 People, Planning & Performance Assurance Committee shall:

5.1 Consider the implications for workforce planning arising from the development of HDdUHB's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.

5.2 Consider the organisational development implications and advise in the development of plans required to deliver the change in culture, leadership and processes required by the Board.

5.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.

5.4 Seek assurances that there is the appropriate culture and arrangements to allow HDdUHB to discharge its statutory and mandatory responsibilities with regard to:

- equality, diversity and human rights (workforce & patient related)
- Welsh language provision (workforce & patient related)

5.5 Ensure robust mechanisms are in place to deliver effective staff engagement and an organisational culture of effective leadership, innovation and continuous improvement, in accordance with HDdUHB's values and behaviour framework.

5.6 Approve Appointments made by the Advisory Appointments Committee.

5.7 Monitor the development and delivery of the underpinning enabling strategies within the scope of the Committee, aligned to the organisation's objectives and Three Year Plan for sign off by the Board.

5.8 Assure the development of delivery plans within the scope of the Committee, their alignment to the Three Year Plan/IMTP, their delivery, and any corrective action needed when plans are off track.

5.9 Quality assure and approve all delivery plans required by Welsh Government, ensuring alignment with the University Health Board's strategy and priorities.

5.10 Assure that best practice and national guidelines are adopted in service development plans and pathways.

5.11 Ensure significant service change proposals approved by the Board pass through a gateway process before being approved by the Committee for implementation.

5.12 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.

5.13 Scrutinise the performance reports prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.

5.14 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.~~

5.15 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

5.16 Provide advice and assurance to the University Health Board in relation to the effectiveness of local partnership governance arrangements.

5.17 Provide assurance to the Board that arrangements for Capital, Estates and IM&T are robust.

5.18 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.~~

5.19 Provide assurance to the Board that arrangements for information governance are robust.

~~5.20~~ 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.

5.20 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.~~

5.21 Approve corporate and workforce policies and plans within the scope of the Committee.

5.22 Review and approve the annual work plans for the Sub Committees which have delegated responsibility from the People, Planning and Performance Assurance Committee and oversee delivery.

5.23 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(s) (Executive Director of Planning, Performance & Commissioning and Executive Director of Workforce & OD), 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(s).

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(s).

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;

10.3.3 Information Governance 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.

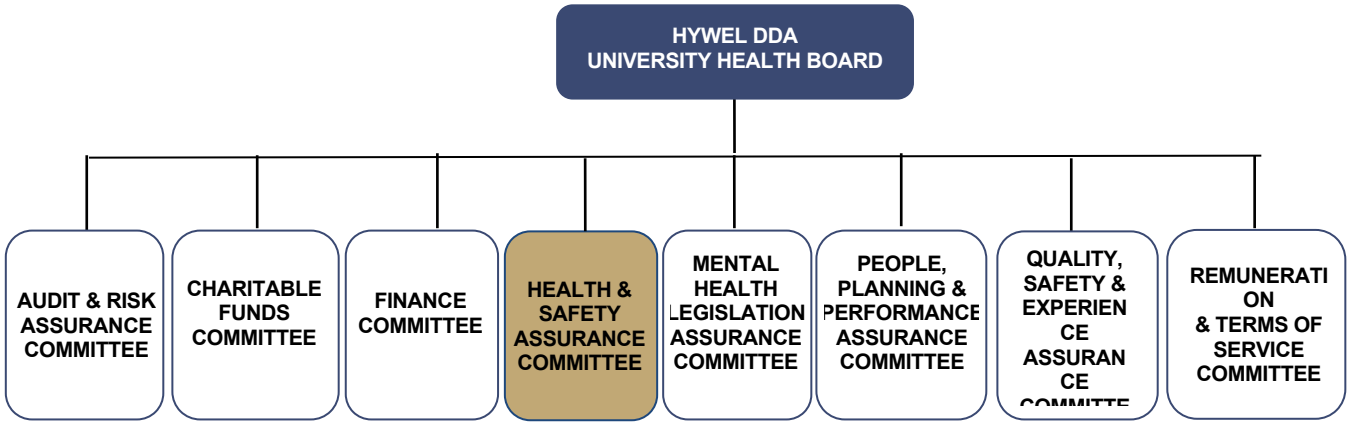
10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

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.



HEALTH & SAFETY ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Hywel Dda University Health Board	26.03.2020	
V1	Health & Safety Assurance Committee	13.05.2020	

HEALTH & SAFETY ASSURANCE COMMITTEE

1. Constitution

1.1 Hywel Dda University Health Board (HDdUHB) has a statutory obligation by virtue of the Health & Safety at Work Act 1974 to establish and maintain a Health & Safety Assurance Committee:

- Section 2 sub section 7: 'it shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of his employees and such other functions as prescribed'.

1.2 HDdUHB's Health & Safety Assurance Committee has been established as a formal Committee of the Board and constituted from 1st April 2020.

2. Membership

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

Member
Health Board Vice Chair (Chair)
Independent Member (TU - Vice Chairman)
Independent Member
Independent Member
Independent Member
Independent Member

2.2 The following should attend Committee meetings:

In Attendance
Executive Director of Nursing, Quality & Patient Experience (Lead Executive Director)
Executive Director of Workforce & OD
Executive Director of Operations
Executive Director of Planning, Performance & Commissioning
Executive Medical Director
Executive Director of Public Health/Public Health representative
Executive Director of Therapies & Health Science
Board Secretary
Director of Estates, Facilities & Capital Management
Head of Occupational Health
Head of Health, Safety & Security
Chair of Staff Partnership Forum

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 two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, 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 contribute to specialised areas of discussion.

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 Chairman.

3.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.

3.7 The Chairman of the Health & Safety Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Health & Safety Assurance Committee.

3.9 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.

Purpose

4.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.

4.2 Advise and assure the Board on whether effective arrangements are in place to ensure organisational wide compliance of the Health Board's Health and Safety Policy, approve and monitor delivery against the Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales.

4.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management may be strengthened and developed further.

4.4 Provide advice on compliance with all aspects of health and safety legislation.

5. Operational Responsibilities and Objectives

5.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon the adequacy of assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:

- Staff Health and Safety (to include any well-being consequences in the context of health & safety)
- Premises Health and Safety
- Violence and Aggression (including Lone Working and Security Strategy
- Fire Safety
- Risk Assessment
- Manual Handling
- Health, Welfare, Hazardous Substances, Safety Environment
- Patient Health and Safety – Environment Patient Falls, Patient Manual Handling

5.2 The Committee will support the Board with regard to its responsibilities for Health and Safety:

- Approve and monitor implementation of the annual Health and Safety Priority Improvement Plan.
- Review the comprehensiveness of assurances in meeting the Board assurance needs across the whole of the UHB's activities, both clinical and non clinical.
- The consideration and approval of policies as determined by the Board.

5.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- Objectives set out in the Health and Safety Priority Improvement Plan are on target for delivery in line with agreed timescales.
- Standards are set and monitored in accordance with the relevant Standards for Health Services in Wales
- Proactive and reactive Health and Safety plans are in place across the UHB.
- Policy development and implementation is actively pursued and reviewed.
- Where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm.
- Reports and audits from enforcing agencies and internal sources are considered and acted upon.
- Workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups.
- Employee health and safety competence and participation is promoted.
- Decisions are based upon valid, accurate, complete and timely data and information.

5.4 Promote engagement and cooperation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.

5.5 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.

5.6 Ensure there is a process of review of accident, incident and notifiable disease statistics to keep an organisational focus on trends, ensure that corrective action and prioritisation of high risk issues are brought to the attention of the appropriate groups, and share learning across the organisation.

5.7 Oversee delivery of an annual work plan which includes a focus on health and safety, security and fire safety.

5.8 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.

5.9 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales.

5.10 Ensure new and revised legislation and best practice guidance is considered and how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.

5.11 Ensure there is a process of review of the efficacy of the health, safety, fire and security training programmes and ensure it is adequate to meet the Health Board's objectives and statutory requirements.

5.12 Ensure there are clear and effective health and safety communication and publicity throughout the organisation.

5.13 Provide assurance that risks relating to health, safety, security, fire and service/business interruption/disruption 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), and provide assurance that effective risk assessments are undertaken and addressed.

5.14 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).

5.15 Ensure there is a process of review of health and safety compliance across the whole of the Health Board's business undertakings, including through a programme of health and safety audits and agree and monitor KPIs for health and safety performance to ensure evidence of compliance with external standards and regulatory requirements.

5.16 Ensure production of an annual report of the Health Board's safety management systems to measure effectiveness, performance and provide assurance to the Board of compliance.

5.17 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 Chairman and/or the Vice Chairman, at least **three** 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 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 for meetings will be distributed **five** working days in advance of the meeting.

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

6.6 Members must forward amendments to the Committee Secretary within the next **five** working days. The Committee Secretary will then forward the final version to the Committee Chairman 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 Chairman of the Committee.

8.2 The Chairman 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 The Committee will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.2 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.

9.3 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 Chairman 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 groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each group's meetings detailing the business undertaken on its behalf.

10.4 The Committee Chairman, 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 6 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 Chairmen of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

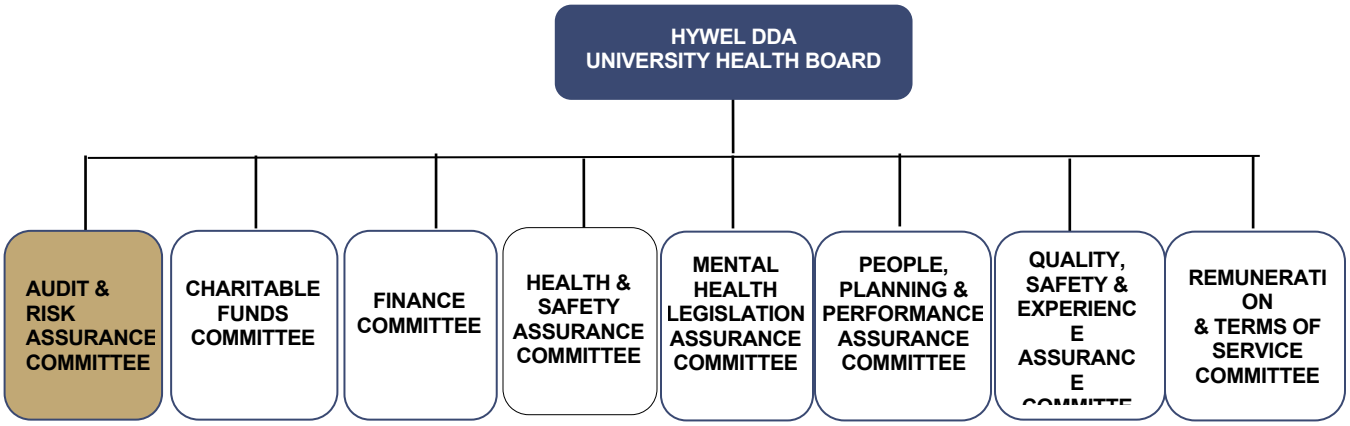
10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

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.



AUDIT AND 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 and Risk Assurance Committee	13.10.2015	Approved
V7	Hywel Dda University Health Board	26.11.2015	Approved
V8	Audit and Risk Assurance Committee	11.10.2016	Approved
V8	Hywel Dda University Health Board	26.01.2017	Approved
V9	Audit and Risk Assurance Committee	09.01.2018	Approved
V9	Hywel Dda University Health Board	29.03.2018	Approved
V.10	Audit and Risk Assurance Committee	19.02.2019	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Audit and Risk Assurance Committee	25.02.2020	Approved
V.11	Hywel Dda University Health Board	26.03.2020	

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 and 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 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, to present the draft 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 and 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 and 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 and 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 and 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 principal 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.

4.4.3 Work with the Quality, Safety and Experience Assurance Committee, the People ~~Business~~ Planning and Performance Assurance Committee and Finance Committee to ensure that 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 Accountability Report 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 and 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 Working Group 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 and 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;

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 and Risk Assurance Committee and the Quality, Safety and Experience Assurance Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit and Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and 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 and 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, Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and other regional committees. The Audit and 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 (Board Secretary).

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

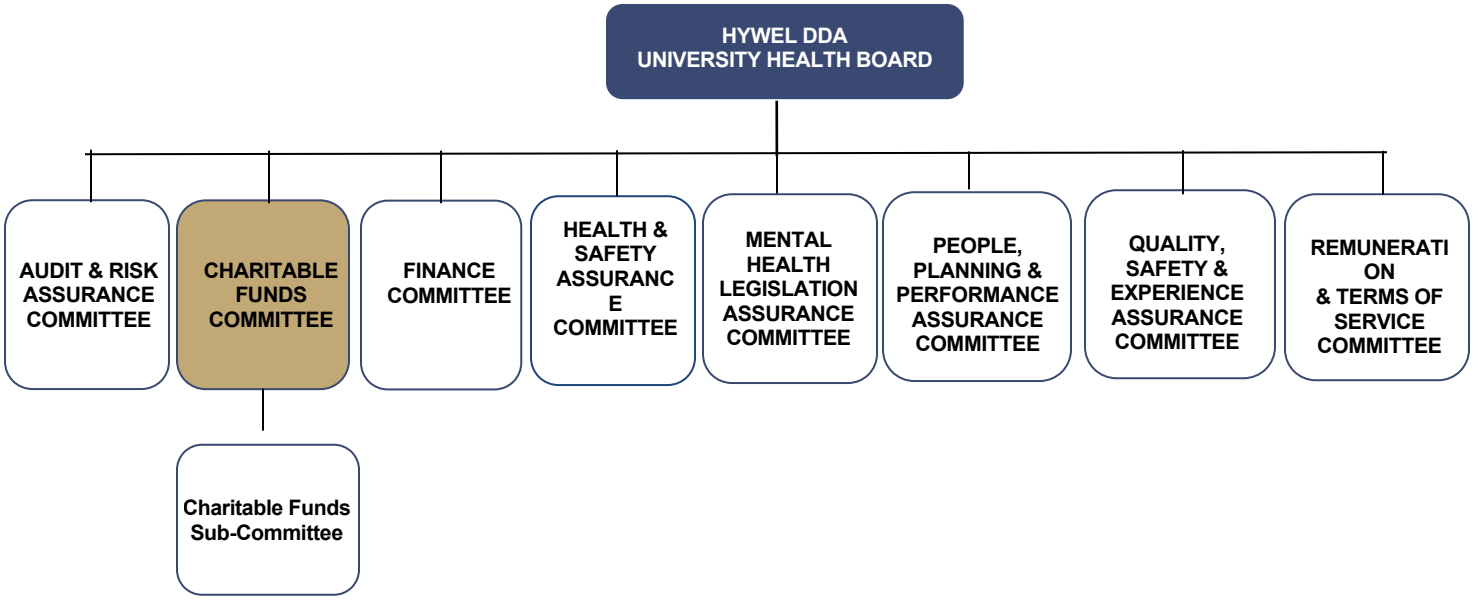
10.6 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committees performance and operation, including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales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



CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Charitable Funds Committee	11.06.2012	Approved
V0.2	Hywel Dda Health Board (SO's)	27.09.2012	Approved
V0.3	Charitable Funds Committee	18.06.2013	Approved
V0.4	Charitable Funds Committee	03.09.2013	Approved
V0.5	Charitable Funds Committee	12.12.2013	Approved
V0.6	Charitable Funds Committee	09.10.2013	Approved
V0.7	Charitable Funds Committee	16.12.2014	Approved
V0.8	Charitable Funds Committee	10.03.2015	Approved
	Hywel Dda University Health Board	26.03.2015	Approved
V0.9	Charitable Funds Committee	29.06.2015	Approved
V0.10	Hywel Dda University Health Board	26.11.2015	Approved
V0.11	Charitable Funds Committee	29.11.2016	Approved
V0.12	Hywel Dda University Health Board	26.01.2017	Approved
V0.13	Charitable Funds Committee	15.06.2017	Approved
V0.14	Charitable Funds Committee	15.03.2018	Approved
V0.15	Hywel Dda University Health Board	29.03.2018	Approved
V0.16	Charitable Funds Committee	14.03.2019	Approved

V0.16	Hywel Dda University Health Board	30.05.2019	Approved
V0.17	Charitable Funds Committee	17.03.2020	Approved
V0.18	Hywel Dda University Health Board	26.03.2020	

CHARITABLE FUNDS COMMITTEE

1. Introduction

1.1 The Hywel Dda University Local Health Board's standing orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In accordance with the Standing Orders (and the UHB's Scheme of Delegation), the Board has nominated a Committee to be known as the Charitable Funds Committee (the Committee). The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. Constitution

2.1 Hywel Dda University Local Health Board was appointed as corporate trustee of the charitable funds by virtue of Statutory Instrument 2009 No. 778 (W.66) and that its Board serves as its agent in the administration of the charitable funds held by the UHB.

2.2 The Committee has been established as a Committee of the Hywel Dda University Local Health Board (HDdUHB) and constituted from 22nd July 2010.

3. Membership

3.1 The membership of the Committee, acting as representatives of the Corporate Trustee, shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
4 x Independent Members
Chief Executive
Executive Director of Finance
Director of Partnerships and Corporate Services (Lead Director) for Hywel Dda Health Charities

The following should attend Committee meetings:

In Attendance
Assistant Director of Finance (Finance Systems and Statutory Reporting)
Senior Finance Business Partner (Accounting & Statutory and Reporting)
Deputy Director of Operations
Head of Hywel Dda Health Charities
Staff Side Representative

3.2 A standing invitation is extended for a representative of the Hywel Dda Community Health Council to attend in an observer capacity.

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

4. Quorum and Attendance

4.1 A quorum shall consist of no less than four of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member, as well as the Executive Director of Finance and the Lead for Hywel Dda Health Charities (or their suitably briefed deputies).

4.2 The membership of the Committee shall be determined by the Board of the Corporate Trustee (HDdUHB), 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.

4.3 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.

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

4.5 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.

4.6 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.

4.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Charitable Funds Committee.

4.8 The Committee will invite External Audit to attend once a year to provide the Committee with assurance on processes and end of year accounts.

4.9 The Committee may also extend the membership to include independent members outside of the Board (e.g. a nomination from Stakeholder Reference Group).

4.10 The Chair of the Charitable Funds Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4.11 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.

5. Purpose

The purpose of the Charitable Funds Committee is:

5.1 To make and monitor arrangements for the control and management of the Board's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.

5.2 To provide assurance to the Board in its role as corporate trustees of the charitable funds held and administered by the Health Board.

5.3 To agree issues to be escalated to the Board with recommendations for action.

6. Key Responsibilities

The Charitable Funds Committee shall:

6.1 Within the budget, priorities and spending criteria determined by the UHB as trustee, and consistent with the requirements of the Charities Act 2011 (or any modification of these acts), to apply the charitable funds in accordance with its respective governing documents.

6.2 To devise, implement and approve appropriate procedures and policies to ensure that fundraising and accounting systems are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.

6.3 To ensure that the UHB policies and procedures for charitable funds investments are followed.

6.4 In addition, to make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:

6.4.1 Trustee Act 2000
6.4.2 The Charities Act 2011
6.4.3 Terms of the fund's governing documents

6.5 To receive at least twice a year reports for ratification from the Executive Director of Finance, and investment decisions and action taken through delegated powers upon the advice of the UHB's investment adviser.

6.6 To oversee and monitor the functions performed by the Executive Director of Finance as defined in the UHB's Standing Financial Instructions.

6.7 To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.

6.8 To monitor and review the UHB's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

6.9 Overseeing the day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the Trustees, and in accordance with the requirements of the UHB's Standing Financial Instructions.

6.10 The appointment of an Investment Manager (where appropriate) to advise it on investment matters and the delegation of day-to-day management of some or all of the investments to that Investment Manager. The Investment Manager, if appointed, must actively manage the charitable fund on behalf of Trustees. In exercising this power, the Committee must ensure that:

6.10.1 The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;

6.10.2 There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;

6.10.3 The performance of the person or persons exercising the delegated power is regularly reviewed;

6.10.4 Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;

6.10.5 Acquisitions or disposal of a material nature outside the terms of agreement must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.

6.11 Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the UHB's NHS funds.

6.12 Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts.

6.13 The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.

6.14 The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the UHB Board for applying accrued income to individual funds in line with charity law and Charity Commission guidance.

6.15 Obtaining appropriate professional advice to support its investment activities.

6.16 Regularly reviewing investments to see if other opportunities or investment services offer a better return.

6.17 Reviewing alternative sources of funding to donations and legacies which could provide the Committee with additional leverage and access to additional funds.

6.18 By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting.

6.19 The following thresholds are approved in the Charitable Funds Procedure:
"Expenditure less than £5,000 shall only need approval by the nominated fund manager. All expenditure in excess of £5,000 and up to £25,000 will require the approval of the Deputy Director of Operations on behalf of the Charitable Funds Operations Sub-Committee. All expenditure in excess of £25,000 and up to £50,000 will require the approval of an Executive Director. Expenditure in excess of £50,000 will require the approval of the Charitable Funds Committee. Expenditure over £100,000 will require the approval of the Corporate Trustee".

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6.20 In addition, further clarification is provided in the associated guidance to budget holders as follows:
"Unusual or novel expenditure requests, and expenditure requests resulting in ongoing charitable fund commitment, or revenue resource commitment, will need prior Charitable Funds Committee approval prior to purchase, regardless of value. If this is deemed to be necessary [by senior finance staff], the authorised signatory will be advised."

6.21 It also states that the following expenditure types require Committee approval:

- *"Research & development expenditure"*
- *"Pay expenditure"*
- *"Training including conferences/seminars etc requiring attendance of participants outside the UK"*

Therefore, items requiring urgent Chair's Action will generally be expenditure on equipment greater than £50,000 value, or anything that falls under the criteria above. All expenditure requests made via Chair's Actions will be considered on a case by case basis, as an exception rather than the rule. The presumption will be that other than equipment (in excess of £50,000) and smaller research projects (up to £25,000), items can be deferred to the next meeting.

6.22 The Chair's decision on which items can be approved outside of the Committee will be final and all items approved outside of the full Committee will be reported to the next Committee meeting for ratification.

~~6.23 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.~~

~~6.24 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.~~

6.23 The Committee will seek assurance on the management of principal risks within the Board Assurance Framework and Corporate Risk Register 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, etc.

6.24 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

7. Delegated Powers and Duties of the Executive Director of Finance

7.1 The Executive Director of Finance has prime financial responsibility for the UHB's Charitable Funds as defined in the UHB's Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:

7.1.1 Administration of all existing charitable funds.
7.1.2 To identify any new charity that may be created (of which the UHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity.
7.1.3 To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income.
7.1.4 Responsibility for the management of investment of funds held on trust.
7.1.5 To ensure appropriate banking services are available to the UHB.
7.1.6 To prepare reports to the UHB Board including the Annual Report and Accounts.

8. Agenda and Papers

8.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair, the Lead Director for Hywel Dda Health Charities and the Executive Director of Finance or their nominated deputies) at least **six** weeks before the meeting date.

8.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meeting, 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.

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

8.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting, electronically.

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

8.6 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.

9. In Committee

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

10. Frequency of Meetings

10.1 The Committee will meet no less than quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee, in discussion with the Lead Director.

10.2 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.

11. Accountability, Responsibility and Authority

11.1 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.

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

11.3 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.

11.4 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.

12. Reporting

12.1 The Committee Chair shall agree arrangements with the UHB's Chair to report to the Board in their capacity as Trustees. This may include, where appropriate, a separate meeting with the Board.

12.3 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 UHB through the:

12.3.1 joint planning and co-ordination of Board and Committee business;

12.3.2 sharing of information.

12.4 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.

12.5 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.

12.6 The Committee shall establish the Charitable Funds Operations Sub-Committee to ensure that the UHB's policies and procedures are followed in relation to specialist designated and restricted funds.

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

12.7.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities in their capacity as trustees. This includes the submission of a written Committee update report as well as the presentation of an annual report and accounts prior to submission to the Charity Commission.

12.7.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.

12.7.3 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.

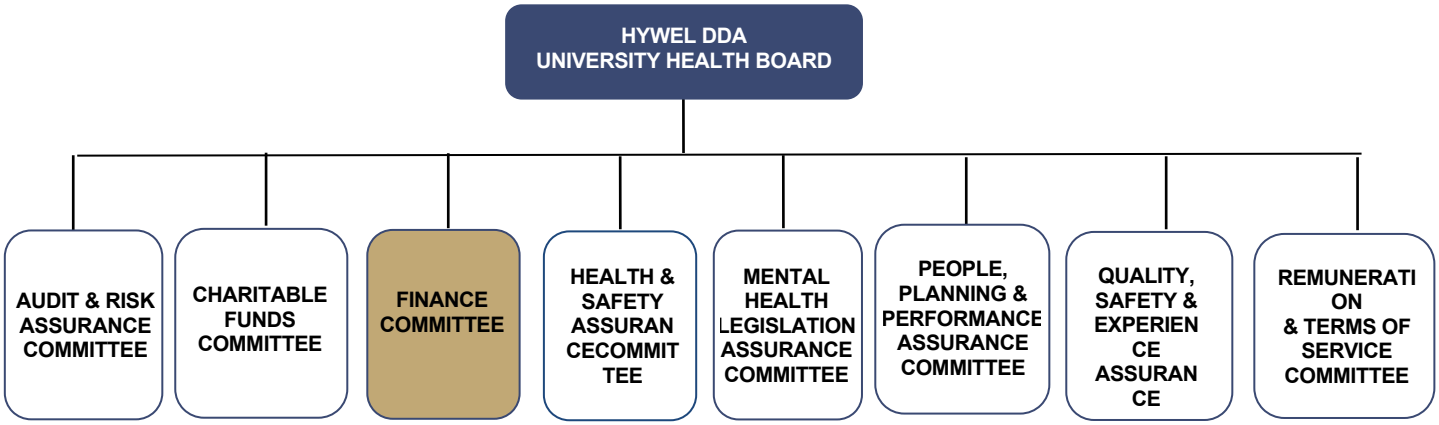
12.8 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

13. Secretarial Support

13.1 The Committee Secretary shall be determined by the Board Secretary ~~Director of Partnerships & Corporate Services~~.

14. Review Date

14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



FINANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Finance Sub-Committee	08.11.2017	Discussed
V2	Finance Sub-Committee	13.12.2017	Approved
V2	Business Planning & Performance Assurance Committee	19.12.2017	Approved
V3	Finance Sub-Committee	19.07.2018	Discussed
V4	Finance Sub-Committee	23.08.2018	Discussed
V5	Hywel Dda University Health Board	27.09.2018	Approved
V6	Hywel Dda University Health Board	30.05.2019	Approved
V7	Finance Committee	13.03.2020	Approved
V7	Hywel Dda University Health Board	26.03.2020	

FINANCE COMMITTEE

1. Constitution

1.1 The Finance Committee has been established as a formal Committee of the Board and constituted from 1st October 2018.

2. Membership

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

Member
Associate Member of the Board (Chair)
Independent Member (Vice Chair)
Independent Member
Health Board Vice-Chair
*Invitation extended to the Chair of ARAC to attend (not counted for quoracy purposes)

2.2 The following should attend Committee meetings:

In Attendance
Chief Executive
Executive Director of Finance
Executive Director of Workforce and Organisational Development
~~Deputy Chief Executive/~~ Director of Operations
~~Turnaround Director~~
Other key Executive Directors/ Directors to attend as and when the Committee request their attendance.

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 two of the membership and must include as a minimum the Chair~~man~~ or Vice-Chair~~man~~ of the Committee, and one other Independent Member, 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 contribute to specialised areas of discussion.

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~~man~~.

3.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio Member.

3.7 The Chair~~man~~ of the Finance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chair~~man~~ of the Finance Committee.

3.9 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.

Purpose

4.1 To scrutinise and provide oversight of financial and revenue consequences of investment planning (both short term and in relation to longer term sustainability).

4.2 Review financial performance, review any areas of financial concern, and report to the Board.

4.3 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board.

4.4 Regularly review contracts with key delivery partners.

4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.

5. Operational Responsibilities and Objectives

5.1 Advise the Chair, Chief Executive and Board on all aspects of finance and the revenue implications of investment decisions.

5.2 Provide assurance in respect of short, medium and long term financial performance and financial planning.

5.3 Seek assurance on the management of principal risks within the Board Assurance Framework and Corporate Risk Register allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed effectively and that any areas of significant concern are reported e.g. where risk appetite is exceeded, or where there is a lack of timely action.

5.4 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/ tolerance to the Board through the Committee Update Report.

5.5 The Finance Committee will provide assurance, raising appropriate concerns, and make recommendations to the Board ~~as a consequence of~~ in accordance with the Committee's role in relation to short term focus, medium term focus and improving financial management, as follows:

Short Term Focus

5.5.1 Undertaking detailed scrutiny of the organisation's overall:

- Monthly, quarterly and year-to-date financial performance;
- Performance against the Savings Delivery and the Cost Improvement Programme, providing assurance on performance against the Capital Resource Limit and cash flow forecasts;
- Oversight and monitoring of the Health Board's Turnaround Programme.

5.5.2 Receiving assurances in respect of Directorate performance against annual budgets, capital plans and the Cost Improvement Programme and innovation and productivity plans.

5.5.3 Reviewing the future annual revenue and capital budget.

5.5.4 Reviewing the Treasury management and Working Capital Policy as required.

Medium Term Focus

5.5.5 Considering and keeping under review the organisation's medium term financial strategy in relation to both revenue and capital risks.

5.5.6 Reviewing financial proposals for major business cases (and investment decisions) and their respective funding sources.

5.5.7 Maintaining oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.

5.5.8 Reviewing major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.

5.5.9 Commissioning regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.

5.5.10 Reviewing and monitoring progress against capital plans to be assured of delivery against the Capital Resource Limit.

5.5.11 Reviewing the financial aspects of the Estates, medical devices and IM&T strategy, ensuring:

- Appropriate funding arrangements are in place; and the
- Appropriate utilisation of the strategy.

5.5.12 Reviewing any investment/ disinvestment strategy, maintaining oversight of the investments and disinvestments, ensuring compliance with policies by:

- Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;
- Ensuring that robust processes are followed; and

- Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.

Improving Financial Management

5.5.13 Developing and implementing a financial management improvement agenda across the organisation.

5.6 Subject to the Board's direction and approval, develop and regularly review the financial performance management framework and reporting approach, ensuring that it includes meaningful, appropriate, integrated and timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.

5.7 Review and approve financial procedures on behalf of the Health Board.

5.8 Approve policies within the scope of the Committee.

5.9 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~~man~~ and/or the Vice Chair~~man~~, at least **three** 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 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 for meetings will be distributed **five** working days in advance of the meeting.

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

6.6 Members must forward amendments to the Committee Secretary within the next **five** working days. The Committee Secretary will then forward the final version to the Committee Chair~~man~~ 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 monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee.

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 for such meetings.

9. Accountability, Responsibility and Authority

9.1 The Committee will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.2 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.

9.3 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:

- joint planning and co-ordination of Board and Committee business;
- 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, groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each Group's meetings detailing the business undertaken on its behalf.

10.4 The Committee Chair~~man~~, supported by the Committee Secretary, shall:

- 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 6 weeks of the end of the financial year;
- Bring to the Board's specific attention any significant matters under consideration by the Committee.
- 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.

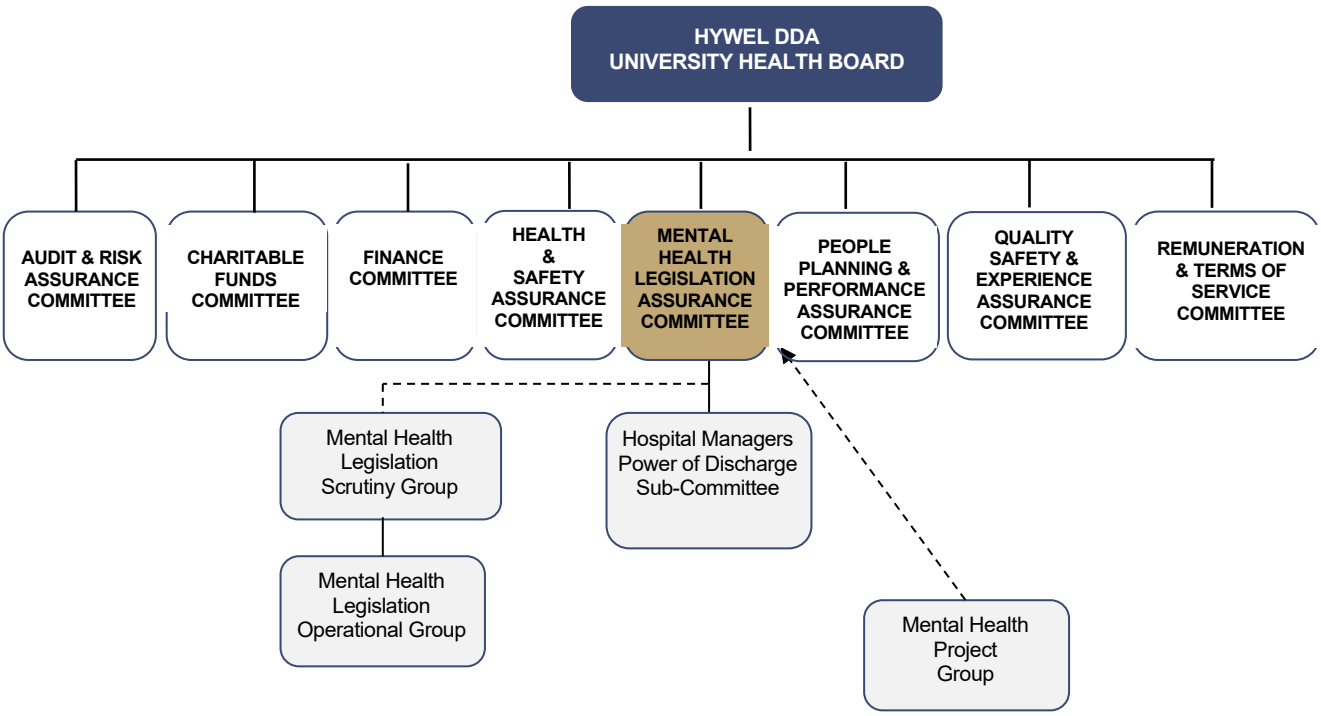
10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

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.



MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda Health Board	27.09.2012	Approved
V0.2	Mental Health Act Monitoring Committee	27.11.2012	Membership amended
	Hywel Dda University Health Board	22.06.2014	In Standing Orders
V0.3	Mental Health Legislation Assurance Committee	10.09.2014	Approved
	Hywel Dda University Health Board	26.11.2015	Approved
V.0.4	Mental Health Legislation Assurance Committee	10.03.2016	Approved
V 0.5	Mental Health Legislation Assurance Committee	07.12. 2017	Amendments
V 0.6	Mental Health Legislation Assurance Committee	08.03.2018	Approved
V.06	Hywel Dda University Health Board	29.03.2018	Approved
V.07	Hywel Dda University Health Board	26.03.2020	

MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

1. Constitution

1.1 The Mental Health Legislation Assurance Committee (the Committee) has been established as a Committee of 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 with responsibility for Mental Health (Board Vice-Chair) (Chair)
Independent Member (Vice Chair)
4 X Independent Members

2.2 The following should attend Committee meetings:

In Attendance
Deputy Chief Executive/ Director of Operations (Lead Director)
Director of Mental Health & Learning Disabilities Services (Lead Officer)
Associate Medical Director for Mental Health Services
Head of Nursing Mental Health & Learning Disabilities
Head of Older Adult and Learning Disability Services
Mental Health Act Administration Lead
Chair of Mental Health Legislation Scrutiny Group
Nominated representative from Dyfed/Powys Police
Nominated representative from Welsh Ambulance Services NHS Trust
Nominated representative from Carmarthenshire County Council
Nominated representative from Ceredigion County Council
Nominated representative from Pembrokeshire County Council
Nominated representative from West Wales Action for Mental Health (WWAMH)
2 x Nominated Service Users: patient representative and carer representative
Nominated representative from Primary Care: GP Lead
Nominated representative from Hywel Dda Community Health Council (not counted for quoracy purposes)
Nominated representative from Advocacy Network

2.3 The Vice-Chair of the University Health Board (UHB) shall undertake the role of Chair of the Mental Health Legislation Assurance Committee given their specific responsibility for overseeing the Board's performance in relation to mental health services.

2.4 Terms and conditions of appointment (including any remuneration and reimbursement) in respect of independent external members and service users will be determined by the Board.

2.5 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 two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, 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 Mental Health Legislation 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 Mental Health Legislation 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 Mental Health Legislation Assurance Committee is to assure the Board on the following:

4.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly;

4.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;

4.3 The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully;

4.4 The UHB is compliant with Mental Health Act, 1983 Code of Practice for Wales;

4.5 The Committee will also advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.

5. Key Responsibilities

In respect of its provision of advice to the Board, the Mental Health Legislation Assurance Committee shall:

5.1 Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies where the items relate to MH legislation and approve the action plans for monitoring through its sub-committee structure;

5.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group;

5.3 Receive Mental Health Legislation Scrutiny Group Update Report from previous meeting.

5.4 Consider issues arising from its Sub-Committee and Group structure;

5.5 Receive the Hywel Dda Mental Health Partnership Board Annual Report and consider issues in relation to the implementation of the Mental Health Strategy across the Hywel Dda area;

5.6 Receive update reports from the Mental Health Implementation Group on improvement programmes for high quality, safe and sustainable mental health services which are consistent with the Board's overall strategic direction.

5.7 Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meeting. This report should ensure compliance with the Code of Practice.

In respect of its provision of assurance to the Board, the Mental Health Legislation Assurance Committee will seek assurances that:

5.8 The operation of mental health legislation is exercised fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;

5.9 The wider operation of the 1983 Act (the Board's delegated functions as Hospital Managers) are being exercised reasonably, fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;

5.10 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;

5.11 Arrangements for the delegated authority of approval for Approved Clinicians and Section 12 Doctors in Wales are compliant with the Directions and Guidance from Welsh Government, and are monitored through the Mental Health Legislation Scrutiny Group;

5.12 Policies and procedures are developed and approved in line with the organisation's Written Control Document Policy, through the Mental Health Legislation Scrutiny Group;

5.13 The training requirements of those staff who exercise the functions of mental health legislation have the requisite skills and competencies to discharge the Board's responsibilities, through the Mental Health Legislation Scrutiny Group;

5.14 Ensure that relevant legislation, in particular, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are adhered to.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair and Lead Director/Lead Officer 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 Officer.

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 quarterly 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 within 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 Groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each Sub-Committee or Group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Hospital Managers Power of Discharge Sub-Committee

10.3.2 Mental Health Legislation Scrutiny Group

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 paper, 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 matter 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.

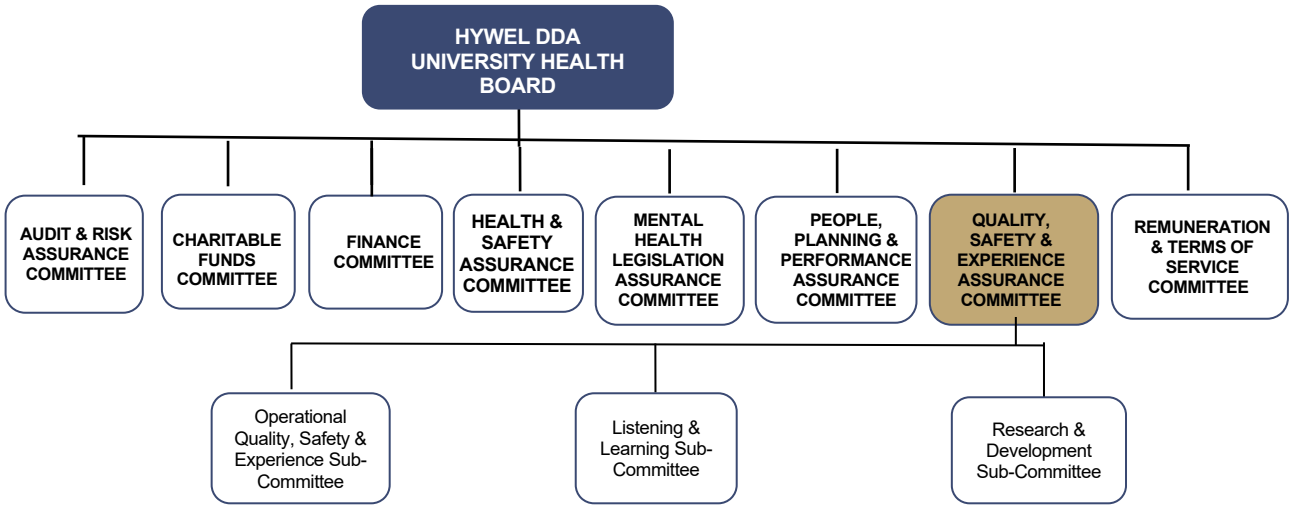
10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Lead Director (~~Deputy Chief Executive/~~Director of Operations) and will be supported by the Lead Officer (Director of Mental Health and Learning Disabilities).

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.



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	Approved
V.08	Hywel Dda University Health Board	26.03.2020	

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)
5 x Independent Members (including Audit & Risk Assurance Committee Chair and People, Planning & Performance Assurance Committee Chair)

2.2 The following should attend Committee meetings:

In Attendance
Executive Director of Nursing, Quality & Patient Experience (Lead Executive)
Executive Medical Director & Deputy CEO
Executive Director of Operations
Executive Director of Therapies & Health Science (Chair of Operational Quality, Safety & Experience Sub-Committee)
Director of Public Health
Director of Primary, Community & Long Term Care
Associate Medical Director Quality & Safety
Assistant Director of Nursing, Assurance and Safeguarding
Assistant Director, Legal Services/Patient Experience
Hywel Dda Community Health Council (CHC) Representative (not counted for quoracy purposes)

2.3 It is expected that Sub-Committee Chairs will attend QSEAC for the purpose of presenting their update reports.

2.4 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, aligned to organisational objectives and the Annual Plan/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, is based on sound evidence, clinically effective and meeting agreed 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 cannot 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 that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.

5.9 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, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.

5.10 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.

~~5.11 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.~~

~~5.12 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.~~

~~5.13 Monitor compliance with incident reporting, agreeing actions as required to improve performance.~~

5.14 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.

~~5.15 Provide assurance to the Board in relation to its responsibilities for Equality, Diversity and Human Rights and Welsh Language.~~

5.16 Provide assurance on the ~~Approve and monitor~~ delivery of action plans arising from investigation reports and the work of external regulators.

5.17 ~~Shape and~~ Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.

5.18 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.

5.19 Consider advice 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.

5.20 Provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people.

5.21 Receive the R&D Annual Report for approval prior to submission to the Health and Care Research Wales (to ensure the UHB increases its R&D capacity, research output and research income).

5.22 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.

5.23 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.

5.24 ~~Monitor progress of and~~ Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.

5.25 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.

5.26 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board's services and their quality.

5.27 Refer quality & safety matters which impact on people, planning and performance to the People, Planning & Performance Assurance Committee (PPPAC), and vice versa.

5.28 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 Listening & Learning Sub-Committee

10.3.2 Research & Development 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.

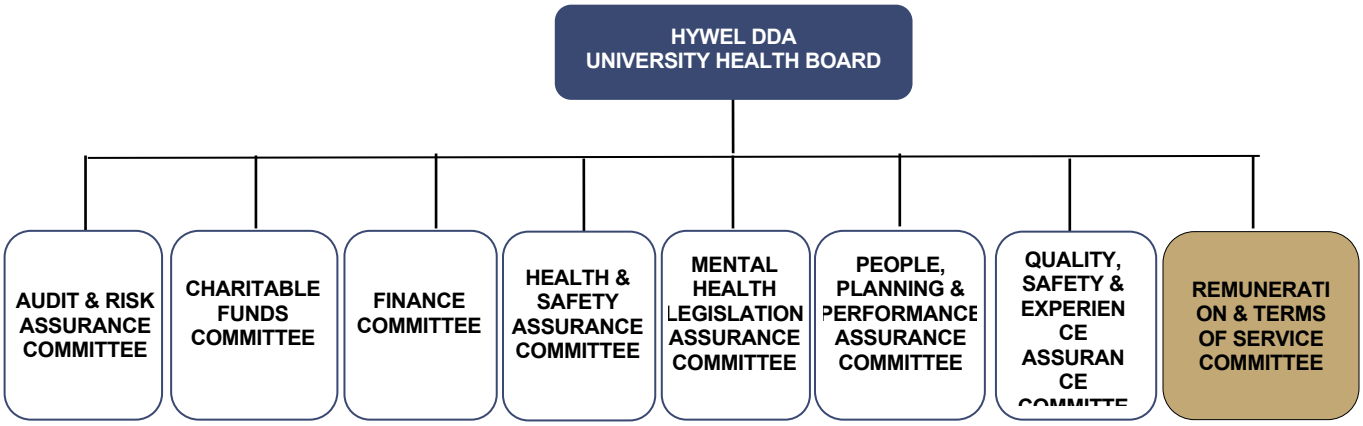
10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales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



REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda Health Board	29.09.2011	Approved
V0.2	Remuneration and Terms of Service Committee	04.09.2012	Approved
	Hywel Dda Health Board (SO's)	27.09.2012	Approved
	Remuneration and Terms of Service Committee	19.09.2013	Approved
	Hywel Dda University Health Board (SO's)	04.06.2014	Approved
V0.3	Remuneration and Terms of Service Committee	*12.11.2015*	*Approved (CA)*
	Hywel Dda University Health Board (SO's)	26.11.2015	Approved
V.04	Remuneration and Terms of Service Committee	16.01.2017	Approved
	Hywel Dda University Health Board (SO's)	26.01.2017	Approved
V.05	Remuneration and Terms of Service Committee	18.12.2017	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Remuneration and Terms of Service Committee	30.05.2018	Approved
V.06	Hywel Dda University Health Board	26.07.2018	Approved
V.07	Remuneration and Terms of Service Committee	27.06.2019	Approved
V.07	Hywel Dda University Health Board	25.07.2019	Approved

REMUNERATION AND TERMS OF SERVICE COMMITTEE

1. Constitution

1.1 The Remuneration and Terms of Service Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009.

2. Membership

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

Member
Hywel Dda University Health Board Chair (Chair)
Independent Member (Vice Chair & Chair of Audit and Risk Assurance Committee)
Independent Member (Chair of BPPAC)
Independent Member (Chair of QSEAC)

2.2 The following should attend Committee meetings:

In Attendance
Hywel Dda University Health Board Chief Executive
Director of Workforce and Organisational Development (Lead Executive)
Board Secretary

2.3 The 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 two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member.

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 of 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 Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.7 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 Remuneration & Terms of Service Committee is to provide:

4.1.1 ***Advice*** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Assembly Government; and

4.1.2 ***Assurance*** to the Board in relation to the HB's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales

4.1.3 To perform certain, specific functions on behalf of the Board.

4.2 The Committee shall have no powers to develop or modify existing pay schemes.

5. Key Responsibilities

With regard to its role in providing advice and assurance to the Board, the Remuneration and Terms of Service Committee will comment specifically upon:

5.1 Remuneration and terms of service for the Chief Executive, Executive Directors, other Very Senior Managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by Welsh Government are applied consistently;

5.2 Objectives for Executive Directors and other VSMs and their performance assessment;

5.3 Performance management systems in place for those in the positions mentioned above and its application;

5.4 Proposals to make additional payments to medical Consultants outside of normal terms and conditions;

5.5 Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance;

5.6 Consider and ratify Voluntary Early Release scheme applications and severance payments in respect of Executive Director posts, in line with Standing Orders and extant Welsh Government guidance. The Committee to be advised also of **all** Voluntary Early Release Scheme applications and severance payments.

5.7 To approve the University Health Board's honours submission recommendations

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair and the Lead Director, Director of Workforce & OD, at least **two** weeks before the meeting date.

6.2 The agenda will be determined by the organisational requirements relating to remuneration and terms of service business. 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 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.

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. Frequency of Meetings

7.1 The Chair of the Committee, in agreement with the Committee members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year.

7.2 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.

8. Accountability, Responsibility and Authority

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

8.2 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.

8.3 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.

9. Reporting

9.1 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:

9.1.1 joint planning and co-ordination of Board and Committee business;

9.1.2 sharing of information.

9.2 In so doing, 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.

9.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

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

9.4.1 Report formally, regularly and on a timely basis to the In Committee Board on the Committee's activities, to include the submission of a Committee update report;

9.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee;

9.4.3 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 affect the operation and/or reputation of the UHB.

9.5 The Committee shall provide a written, annual report to the Board on its activities. The report will also record the results of any Committee's self-assessment and evaluation.

10. Secretarial Support

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

11. Review Date

11.1 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:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Three Year Plan 2020/23, incorporating the 2020/21 Annual Plan
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance, Informatics and Commissioning on behalf of Executive Team
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)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Following several planning meeting discussions between the University Health Board (UHB) and Welsh Government (WG), it has been acknowledged that the UHB will not be in a position to submit an Integrated Medium Term Plan (IMTP) for 2020/23 given the current financial position and three year forecast.

Instead, the UHB will submit a 3 Year Plan 2020/23, incorporating the 2020/21 Annual Plan (The Plan) addressing WG annual planning guidance received on 7th January 2020. The formal UHB accountability letter to WG supporting this understanding was submitted in December 2019.

Given that the 2020/21 Plan does not fulfil the statutory duty to demonstrate financial balance, the Board cannot formally approve The Plan, however, the Board can agree onward submission of The Plan to Welsh Government.

It must be recognised that the Covid-19 pandemic will impact on the assumptions set out in The Plan and at this stage the extent of the implications are unknown. The Plan therefore does not take account of these recent events which are expected to continue to impact well into 2020/21.

Cefndir / Background

It is a statutory duty for the UHB to submit a plan to WG, and for the 2019/20 planning cycle, the Chief Executive set the Executive Team a goal "*To deliver the 2019/20 Annual Plan and develop an ambitious, deliverable Three Year Plan which can be approved by the Board and WG*".

On 17th December 2019, the Chief Executive wrote an accountability letter to the Chief Executive of NHS Wales noting that, following discussion at the Board Development session on 12th December 2019, the Board intended to submit a Three Year Plan 2020/23, with a robust and detailed focus on 2020/21 actions, rather than an Integrated Medium Term Plan (IMTP).

It was noted in the accountability letter that the plan would be based on the following objectives, agreed by the Board as essential in addressing all of our current challenges, whilst progressing our Clinical Strategy:

- Stabilising and improving our unscheduled care system;
- Progressing our Health and Care Strategy, 'A Healthier Mid & West Wales – Our Future Generations Living Well' and managing a demonstrable "shift left" in population health and community/primary care developments over the transitional years;
- Strengthening and developing the organisation and supporting the front line;
- Maintaining performance and improving productivity and efficiency; and producing the
- Financial, Workforce and Engagement Plans to support the above, including any impact on implementation timescales.

Additionally, the Chief Executive confirmed the Board's intention that a draft submission would be taken to the In-Committee January 2020 Board meeting and, even though not an IMTP, would also be shared with WG. From there, it was our intention that a final plan be taken to the March 2020 Public Board meeting and thereafter submitted to WG.

WG responded to this on 7th January 2020, noting intentions and as it would not be an IMTP, WG provided bespoke Annual Plan guidance 'designed to assist with plan development and to ensure there is absolute clarity and shared understanding of expectations [see Annex 1], which was discussed further at an engagement meeting between the UHB's Executive Team and WG Planning colleagues on 8th January 2020.

In taking this forward, the UHB has been developing The Plan which describes the next three years of our strategic transformation journey as part of 'A Healthier Mid and West Wales: Our Future Generations Living Well' and within this our Annual Plan details, which describe our key operational actions and performance targets for the year ahead, setting out expectations much in line with the WG bespoke Annual Plan guidance.

Asesiad / Assessment

Development of, and governance processes undertaken in the production of the Plan

Executive Objectives

For the 2019/20 planning cycle leading to the delivery of a Three Year Plan for 2020/23, the objectives agreed by the Executive Team, on behalf of the Board, are summarised as follows:

- Make significant inroads into understanding and reducing the deficit
- Mainstream the benefits of the Transformation Fund plans
- Deliver WG targets for waiting times, Single Cancer Pathway, unscheduled care, Public Health and health care acquired infections etc.
- Deliver a modernising outpatient plan, including a delayed follow ups improvement programme
- Deliver Primary Care priorities: contract reform, dental access and orthodontics waiting times improvement
- Deliver Nurse Staffing Act requirements
- Deliver a Stroke services reconfiguration plan and a comprehensive Rehabilitation delivery plan
- Strengthen governance arrangements and Board development
- Deliver the next 3 years of our strategy (including capital, digital and workforce)
- Develop further our integration with Social Care
- Deliver population health focused plans for early years and Making Every Contact Count
- Deliver 3 programmes linked to our values: empowering our clinicians, empowering our patients and empowering our public
- Deliver a plan to significantly improve the experience of our patients

- Deliver an organisational development programme, including a learning and development plan and financial skills training plan

Review of Plans

- Throughout November 2019, there were initial reviews of all plans by Planning, Finance, Workforce and Transformation Teams in order to ensure plan alignment to Executive Team Objectives as previously outlined; the overall financial plan; National Planning Guidance; and Clinical Strategy design principles;
- These were supplemented by individual 'check and challenge' meetings between lead Executives and Finance, Turnaround and Planning Executives;
- Finally, all plans were also reviewed at Executive Team meetings throughout November and December, with co-dependencies understood and worked through for more detailed planning and financial discussions at a Board Development sessions held in December 2019, February 2020 and March 2020.

Meetings with WG

Informal meetings held on 22nd July; 28th October; 26th November 2019 and formal meetings on 14th November 2019; 8th January 2020 and 4th March 2020.

Content of the Plan

The running order of the Three Year plan, incorporating the annual plan, reflect each other and are designed to illustrate:

- Our transformation journey
    - Our promises to you
    - The population we serve
    - Population health and wellbeing
    - Our transformation journey so far
    - Working together with our partners – local, regional and national
- How we make this plan happen
    - Quality and safety
    - Workforce and organisational development
    - Finance – making the best use of our resources
    - Performance
    - Capital and estates
    - Digital
    - Research, development and innovation
    - Our approach to change
    - Governance and risk

In order to progress delivery of our long term Health and Care Strategy, 'A Healthier Mid & West Wales – Our Future Generations Living Well' whilst managing the transitional years, our plan includes two significant re-design programmes to support a demonstrable 'shift left' with population health and community / primary care developments.

Utilising the Discover, Design and Deliver approach adopted during the Transforming Clinical Services programme, a detailed Discover phase will be commenced to inform the re-design of our Emergency Department model as part of the wider USC system. It is recognised that there are significant current pressures in our Unscheduled Care System with deteriorating performance and a resulting impact on our elective services and causing unacceptable cancellations for our patients. We recognise that we have to act now and examine what service changes are required in the shorter term, whilst we plan for our longer-term reconfiguration. We are currently developing a scoping paper to set out the process for undertaking the pathway redesign required to stabilise and improve our unscheduled care system through continuous engagement.

We will also be working in partnership to redesign our collective offer to our population for Long Term Care. Demand across the social care system continues to rise. There are growing needs including elderly mentally ill (EMI) provision and Learning Disabilities services. The geography of the region presents challenges for the provider market in relation to service provision and recruitment. This piece of work will focus on how long term care can enable our community aspirations and support our strategic design assumptions for the community model.

As part of The Plan a series of detailed supporting and enabling plans have also been developed by the respective lead Executive Director (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 • Performance: RTT, Cancer and Unscheduled Care • Therapies • Quality & Safety • Joint Regional Planning: Regional Clinical Services Plan • Joint Regional Planning: Mid Wales Joint Committee for Health and Care	• Finance and Savings • Workforce • Digital Health • Infrastructure Investment • Innovation, Research and Development • Value Based Healthcare

All of these detailed plans are hyperlinked from the main plan. The monitoring of the delivery of these plans and actions will occur through the Board's operating model [see governance section]. Additionally, we are required to submit a set of standardised Welsh Government templates detailing delivery; finance and workforce, at Health Board level. These templates also exist at a service level, which support budget setting and business case assumptions, and will be tracked within Board governance and assurance mechanisms accordingly.

In finalising The Plan for March Board, a draft was shared with WG colleagues for informal feedback which has led to further strengthening of the content in line with WG expectations. The Plan sets out the Health Board's clear strategic vision for the delivery of the Health & Care Strategy as the longer term solution to the long standing sustainability challenges for the UHB, particularly relating to workforce and financial sustainability. This does however mean that for the immediate future the very challenging operational context for our finances, workforce sustainability and performance remain. The financial plan for the year ahead projects a year end deficit of £25m and a significant cost improvement programme will need to be delivered to achieve this target. Variable pay running at c£55m demonstrates the continued workforce sustainability pressures and there are plans to invest in our infrastructure to deliver significant improvements to this over the next 3 years. Workforce pressures impact directly on our service performance and particularly unscheduled care where The Plan describes the key challenges and the integrated way in which improvements are being planned as referenced above. It should also be noted that the UHB cannot assume investment in planned care services can be maintained at the levels seen in 2019/20 to ensure our referral to treatment waiting times continue to meet or better the 36 week target. This is to be subject of further discussion with WG colleagues.

To provide greater assurance on the delivery of the actions the Health Board has set out for 2020/21, The Plan has been supplemented by milestones for the key actions. In addition, a 3 year 'plan on a page' approach has been adopted and these have been positioned alongside the in-year actions to demonstrate the connections between the short and the medium term actions on

the road to delivery of the Health Board's longer term strategy. Delivery assurance is being strengthened through a review of the operating model and key actions are being taken forward through the Health and Care Strategy Delivery Group to clearly define roles and responsibilities, monitoring and reporting timelines and to review existing delivery groups to reduce duplication and define mechanisms.
Argymhelliad / Recommendation The Board is asked to approve the onward submission to WG, of our Three Year Plan 2020/23, incorporating the 2020/21 Annual Plan rather than an Integrated Medium Term Plan for 2020/23.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	All risks apply
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives 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 Draft Three Year Plan 2020/23, incorporating Annual Plan 2020/21
Rhestr Termau: Glossary of Terms:	Within the Draft Three Year Plan 2020/23, incorporating Annual Plan 2020/21
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar Business Planning and Performance Assurance Committee Planning Sub-Committee Community Health Council Executive Group

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	This is a key component in the delivery of the 3 Year Plan 2020/23
Ansawdd / Gofal Claf: **Quality / Patient Care:**	This is a key component in the delivery of the 3 Year Plan 2020/23
Gweithlu: **Workforce:**	This is a key component in the delivery of the 3 Year Plan 2020/23

Risg: **Risk:**	Risks will be assessed as part of the ongoing process of both the development of the 3 Year Plan 2020/23 and its subsequent monitoring
Cyfreithiol: **Legal:**	As above
Enw Da: **Reputational:**	The University Health Board needs to meet the targets set in order to maintain a good 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.

Annex 1

ANNUAL PLAN GUIDANCE 2020-21
HYWEL DDA UNIVERSITY HEALTH BOARD

Introduction

This bespoke guidance has been developed specifically for Hywel Dda University Health Board to assist in the development of its Annual Plan for 2020-21.

Its purpose is to:

- Set out expectations of the Annual Plan for 2020-21;
- Confirm governance and accountability requirements for the submission of the Annual Plan to Welsh Government;
- Support the health board's ambition to develop an Integrated Medium Term Plan (IMTP) in subsequent years; and
- Assist the organisation in using integrated planning as one vehicle to the organisation's de-escalation from targeted intervention.

The Statutory Duty

The NHS Finance (Wales) Act 2014 places a statutory duty upon each health board to prepare a three year IMTP that:

- Improves the health of the population;
- Improves the provision of health care;
- Is balanced over a three year period; and
- Is approvable by Welsh Ministers.

Organisations that are unable to develop a balanced and sustainable 3 year IMTP will have failed in their statutory duty. In these circumstances the Chief Executive is required to send an accountability letter to the Chief Executive of NHS Wales, copied to the organisation's Chair.

An accountability letter was sent by the Chief Executive of Hywel Dda University Health Board to the Chief Executive of NHS Wales on 17 December 2019 confirming the Board's decision that the organisation is unable to comply with the statutory duty and develop a balanced and sustainable 3 year IMTP at this time. The organisation is therefore required to develop a robust Annual Plan for 2020-21. This guidance confirms the requirements, process and timescales for the submission of that plan.

Relationship with the NHS Planning Framework 2020-23

The NHS Planning Framework provides specific guidance for NHS bodies in the development of IMTPs, including priority areas and additional guidance from national programmes and new policy requirements.

The NHS Planning Framework 2020-23 requires organisational IMTPs to demonstrate evidence of and an emphasis on:

- Improvement of population health outcomes
- Implementation and impact of *A Healthier Wales*
- The Well-being of Future Generations Act and the impact on the organisation, and its contribution to the seven Well-being Goals
- Fully reflecting the Quadruple Aim
- Quality and Safety
- Prudent and Value Based Health and Care

- Plans being informed by and building upon Cluster IMTPs
- Integration and the development of seamless models of care (in line with the Social Services & Well-being Act)
- Collective working (including regional and once for Wales planning and between health boards, trusts and supporting organisations)
- Strengthening of collaborative commissioning arrangements, including WHSSC and EASC.
- Maturity of planning, engagement and continued improvement across all service areas.

Organisations are specifically asked to set out their delivery plans against the key Ministerial priorities of:

- Prevention
- Reducing Health Inequalities
- The Primary Care Model for Wales
- Timely Access to Care
- Mental Health

Commitment to and evidence of action should also be seen across the First Minister's priorities of: Decarbonisation; biodiversity; tackling poverty; and social partnerships.

The NHS Planning Framework still applies to the health board in the context of developing its Annual Plan. The organisation must continue to pay due regard to the Framework and the areas outlined above must continue to feature. This Annual Plan Guidance is intended to complement, rather than supersede the Planning Framework.

Annual Plan Guidance 2020-21

This section is intended to provide clarity and detail on the specific requirements of the health board's Annual Plan for 2020-21, and must be read in conjunction with the NHS Planning Framework 2020-23.

The Annual Plan, like an IMTP, is the health board's plan that sets out commitments for the services or functions they commission and/ or deliver for the catchment population.

The plan is required to provide firm statements of delivery for the year 2020-21, with associated performance, workforce, infrastructure and financial impacts quantified. The plan should also provide outline ambition and an outlook to subsequent years. The Annual Plan must be transparent, accurate, realistic and deliverable.

In terms of the structure of the plan, the health board must ensure the following aspects are covered and can easily be extracted:

- Organisational and partnership priorities and the key developments/actions the organisation is planning to take;
- What developments/actions will be delivered;
- When the benefits of such actions will be realised, including improvement trajectories where relevant;

- The key risks and dependencies that are inherent in the plan, and how these will be managed or mitigated;
- Where more detail is provided on specific services i.e. providing links to local delivery plans to provide assurance to policy leads that progress is being delivered; and
- Enabling requirements (workforce, digital, capital, finance).

The Annual Plan must be supported by a set of mandatory templates, to be completed for the period 2020-21 and included as part of the plan submission.

Organisational Issues and Risks
The Annual Plan must provide a greater level of detail and assurance in relation to the areas for which the organisation is in targeted intervention.

Performance

- Evidence of demand and capacity planning across specialities and sites;
- Completed performance trajectories;
- Evidence that the outputs of National Programmes are being implemented across the health board (e.g. Planned Care, Unscheduled Care and the Primary Care Model for Wales);
- Examination of the interface, and co-dependencies, between planned and unscheduled care;
- Evidence of impact and correlation with workforce and finance plans.

Finance

- A financial plan that has been fully developed on an integrated basis as part of the organisation's overall plan and improves upon the 2019/20 outturn position;
- The Health Board to deliver with urgency and deliverable, clear milestones, on the outputs of the work with KPMG developed in 2019/20;
- A clear assessment of the Underlying Deficit which is robust, triangulates to the 2019/20 outturn position, and is clear in service and workforce terms. This should be supported by a clear narrative within the organisation's plan that reflects Board choices and decisions through the planning process;
- An evidenced based approach to the assessment of any new year costs, to include how these costs are mitigated as appropriate, or if this relates to new investment, has a very clear read-across to benefits and deliverables that are secured for this investment;
- A robust 2020/21 savings plan, with clear ownership, delivery, and accountability arrangements;
- A financial profile that reflects the organisations plan, and delivery assumptions across operational expenditure and savings;
- Clarity on the Health Board's approach to developing an understanding to value based healthcare, and areas of expected development and improvement in 2020/21. This includes how the Health Board will develop its local approach to a clear methodology on how the health board will allocate and utilise resources to improve outcomes.

Governance

The Board will need to consider its corporate and quality governance arrangements, which it must have in place to ensure identification of risks, the robustness of the assurance arrangements to inform decision making and delivery of the plan.

Boards have accountability for the delivery of plans and they must be confident that:

- They understand how their plan delivers the Quadruple Aim;
- There has been a robust quality, governance and risk analysis of key areas and commitments, supported by clear accountability arrangements across the health board;
- There is sufficient resilience within the organisation's corporate and service functions and be confident that assurance mechanisms ensure they are fully informed and sighted on issues that emerge;
- There is clear read across to the relevant risk registers including quality, workforce, finance and service risks;
- Internal and clinical audit plans and functions are risk based, and are appropriately resourced to allow them to provide assurance that processes and functions are quality and governance led;
- They gather and use intelligence and information from, people that use their services and organisations that strive to improve and uphold quality serviced; and
- The Annual Plan sits within the context of the health board's longer term Clinical Services Strategy.

Engagement and Support

Regular engagement meetings between the Welsh Government and health board planning teams will continue through to the submission of the Annual Plan. These meetings are designed to ensure continuous dialogue, including advice and feedback from policy experts to agree local priorities and to identify key risks and mitigation early as plans are being developed. Additional informal meetings and/ or telephone calls can be scheduled, at the request of the health board, at any time.

The engagement meetings are in addition to the formal JET, targeted intervention and Quality & Delivery meetings which are also held regularly with the health board. It is critical that the organisation also uses the context and content of discussions at these escalation meetings to inform and shape the development of the Annual Plan.

Access to additional support and advice is also available via the NHS Delivery Unit and Finance Delivery Unit. Early engagement and continuous dialogue with these bodies is actively encouraged.

Submission Deadline

The Accountable Officer letter of 17 December 2019, confirmed the health board's intention to share a plan with Welsh Government following consideration at the in-committee session of the board in January 2020. An informal assessment of the Plan will be undertaken at that point and feedback will be provided.

From there, it is the health board's intention that a complete and final plan will be taken to the March 2020 meeting of the Health Board for approval and submission to Welsh Government by 31 March at the latest.

When formally submitted, the Annual Plan must include:

- Performance, workforce and finance profiles;
- Populated mandatory templates. These are required in order for the Board to understand the detail of the plan, and so that Welsh Government can assess the underpinning assumptions of the plan;
- Clearly identified issues or risks; and
- Evidence of Board scrutiny and approval. This can be confirmed via the covering Accountable Officer letter.

The health board must be also demonstrate how it has liaised with partner and supporting organisations such as HEIW, WHSSC, EASC, WAST, Public Health Wales, Shared Services and NWIS to ensure that commissioned work is funded, and that there is read across between organisational plans.

Welsh Government officials will conduct a full assessment of the Plan once formally submitted. That assessment will be based upon the requirements set out in the NHS Planning Framework 2020-23 and in this bespoke Annual Plan Guidance. The assessment process will be undertaken as quickly as possible with feedback to be provided to the organisation.

Should there be any outstanding or fundamental issues or risks that require attention, the health board may be requested to revise the Annual Plan and resubmit.

Once a final plan has been received and assessed, accountability conditions will be issued to the Chief Executive.

It is imperative that all NHS organisations commence the new financial year 2020-21 with certainty and agreement about their service, workforce and finance plans, including key delivery commitments.

Non-Compliant Organisations
Incomplete Annual Plans will be returned to organisations for revision with a complete plan expected to be resubmitted within a defined timescale.

Any delay in submission may result in further escalation and/or increased performance management arrangements. This could include:

- The Minister for Health and Social Services formally writing to the health board's Chair seeking immediate assurance;
- Accountable Officer letter being issued from the NHS Wales Chief Executive;
- Increased/ more frequent scrutiny; and/ or
- Minister and Chair to discuss Board Governance.

Plan Delivery - Performance Management by Boards
The Welsh Government expects each NHS organisation's internal mechanisms to provide visible and robust assurance to the Board on delivery and any necessary corrective action. The following arrangements must be in place:

- Clear arrangements through which the Board and Board Committees assure themselves about the quality of services commissioned, including from other LHBs, NHS Trusts and other providers in Wales or England. This should include assurance about the work of WHSSC and EASC as joint sub-committees of all Health Boards;
- Robust arrangements for monitoring and intervening at organisational, directorate, divisional, cluster, and corporate department levels;
- Effective risk identification and mitigation arrangements;
- Monitoring arrangements to hold NHS support organisations to account for timely delivery of agreed activities; and
- Monitoring arrangements to assess quality and delivery against the Annual Plan on a monthly basis. As a minimum, there should be an executive group to oversee plan delivery and a board sub-committee or group to scrutinise and challenge progress and performance on a regular basis.

Welsh Government has regular engagement and monitoring meetings to ensure accountability conditions are adequately assured and that plan delivery is on track.

All health boards and trusts must deliver their plan commitments, including agreed delivery profiles. Organisations can expect the Welsh Government to monitor, performance manage and hold them to account through a range of meetings and actions. The precise mechanisms and frequency will vary according to an assessment of risk based on plan approval status, delivery track record, and actual performance against plan tracked throughout the year (see Annex 1).

Issued 07 January 2020

Annex 1

Routine Welsh Government performance management arrangements include:

- Standard returns;
- Submission of board and committee planning updates;
- Quality & Delivery (Q&D) meetings to discuss progress in detail. The frequency of Q&D meetings will be determined by plan status and the delivery confidence assessment based on performance trends and risk analysis;
- Specific meetings to discuss particular variations from plan or quality standards; and
- Joint Executive Team (JET) meetings to include progress against plan delivery.

Failure to develop an approved IMTP creates a significant governance and operational concern, and breaches at least one of the two statutory duties. As an organisation that has declared it is unable to develop an IMTP for 2020-23, the organisation should expect a higher level of scrutiny. Immediate actions may include:

- Increased frequency of reporting, meetings and scrutiny;
- Detailed examination of areas of non-delivery, and the requirement for recovery plans and revised delivery trajectories;
- Delivery Unit, Finance Delivery Unit and other relevant mechanisms to support, challenge and provide assurance;
- More frequent Quality & Delivery meetings;
- Examination and challenge of plan assumptions and delivery at special measures meetings; and
- Greater frequency and intensity of Joint Executive Team meetings.

Routine Arrangements	Enhanced Monitoring Arrangements	Targeted Intervention meetings focussed on accountability conditions	Special Measured meetings focussed on accountability conditions via mandatory template
Routine planning engagement	Enhanced planning assurance	Additional planning engagement, frequency re plan progression	Specific planning engagement focus on governance and milestones
Routine plan monitoring	Plan monitoring to include enhanced monitoring areas	Plan monitoring aligned to targeted interventions	Plan monitoring aligned to special measures
Quality and Delivery Meetings	Q&D plus specific meetings on enhanced monitoring areas	Targeted and enhanced Q&D plus specific TI delivery meetings	Specific and enhanced Q&D plus assurance of bespoke SM template commitments
Routine access to FDU and DU advice and support	Routine access to FDU and DU advice and support	FDU and DU specific monitoring	FDU enhanced specific monitoring – bespoke performance and finance templates
JET	JET	Bespoke JET governance, assurance and accountability	Bespoke JET governance, assurance and accountability

Annex 2

Following Board discussions on local investments, this template has been devised to identify the specific requirements of the investments and the source of funding to support them as follows:

Investment proposal

Scheme name										
Narrative explanation	(Maximum 50 words)									
Outcomes expected (Specific, Measurable, Attainable, Relevant, Time-based)	(Maximum 50 words) • A • B • C									
Alignment to strategy (Specific, especially to the goals and objectives of the Future Generations Act)	**Healthier M&WW**									
	Healthier Wales									
	Future Generations									
Investment required:						**£'000**	**Source of funding**			**£'000**
			Non-rec	Rec		Total		Non-Rec	Rec	Total
Pay							**Pay**			
Non-pay							**Non-pay**			
Total							**Total**			
Staffing requirement (wte):	**Admin**	**Nursing**	**Therapie**	**Medical**	**Other**	**Total**	**Saving in addition to funding requirement**			**£'000**
Band 2							**Pay**			
Band 3							**Non-pay**			
Band 4							**Total**			
Band 5							**Rate of return[1] %**			
Band 6							**Source directorate(s) for £[2]**			
Band 7							**Source cost centre(s) for £[2]**			
Band 8a							**Source directorate(s) for wte[2]**			
Band 8b							**Source cost centre(s) for wte[2]**			
Signed by investing Directorate	Total of source of funding and saving or wte, with values from each source directorate / cost ce						**Signed by disinvesting Directorate**			

Name		**Name**	
Date		**Date**	

Hywel Dda University Health Board

Our Three Year Plan 2020/23, incorporating the Annual Plan 2020/21

Draft submission to Public Board March 2020

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

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

CONTENTS

EXECUTIVE SUMMARY

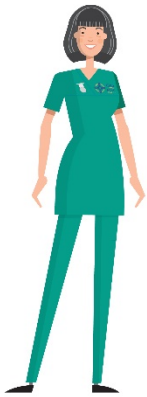
Ceredigion, Pembrokeshire and Carmarthenshire are without doubt some of the most beautiful counties in Britain. Covering 25% of the landmass of Wales, we enjoy unique coastal parks with clean sandy beaches, and, on every doorstep, there is access to great countryside and waterways for all kinds of outdoor sport and leisure pursuits and significantly contributing to our wellness and wellbeing. In short, we are fortunate in having all of these beautiful natural resources to help promote more healthy lifestyles for the population of our three counties, comprising Hywel Dda, and this good fortune is something our plans build upon. In terms of delivering health and social care services, our geography combined with our more elderly population, means that we need to change care provision to meet the needs of our localities, and provide as much care as we can, closer to home.

In 2018, we undertook a huge public engagement exercise resulting in a public consultation to explain why, where and how our services needed to change and improve. From this, we produced our Health & Care Strategy called '*A Healthier Mid and West Wales: Our Future Generations Living Well'*, where we made promises that our services will always aspire to be ***safe, sustainable, accessible and kind*** and to deliver this by:

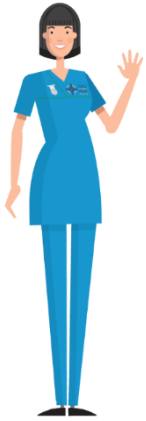
- Improving population health and wellbeing so that everyone who lives in our three beautiful counties – no matter what your age and health condition - lives well, enjoying good wellbeing.
- Wherever we can, play our part in improving wellness and wellbeing. In terms of how we deliver care, we will do so by improving care services closer to peoples' homes. In addition, our primary care and community care will be delivered in an integrated way with our statutory and voluntary partners, Social Services and the Third Sector. A network of health and wellbeing centres in all three counties will plan and arrange their expertise in seven localities to help our more remotely provided GP services. Services already being delivered in this way include new centres in Cardigan and Aberaeron in Ceredigion, with two more being planned for Tregaron and Aberystwyth. In Pembrokeshire, we had already built Tenby health and wellbeing centre in the south of the county and when Withybush Hospital in Haverfordwest is repurposed, people will benefit from a much larger health and wellbeing centre, undertaking same day-case procedures and including rehabilitation beds. We have plans for a new centre in Cross Hands in Carmarthenshire, and similar to Withybush, Glangwili Hospital will also be a much larger health and wellbeing centre, with some day-case work and also including beds.
- Where we need to bring clinicians together so they work as part of a much larger multidisciplinary team with greater combined expertise in delivery of hospital services, ensuring equitable access to our hospitals and striving for a 72 hour intensive care approach in a new urgent and planned care hospital to be located on a site within a zone from Narberth to St Clears. Prince Philip and Bronglais Hospitals will continue to provide care very much as today, with stepdown care to what will be re-purposed Glangwili and Withybush health and wellbeing centres, both with rehabilitation beds whenever safe discharge home isn't possible.
- Our current community hospitals in Pembroke Dock, Amman Valley and Llandovery remaining important in our model and we plan to strengthen local service provision in all three of these local facilities.

The Annual Plan 2020/21 sits within the context of the 2020/23 Three Year Plan which describes the next three years of our strategic transformation journey. It describes our key operational actions and performance targets for the year ahead, setting out expectations in line with the Welsh Government bespoke Annual Plan guidance.

The Three Year Plan sets out our clear strategic vision for the delivery of our strategy as the longer term solution to the long standing sustainability challenges, particularly relating to workforce and financial sustainability. This does however mean that for the immediate future the very challenging operational context for our finances, workforce sustainability, and, performance remain. This is set out in more detail in our annual plan which sits within the Three Year Plan and satisfies the requirements of our bespoke guidance with Welsh Government. The financial plan for the year ahead projects a year-end deficit of £25m and a significant cost improvement programme will need to be delivered to achieve this target.



Variable, or expensive premium pay for locum and agency staff is running at £55m, and demonstrates the continued workforce sustainability pressures, and, there are plans to invest in our infrastructure to deliver significant improvements to this over the next 3 years. Workforce pressures impact directly on our service performance and particularly unscheduled care where the plan describes the key challenges and the integrated way in which improvements are being planned. 2020/21 will see further clinical discussions relating to the on-going pressures on urgent emergency care services and the planning of any interim operational measures to ensure the delivery of safe and sustainable patient care. The plan does not assume funding is available to maintain RTT performance at 2019/20 levels. This will be the subject of further discussions.



Utilising the 'Discover, Design and Deliver' approach adopted during the Transforming Clinical Services programme, a detailed Discover phase will be commenced to inform the re-design of our Emergency Department model as part of the wider unscheduled care pathway redesign work. It is recognised that there are significant current pressures in this system with deteriorating performance, which is having an impact on our elective services, and causing unacceptable cancellations for our patients. We recognise that we have to act now and examine what service changes are required in the shorter term, whilst we plan for our longer-term reconfiguration which will address these challenging service pressures as a whole health and care system.

The following table summarises our delivery ambitions for 2020/21:

Our Performance Improvement for 2020/21

		National target	March 2020 trajectory	2020/21 trajectories – position at the end of each quarter			
				June 2020	September 2020	December 2020	March 2021
Unscheduled care	Ambulance red calls	65%	65%	65%	65%	65%	65%
	Ambulance handovers over 1 hour	0	407	158	200	226	407
	A&E/Minor Injuries Unit (MIU) 4 hour waits	95%	81.7%	84.4%	83.4%	84.6%	81.7%
	A&E/MIU 12 hour waits	0	861	649	663	690	861
	Non-mental health DTOC	12m↓	56	54	51	51	51
	Mental health delayed transfers of care (DTOC)	12m↓	10	7	7	7	7
Stroke and cancer	Admission to stroke unit <4 hours	56.3%	60%	60%	60%	40%	60%
	Assessed by stroke consultant <24 hours	83.9%	90%	95%	95%	90%	90%
	Stroke patients - speech and language therapy	12m↑	35%	40%	40%	40%	40%
	Urgent suspected cancer	95%	89%	90%	91%	92%	93%
	Non urgent suspected cancer	98%	98%	98%	98%	98%	98%
	Single cancer pathway	12m↑	75%	78%	81%	84%	87%
Planned care and therapies	Hospital initiated cancellations**	5%↓	1,554	325	590	1,033	1,476
	Delayed follow-up appointments (all specialties)	12m↓	29,099	-	-	-	23,272
	Ophthalmology patients seen by target date	95%	72%	77.8%	83.5%	89.3%	95.0%
	Diagnostic waiting times	0	0	0	0	0	0
	RTT – patients waiting 36 weeks+	0	0	300	450	300	0
	RTT – patients waiting <=26 weeks	95%	89%	89.5%	90%	90.5%	91%
	Therapy waiting times	0	124	29	0	0	0
Quality and	C.difficile	n/a	149+	34^	34^	34^	34^
	E.coli	n/a	408+	84^	84^	84^	84^
	S.aureus	n/a	110+	26^	26^	26^	26^
	Concerns and complaints	75%	75%	75%	75%	75%	75%
MH *	Children/young people neurodevelopment waits	80%	28%	30%	30%	40%	40%
	Adult psychological therapy waits	80%	46%	50%	50%	50%	50%
Population Health	'6 in 1' vaccine	95%	95%	95%	95%	95%	95%
	MMR vaccine	95%	92.8%	93%	94%	95%	95%
	Attempted to quit smoking	5%	3.60	3.65	3.70	3.75	3.80
	Smoking cessation – treated smokers	40%	40%	40%	40%	40%	40%
	Childhood obesity	n/a	<11.8%	<11.8%	<11.8%	<11.8%	<11.8%
Workforce & finance	Sickness absence (R12m)	12m↓	5.15 %	5.05%	4.95%	4.90%	4.95%
	Performance appraisals (PADR)	85%	78%	80%	85%	90%	95%
	Core skills mandatory training	85%	80%	80%	85%	90%	95%
	Consultants/SAS doctors - current job plan	90%	70%	74%	80%	86%	92%
	Finance - deficit	£15.0m	£25.0m				

* Mental Health & neurodevelopment ** cumulative figures for year to date + total cases for 2019/20 ^ total cases for the quarter

Plan on a Page: *This diagram sets out our Delivery Priorities for 2020/23, mapped against our guiding principles*

Safe

- Fully rollout the service models within Transforming our Communities, and open more health and wellbeing centres
- Fully implement the Transforming our Mental Health for adult services
- Improve our emergency and unscheduled care services
- Increase our nurse, therapy and health care support workforce in all of our hospitals and in our communities
- Deliver our own local trauma network as part of the larger South Wales major trauma network involving 24/7 emergency helicopter patient retrieval
- Design and deliver improvements in our Stroke pathway

Sustainable

- With our partners, expand all of our population health programmes, making every contact count, focusing on the early childhood years, immunisations and vaccinations, and smoking cessation
- Plan our new hospital – deliver the Business Cases for all of our strategic capital developments – in Community, Mental Health and for our new urgent and planned care hospital, and re-purposing of Glangwili and Withybush hospitals
- Improve our financial position by beginning pathway changes in line with our clinical design principles and value based healthcare to avoid unnecessary admissions by improving care closer to home and helping to reduce average length of stay – the best bed is your own bed!

Quality Safe Care	*Timely Care*	*Effective Care*

Efficient Care	*Equitable Care*	*Person-focused Care*

Accessible

- Continue to deliver 36 week waiting times targets, 14 week therapies and 8 week diagnostics targets, and improve on them wherever we can
- Deliver the Single Cancer Pathway which significantly speeds up the time to treatment
- Improve access times for the more specialist regional pathways with Swansea, with a regional clinical service plan that covers all the tertiary services we intend to improve
- As part of this, design improvements in planned care in Prince Philip hospital increasing regional capacity for Orthopaedics, Endoscopy and day case General Surgery
- Implement the Mid Wales agreed regional service pathway improvements with Betsi Cadwaldr and Powys Health Board including ophthalmology; oncology and respiratory
- Implement outpatient improvements and modernisation across all sites, and reduce unnecessary follow-up appointments

Kind

- Listen to and learn from patients experiences of our services
- Digitally enable our residents, patients, clinicians and staff to provide the information they need to make informed choices about health and wellbeing, including skype consultations and text messaging, telecare and tech enabled care.
- Deliver 3 programmes linked to our values: Empowering our Clinicians, Empowering our Patients and Empowering our Public
- Deliver an Organisational Development Programme to progress the skills and change management tools we need to successfully deliver services, whilst living our values and embodied in the Hywel Dda way.

CHAPTER 1: Our promises to you

Ceredigion, Pembrokeshire and Carmarthenshire are without doubt some of the most beautiful counties in Britain. Covering 25% of the landmass of Wales, we enjoy unique coastal parks with clean sandy beaches, and, on every doorstep, there is access to great countryside and waterways for all kinds of outdoor sport and leisure pursuits and significantly contributing to our wellness and wellbeing. In short, we are fortunate in having all of these beautiful natural resources to help promote more healthy lifestyles for the population of our three counties, comprising Hywel Dda, and this good fortune is something our plans build upon. In terms of delivering health and social care services, our geography combined with our more elderly population, means that we need to change care provision to meet the needs of our localities, and provide as much care as we can, closer to home.

A couple of years ago, we undertook a huge public engagement exercise resulting in a public consultation to explain why, where and how our services needed to change and improve. From this, we produced our Health & Care Strategy called '*A Healthier Mid and West Wales: Our Future Generations Living Well' (our strategy)*, where we made promises that our services will always aspire to be ***safe, sustainable, accessible and kind*** and to deliver this as follows:

- Improve population health and wellbeing so that everyone who lives in our three beautiful counties – no matter what your age and health condition - lives well, enjoying good wellbeing.
- Wherever we can, to play our part in improving wellness and wellbeing. In terms of how we deliver care, we will do so by improving care services closer to peoples' homes. In addition, our primary care and community care will be delivered in an integrated way with our statutory and voluntary partners. A network of health and wellbeing centres in all three counties will plan and arrange their expertise in seven localities (a locality being a smaller group of GP practices).
- Services already being delivered in this way include new centres in Cardigan and Aberaeron in Ceredigion, with two more being planned for Tregaron and Aberystwyth. In Pembrokeshire, we had already built Tenby health and wellbeing centre in the south of the county and when Withybush Hospital is repurposed, Haverfordwest will enjoy the benefit from a much larger health and wellbeing centre, undertaking some day-case procedures and including rehabilitation beds. We have plans for a new centre in Cross Hands in Carmarthenshire, and similar to Withybush, Glangwili Hospital will also be a much larger health and wellbeing centre, with some day-case work and also including beds.
- Where we need to we will bring clinicians together so they work as part of a much larger multidisciplinary team with greater combined expertise in delivery of hospital services, ensuring equitable access to our hospitals and striving for a 72 hour intensive care approach in a new urgent and planned care hospital to be located on a site within a zone from Narberth to St Clears. Prince Philip and Bronglais Hospitals will provide care very much as today, with stepdown care (providing transitional care) to what will be re-purposed Glangwili and Withybush into health and wellbeing centres with rehabilitation beds, whenever safe discharge home isn't possible.

Our current community hospitals in Pembroke Dock, Amman Valley and Llandovery remain important and we plan to strengthen health and wellbeing provision in all three of these local facilities.

Our Three Year Plan explains our progress so far in transforming our services, as well as describing our next steps, and what this means through our family, *Teulu Jones*. It also seeks to strike the balance between the early steps towards delivering our longer term strategy, and improving performance in the short and medium term.

Re-Introducing Teulu Jones

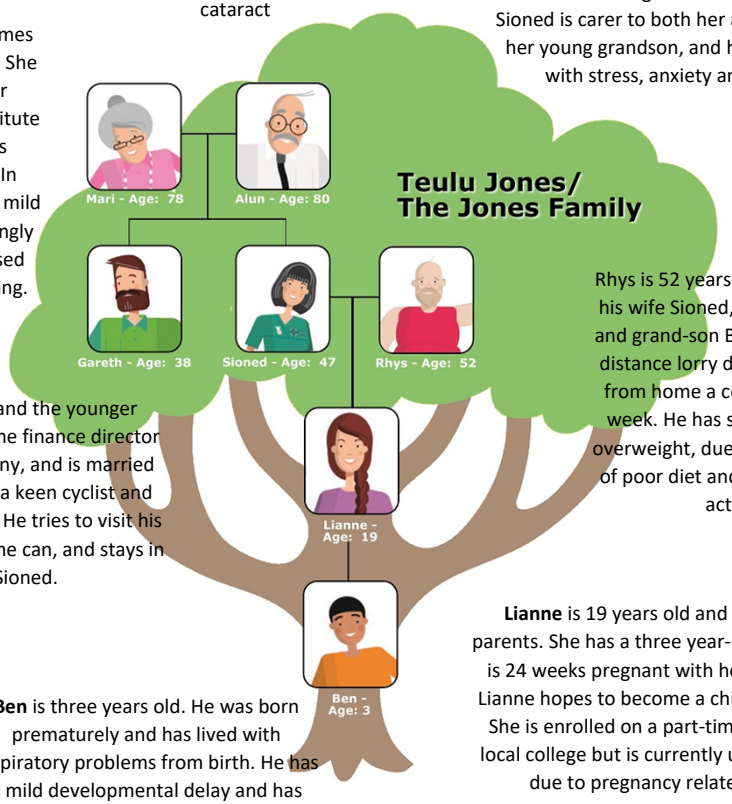
Teulu Jones, the Jones Family, is our mid and west Wales family that we created during an early stage of our work on the strategy to test and challenge our ideas and models of health and care. It is not a real family, but we had real people living in our communities in mind when they were created. They have been designed using information about health and well-being across the Hywel Dda area and they are typical of many people in our population. In a way, we are all Teulu Jones. There are seven family members, spanning each of the key life phases.

We developed Teulu Jones to test what different changes to our health and care system could mean for families living in our area. You will see stories about Teulu Jones throughout this document as their circumstances help demonstrate how the health and care system will look and feel as things change.

Alun is 80 years old. He is husband to Mari and is a retired electrician. Alun enjoys his daily walk to the local shop to get the newspaper. He is a Non-Insulin Dependent Diabetic and takes medication to control it. He has a history of Ischaemic Heart Disease and had a heart attack when he was 70 years old. His sight is starting to fail due to a cataract

Sioned is 47 years old and is mum to Lianne and grandmother to Ben. She works part-time as a healthcare support worker at her local District General Hospital and is enrolled on an access to nursing course at her local college. Sioned is carer to both her ageing parents and her young grandson, and has been suffering with stress, anxiety and low mood.

Mari is 78 years old and lives at homes with Alun, her husband of 50 years. She is a retired teacher and is former President of the local Women's Institute which she still attends. She loves cooking, especially baking cakes. In recent months, Mari has developed mild dementia and has become increasingly frail. She is becoming more confused and has often been found wandering.



Rhys is 52 years old. He lives with his wife Sioned, daughter Lianne and grand-son Ben. Rhys is a long distance lorry driver and is away from home a couple of nights a week. He has smoked and at is overweight, due to a combination of poor diet and limited physical activity.

Gareth is 38 years old and the younger brother of Sioned. He is the finance director of an engineering company, and is married with two sons. Gareth is a keen cyclist and has been a social smoker. He tries to visit his older parents as much as he can, and stays in contact with Sioned.

Lianne is 19 years old and lives with her parents. She has a three year-old son, Ben, and is 24 weeks pregnant with her second child. Lianne hopes to become a childcare assistant. She is enrolled on a part-time course at her local college but is currently unable to attend due to pregnancy related sickness

Ben is three years old. He was born prematurely and has lived with respiratory problems from birth. He has a mild developmental delay and has recently been diagnosed with a rare genetic condition. He lives with his mum and grandparents.

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Contents

ture model of care set out in A Healthier Mid and West Wales: Our Generations Living Well is underpinned by the following set of strategic design assumptions (in the middle blocks) and this plan incorporates how we intend to meet these as part of our Three Year Plan:

CHAPTER 2: The population we serve

We will invest £327k into **smoking cessation** to reduce admissions	We will invest £366k in **immunisations and vaccinations** to reduce GP consultations and A&E attendances	We will invest £114k **into Making Every Contact Count** to improve our population health'	We will invest £2.3m in our **workforce** to help it be the best it can be and empower our clinicians	We will invest £250k in **rapid response domiciliary care in Ceredigion** to reduce admissions and speed up discharge	We will invest £960k into our **digital plan**. Improving our systems will empower our Welsh patients, carers and staff	An investment of £589k in improving **quality and patient experience**. This will help empower patients
We will invest £154k across Primary Care and Pharmacy to reduce admissions for **healthcare acquired infections**	**Population** Impact of increase in the population over 7 years (to 2024/25)	**Site changes** Flow of patients to nearest site providing required service*	**Admission avoidance** 40% Reduction to existing levels of emergency admissions for ACS conditions	**Bed discharge** Reduction in length of stay to the median of the peer group	**Outpatient change** 25% Reduction in outpatient appointments	We will invest £102k in **palliative and end of life care in Carmarthenshire** to reduce admissions
We will progress **capital developments** to support our strategy in particular for our health and wellbeing centres, the repurposed Glangwili and Withybush and our new hospital.	**A&E/MIU change** 4.3% Reduction in overall level of A&E & MIU attendance (net 0% change against demographic growth over 7 years)	**A&E/MIU proportions** 30% Attendances currently presenting at A&E will present at MIUs instead	**Acute to community step-down – beds** 50% Patients in an acute bed will step down to a community bed within 72 hours of admission	**Acute to community step-down – outpatients** 90% New and follow-up appointments will take place in a community setting	**Daycase community hub shift** 50% Daycases for medical specialties will take place in a community setting	We will invest £330k in orthodontic treatmtent and £169k in community **dental** paediatrics
We will invest £1m to help develop **national business cases** for Lymphoedema, Autism Spectrum Disorder and Major Trauma	We will invest £250k in **Ceredigion for a front door therapy interface** to improve rapid assessment / intervention and reduce admisisons	We will develop our plans to deliver unscheduled care and long term care (**Discover-Design-Deliver**)	We invest £216k to will fund 6 additional **step down intermediate care beds in Carmarthenshire**	We will invest £429k to **improve patient** empowerment	As part of our **integrated county plans** we will invest £880k in health psychology for chronic conditions	DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Social isolation and loneliness: 16.2% of our population report feeling lonely.

Welsh language: The proportion of Hywel Dda residents of all ages who can speak Welsh is 46.6%

Health inequalities: Variation in healthy behaviours leads to variation in health outcomes in Hywel Dda and this is also influenced by levels of deprivation. For example, whilst smoking prevalence in Hywel Dda has declined, there are communities in the health board area where rates of smoking have not changed. These communities [Llanelli & Pembroke Dock] as well as Cardigan are identified areas of deprivation within Hywel Dda. Within less deprived areas, there are often pockets of hidden deprivation.

Population growth: The total population of Hywel Dda is estimated at 385,615 and is predicted to rise to 425,000 by 2033.

Ageing population: The average age of people in Hywel Dda is increasing steadily. The current number of over 65 year olds is predicted to increase from 88,200 (2013) to 127,700 in 2033. Currently, 3.2% are aged 85 and over (the second highest in Wales). The number of people providing unpaid care for family members is also increasing.

Changing patterns of disease: There are an increasing number of people in our area with diabetes and more people with dementia as our population ages. The number of people with more than one long-term illness is increasing. In 2018 Public Health Wales published a national picture on the burden of disease in Wales. It showed that cancers, cardiovascular disease, musculoskeletal conditions, mental health and substance misuse were the leading causes of death in Wales.

Tobacco: Almost one in 5 adults (18.7%) in our area smoke. While this number continues to fall, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.

Food: Two in every three people in our area do not eat enough fruit and vegetables, and more than 3 in 5 people are overweight or obese. For some people access to healthy, affordable food is difficult.

Physical activity: Over 40% of adults in our area do not take enough regular physical activity to benefit their health. Almost one third of our population are inactive.

Our Health Board Population Needs Assessment and our Annual Public Annual Health report can both be found here and here respectively.

CHAPTER 3: Population Health and Wellbeing

Population health

This past eighteen months has seen us develop a long-term plan for health and well-being. We have committed to make a shift from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity that embraces consideration of people's wellbeing. We believe we should see and treat you in the context of your lives and ask 'what matters to you' rather than 'what's the matter with you'.

We have some significant challenges as people are living longer, many with health conditions, in pain and with poor mental health. And whilst we are fully committed to our vision for this transformation of our healthcare system, we still have to keep services running, whilst improving what we deliver now.

Changing the way we do things by supporting people better in the community, will result in less unplanned care demand on healthcare services and we will be better able to shift investment from acute services to primary care and care in our communities, for the prevention of ill health.

Our three strategic goals – starting and developing well, living and working well and growing older well – are underpinned by the Wellbeing of Future Generations Act which places the sustainable development principle at the centre of our transformation journey.

Our '*Health and Wellbeing Framework*' describes our ambitions for the future of health and wellbeing in Hywel Dda, and how we think we can make a transformational shift. It involves changing the way we do things within NHS services in Hywel Dda and how we play a meaningful part in what happens in our communities. Beyond health and care, however, the framework supports everyone – the public, staff and partners – to play a part in creating health and wellbeing at work, home and in local communities. It complements our strategy, sharing the vision and goals to improve health and wellbeing in

Health services need to be there when we are ill and need treatment and care but evidence shows that the NHS contributes only around 10% of our overall health and wellbeing over our lifetime. How long we live, and for how many years we stay well, are more influenced by the conditions in which we are born, grow, work, live and age. This is why we are developing a *Social Model of Health* at the core of our long-term ambitions.

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

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

Our Population Health priorities for the next 3 years are focussed on:

- Investing in smoking cessation services
- Making a real difference to demand across the winter period by enabling a step change in preventing respiratory illness by increasing the uptake of the flu vaccine;
- Influencing behaviour change across our population through a Making Every Contact Count (MECC) programme for our workforce, with a focus on training and developing our therapy teams, as a first phase and building on work previously developed with our Public Services Board partners.

Responding to the Wellbeing of Future Generations Act

The Well-being of Future Generations (Wales) Act 2015 is multi-layered and requires individual organisation actions as well as collaborative working with Public Services Boards (PSBs) and wider partners (see further information in Chapter 6). Our most recent Well-being Objectives Annual Report (available here) provides an overview of our work to embed the principles of the Act and demonstrates our progress through case study examples**.** The Act also sets out where change needs to happen within seven corporate functions of an organisation: corporate planning; workforce planning; performance management; financial planning; risk; assets, and, procurement.

These are the parts of the organisation that should be seeking to do things differently as they affect the rest of the organisation's services. In order to further embed this work, our Well-being of Future Generations Act Task and Finish group have been reviewing our organisational approach to agree ways of strengthening our governance and reporting arrangements. In 2020/21 we will be linking our objectives to specific Executive Director Portfolios. Our well-being objectives broadly fall into four key areas of work; workforce planning and development; environment and climate change; early intervention and prevention; and collaboration, involvement and integration.

We have refreshed our well-being objectives for 2019/20 onwards and shown how they contribute not only to the seven national wellbeing goals but also to the Well-being Plans of our three PSBs. Our well-being objectives are not confined to a single national outcome and align to more than one of the national goals but for ease of reference we have linked our objective to the goal where there is likely to be the greatest impact. We recognise that we need to increase the scale and pace of our work to support de-carbonisation and bio-diversity and have two specific objectives that will help to provide a framework for this work.

Our objectives span the breadth of the national well-being goals and the five ways of working and we have developed the diagram below as a simple pictorial presentation of how we are organising our work which is easy for our staff, patients and the wider public to understand.

Workforce planning and development

- Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.
- Offer a diverse range of employment opportunities which support people to fulfil their potential.

Environment and climate change

- Plan and deliver services to increase our contribution to low carbon.
- Promote the natural environment and capacity to adapt to climate change.

Our well-being objectives – Contributing to future well-being in Hywel Dda, Wales and beyond

A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A globally responsible Wales	A Wales of vibrant culture and thriving Welsh language	A Wales of cohesive communities

Early intervention and prevention

- Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.
- Plan and deliver services to enable people to participate in social and green solutions for health.

Collaboration, involvement and integration

- Transform our communities through collaboration with people, communities and parthers.
- Contribute to global well-being through developing international networks and sharing of expertise.

Wales national well-being goals		Working with our Public Service Board and other partners, our actions in Years
	A prosperous Wales	• To maximise opportunities for people and places in both urban and rural parts of our county (Carmarthenshire Public Service Board (PSB)) • Enable people to create and grasp opportunities and meet challenges throughout their lives through improving vocational and life skills, build confidence and enable people to respond positively to change (Ceredigion PSB) • Work towards a Carbon Neutral and environmentally balanced County with a long term aim to become carbon positive (Pembrokeshire PSB) • A cross-PSB commitment to developing a Recruitment and Employment Transformation Framework to support people to work in Pembrokeshire (Pembrokeshire PSB)
	A resiliant Wales	• People have a good quality of life, and make healthy choices about their lives and environment (Carmarthenshire PSB) • Create environmentally responsible and safe communities that can adapt and respond to the effects of climate change (Ceredigion PSB) • Celebrate the Great Outdoors and using this key asset to support all elements of individual and community well-being (Pembrokeshire PSB) • Produce an Environmental and Climate Change Risk Assessment and develop appropriate measures in response (Pembrokeshire PSB) • Work towards a Carbon Neutral and environmentally balanced County with a long term aim to become carbon positive (Pembrokeshire PSB)
	A healthier Wales	• To make sure that people have the right help at the right time; as and when they need it (Carmarthenshire PSB) • Enable people to live active, happy and healthy lives supporting physical and mental health and improve well-being through promoting healthy behaviours (Ceredigion PSB) • Enable every child to have the best start in life supporting parental preparedness through early intervention, overcome inequalities and promote holistic learning (Ceredigion PSB) • Celebrate the Great Outdoors and using this key asset to support all elements of individual and community well-being (Pembrokeshire PSB)
	A more equal Wales	• To maximise opportunities for people and places in both urban and rural parts of our county (Carmarthenshire PSB) • Enable people to create and grasp opportunities and meet challenges throughout their lives through improving vocational and life skills, build confidence and enable people to respond positively to change (Ceredigion PSB) • A cross-PSB commitment to developing a Recruitment and Employment Transformation Framework to support people to work in Pembrokeshire (Pembrokeshire PSB)
	A globally responsible Wales	• Work towards a Carbon Neutral and environmentally balanced County with a long term aim to become carbon positive (Pembrokeshire PSB) • Work towards a holistic approach to becoming carbon neutral to include procurement, transport (fleet, business travel, commute, & Patient travel) and building use (energy, waste, renewables & water) (University Health Board wide).

Wales national well-being goals		Working with our Public Service Board and other partners, our actions in Years
	A Wales of vibrant culture & thriving Welsh language	• People have a good quality of life, and make healthy choices about their lives and environment (Carmarthenshire PSB) • Celebrate the Great Outdoors and using this key asset to support all elements of individual and community well-being (Pembrokeshire PSB) • As part of the University Health Boards approach to Welsh Language: • Continuing to maintain and deliver a robust translation service • Implementing the Welsh Language Standards according to our compliance notice • Implementing the Strategic Framework: More than just words. • Providing advice and support in terms of Welsh Language and our statutory duty. • Supporting staff at all levels to access Welsh Language training. • Continuing to contribute to All Wales Welsh Language discussions and forums .
	A Wales of cohesive communities	• Strongly connected people, places and organisations that are able to adapt to change (Carmarthenshire PSB) • Create conditions for communities to support individuals from all backgrounds to live fulfilling, independent lives (Ceredigion PSB) • Enable communities to become prosperous, sustainable and connected by supporting the transformation of economic prospects (Ceredigion PSB) • Transform traditional models of service delivery and access through use of innovative solutions and technology, creating connectivity and improved coverage (Pembrokeshire PSB) • Enable community participation through active citizens and community initiatives (Pembrokeshire PSB) • Undertake a mapping exercise of our communities, to include the physical, natural, cultural assets and infrastructure, and the formal and informal social networks within them (Pembrokeshire PSB)

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CHAPTER 4: Our Transformation Journey so far

Overview

- The Health & Care Strategy Delivery Group oversees the delivery of our Health & Care Strategy, which is organised over 3 programmes - Transforming Mental Health and Learning Disabilities, Transforming our Communities, and Transforming our Hospitals. Our 2020/21 Annual Plan actions align fully with our Three Year Plan actions to ensure delivery of our strategy, including the underpinning strategic design assumptions [see page 6].
- Our governance structures also ensure links between the West Wales Regional Partnership Board (RPB) and our Health and Care Strategy Delivery Group in order to ensure an integrated approach to transformation as follows:

Transforming Mental Health & Learning Disabilities	Transforming our Communities	Transforming our Hospitals
Implement a consensus model of adult Mental Health care and support, build a new model for a whole system Learning Disabilities, Older Adult Mental Health Services and Child and Adolescent Mental Health Service delivery	Establish a model for the delivery of services at a local level to deliver a social model of health & well-being	Deliver the changes required to transform our hospital model through a network of hospitals across mid and west Wales
• Transforming Mental Health – Single Point of Access/In-Patient model changes/Community Mental Health centers; • Transforming Learning Disabilities – Residential services / in-patient model/ Community Learning Disabilities; • Transforming Older Adult Mental Health Services – Enlli shared care project and roll-out/ Community Older Adult Mental Health Service; • Transforming Specialist Child and Adolescent Mental Health Services – Regional model opportunities/Autistic Spectrum Disorder (ASD) and attention deficit hyperactivity disorder (ADHD).	• Integrated Health & Social Care locality structures; • A network of effective and inclusive Health& Well-being centers; • Redesign GP Out of Hours as integrated 24/7 service; • Chronic Conditions (including co-morbidities) whole system pathway design; • Long term care whole system design; • Transformation Fund Programme impacts.	• Planning, design and build of new urgent & planned care hospital – clinical model and pathway design; • Clinical model design for re-purposed hospital sites; • Unscheduled Care whole system redesign including transition planning; • Priority pathway redesign – stroke/trauma/women & children/cardiology/frailty and older people; • Bronglais and Prince Philip strategy implementation.

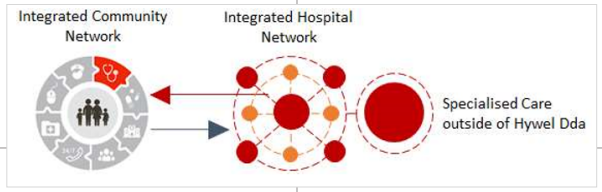
Plan on a Page: *Our Transformation Journey so far in delivering our Health and Care Strategy*

Our Integrated Community Network

- Community pharmacy enhancements including triage and treat, walk-In centres & information pods
- Provision of social prescribing as a GP cluster priority supporting alternative ways to take an active role in own health & well-being
- Advanced Paramedic Practitioners working in Health Board managed GP practices in collaboration with Wales Ambulance Service Trust
- Implementation of integrated Community & Primary Care multi-disciplinary team working including enhanced Advance Heath Practitioner roles
- Transformation Fund enabled innovation - Proactive Tech Enabled Care / Crisis Response Service / Connections 4 All

Our Health & Well-Being Centres

- Opening of Aberaeron and Cardigan Health and Wellbeing Centres offering a range of health and well-being services and support
- Provision of hub & spoke virtual pulmonary rehabilitation in local communities to be extended for multi-morbidity rehabilitation
- Provision of chronic condition management through the Expert Patient Programme (Foodwise; Diabetes first steps; weight management)
- Progress towards delivery of showcase social model for health at the Llanelli Wellness Village development
- Business case submitted to Welsh Government for Cross Hands Health and Wellbeing Centre



Our Hospital Network

- Front door therapy services established at all 4 acute hospital sites
- Development of the “Bronglais General Hospital: Delivering Excellent Rural Acute Care” strategy
- Development of Ambulatory Care units promoting new roles – Physicians Associates, Advanced Nurse & Paramedic practitioners
- Development of rehabilitation and reablement units at our acute hospitals with a focus on frailty
- Collaborative care model development for older people with a mental health and medical presentation
- Agreement on acute trauma model as part of national Major Trauma Network

Our Mental Health and Learning Disability Care & Support Network

- Development of the Gorwelion 24hr Community Mental Health Centre including place of safety and peer mentoring roles
- Opening of the Mental Health Twilight Sanctuary in Llanelli jointly with MIND, Hafal, Welsh Ambulance Service Trust and Local Authority
- The pilot of a Learning Disabilities Intensive Support Team to support people at home, avoiding unnecessary admissions
- The Learning Disability “Dream Team” development of a charter to explain what matters most to people with a learning disability
- Enhancement of Psychological Therapy service provision and access
- Development of Primary Mental Health Practitioner roles
- The development of pilot collaborative care model in Bronglais Hospital to bring together the acute and mental health teams for older people with a mental health and acute medical presentation

Progress in Transforming our Communities for Teulu Jones

Roll-out the Choose Pharmacy platform as part of the national campaign to promote and inform people what community pharmacy can offer

Extend the Community Resource Team in Ceredigion to prevent unnecessary admissions and support timely discharge

WE SAID WE WOULD.....

Develop plans for health and well-being centres in South Pembrokeshire; a coastal community network in North Pembrokeshire and same day & urgent care in East Pembrokeshire

Develop and offer a range of preventative services in Carmarthenshire including Carmarthenshire's United Support Project

WE DID.....

- Community Triage and Treat in 25 practices with 111 staff trained
- Created a series of videos demonstrating the services and support offered by community pharmacies
- Multi-disciplinary working in 11 out of 13 GP practices in Pembrokeshire to provide an integrated approach to care
- Community Resources Team in South Ceredigion extended to North Ceredigion
- Development of a joint prevention strategy for Carmarthenshire focused on early intervention & independence
- Successful recruitment of community connectors from the Transformation Fund to support moving from 5 to 6 Integrated Community Networks
- NOSDA (No One Should Die Alone) project successfully piloted in 3 care homes, Withybush Hospital, Sunderland Ward and Cleddau River Day Unit - 114 hours of emotional support provided to 39 people
- Delta Well-being expansion to deliver CONNECT prevention programme Health Board wide
- Successful amalgamation of Goodwick and Fishguard surgeries to provide a health & well-being centre

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Provide accessible services 24 hours a day to enable people and their supporters to “walk-in” to a community mental health centre to discuss their needs

Move away from hospital admission and treatment to hospitality and “time-out” in a supportive environment

WE SAID WE WOULD…….

Support older people with a mental health presentation and co-existing acute medical issues in a joined up was in our general hospital environments

Redesign our model for Learning Disability care and support responding what matters most to people with a learning disability, including community, hospital and residential experiences

WE DID……

- 24/7 drop-in service commenced at the Gorwelion Community Mental Health Centre in Aberystwyth including a designated Section 136 place of safety
- Opening of the Llanelli Twilight Sanctuary providing a safe and supportive environment for support and advice
- Launch of a collaborative care pilot model in Bronglais Hospital to bring together the acute and mental health teams for older people with a mental health and acute medical presentation
- Development of a mental health practitioner for 2 GP practices in Pembrokeshire to improve earlier access to assessment
- Intensive Learning Disability support team pilot underway as part of the Bevan Exemplar programme to test the provision of increased level of support for at risk individuals in the community

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Progress in Transforming our Hospitals for Teulu Jones

Work with staff and partners to develop a vision for the future of Bronglais General Hospital as a centre of excellence for rural acute care

Invest in our Cancer care, Coronary Care and Ambulatory care services in Withybush General Hospital to improve facilitates and patient experience

WE SAID WE WOULD…….

Facilitate rapid assessment at our emergency departments to prevent inappropriate admission for our frail, older patients

Progress our whole-system stroke pathway redesign considering short, medium and long term opportunities to improve stroke care

WE DID……

- £3 million refurbishment of Wards 9 and 10 in Withybush Hospital for cancer care and frailty
- Improvements to the coronary care unit and Ward 3 (surgical) completed in Withybush Hospital including development of an ambulatory care unit
- New MRI scanner provided for Bronglais Hospital to improve access to diagnostics
- Health Board sign off of the Bronglais Strategy and delivery planning started
- Implementation of frailty support workers on Cadog, Clinical Decision Unit and Teifi wards in Glangwili Hospital to ensure mobilisation
- Evidence based stroke pathway designed for check and challenge, and signed off by the Health Board
- Provision of Same Day Emergency Care model in Glangwili Hospital as an initial pilot for evaluation
- Provision of ring-fenced “treat and repatriation” cardiology beds (Acute Coronary Syndrome Unit) to improve patient pathway with Swansea Bay UHB

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CHAPTER 5: Our Transformation Plans for the Next Three Years

Transforming our Communities establishes a model for the **delivery of services at a local level** within the context of a **social model for health and well-being**. 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
- ✓ Capital developments in community and primary care support the shift to more care closer to home
- ✓ Sustainability of primary care
- ✓ Pressure on secondary care is reduced

Our Health and Wellbeing Framework explains how we will make a transformational shift, changing the way we do things in our services and playing a meaningful part in what happens in our communities. The Framework supports everyone – the public, staff and partners - to play a part in creating health and wellbeing at work, home and in local communities.

It complements our strategic direction, sharing the vision and goals to improve health and wellbeing in Hywel Dda over the next 20 years.

Social and Green Prescribing

- Develop a regional strategic group and framework to advocate for this work and support all elements of the system.

Promoting Healthy Behaviour

- Implement a comprehensive smoking cessation programme
- A vaccination and Immunisation Improvement Plan
- Train our Therapies workforce in Making Every Contact Count

Early Years

- Build capacity and capability in our children's services with a focus on prevention

Protection and Safety

- Protect our population from threats such as tuberculosis, influenza and corona virus.

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Improving Population Health and Wellbeing – Early Years

Our children and how we care for and about them makes a big difference to whether they are equipped to deal with a changing world, or not. Babies and children are the main priority group in both our annual plan and our three-year goal. These 'early years' (pre-conception, conception and the first three years) are critical for their healthy development into children and on into healthy and resilient adults with a wide range of improved life outcomes. We are starting by making sure that every expectant mother gets a 'what matters to you' conversation rather than a set of tick boxes, trusting our staff to do the job they are qualified and want to do. We are already working with our partners to realign our early years' services in this direction. We are moving towards a place-based approach, organised around networks of care that will transform the delivery of early years' services. Families will then have a clear single point of contact to access all early childhood advice and support services.

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

The actions will we take to drive improvements through 2020/21

- Build capacity and capability for transformational change with a focus on prevention. This will include leadership capacity through the appointment of a Consultant Nurse for Health & wellbeing;
- Maximise the learning from the Early Years (Pathfinder) Project across our region aimed at improving service provision through effective integration of services aimed at children aged 0-7years;
- Work across a regional footprint, through the Children's Task Force, to develop a plan for change to improve outcomes for children & young people (year 1) & lay the foundations for change, and enable:
    - Families to live safe, healthy and fulfilling lives
    - The voice of the child to be heard
    - The development of a strengths based community model, which builds trust and creates strong relationships, improving community engagement and building safe secure and supportive environments.

Improving Population Health and Wellbeing - Making Every Contact Count training

Making Every Contact Count (MECC) is an approach that supports public-facing workers to use opportunities during their routine contacts to enable people to consider their health and wellbeing through the delivery of brief advice (1-2 minutes) or brief interventions (5-10 minutes). It is a widespread intervention, across Wales and beyond, with good evidence of its positive impact. MECC has been used primarily to encourage behaviour change on smoking, weight, alcohol and physical activity. However, we envisage a broader conversation picking up any one of the many factors that influence health and wellbeing (the social model of health) that is relevant to each person. Having a brief non-judgemental conversation, when the appropriate opportunity comes up, can support people to take responsibility for their own health and wellbeing. MECC can lead to improvements in people's health, help people consider their health behaviour and make changes, reduce health inequalities, and, help people better manage long-term conditions. Making these interactions a routine part of every health worker's professional and social responsibility will integrate prevention into our core work. We intend to use MECC to deliver the following:

- Implement the Health & Wellbeing Framework with a movement for change to a wellness system
- Bring conversations about health & wellbeing as a core activity for NHS staff and the role that each member of staff should play in relation to prevention
- Establish a three level MECC training programme within the Hywel Dda Training & Development Programme as follows:
    - Level 1: Brief advice skills for the whole of the therapies workforce (900 staff)
    - Level 2: More advanced brief intervention skills for 300 staff
    - Level 3: Motivational interviewing skills for 100 of these staff
- Starting with the therapy workforce rollout, the training programme will provide skills for personal wellbeing, for the wellbeing of family & friends and for use at every patient contact.

To support this many of the resources needed already exist:

- An on-line one brief advice MECC training
- A brief intervention skills training programme developed for lifestyle advocates in primary care
- Connection with an excellent motivational interviewing trainer

Programme costs

Annual costs for the delivery of all levels of training range from £90k to £114k (excluding staff backfill cost) as they depend on demand and programme delivery capacity - these costs are included in the financial plan's local development costs.

Programme benefits

- The training programme will support the smoking cessation plan and the vaccination & immunisation improvement plan
- Enables behaviour change and cultural shift across our organisation
- For every quality adjusted life year (QALY) gained, we will not spend £3,416.

Improving Population Health and Wellbeing - Smoking Cessation

Smoking is the single largest cause of preventable ill health and premature death. Making a real difference to smoking prevalence through effective targeting of high-risk groups and high prevalence areas creates huge opportunity including meeting our targets and a reduction in the inequalities gap. Our smoking cessation programme:

- Supports the development of opt-out models across secondary care settings.
- Ensures smoking status is routinely recorded and evidence based smoking cessation services are available for everyone who smokes, including brief advice and behavioural support provided in both care and community settings, including community pharmacy and integrated hubs.
- Supports staff in primary and secondary care settings who already have the necessary therapeutic skills to engage patients in conversations about behaviour change (link to MECC training). We know that offering support to stop smoking, rather than merely asking a smoker if they are interested in stopping, or telling them they should stop, leads to more people making a quit attempt.
- Supports the development of digital or electronic aids to cessation.
- Supports the implementation of harm reduction approaches for those smokers who may not be able to stop in one-step (NICE Guidance, 2013).
- Works with partners in the statutory and third sector to ensure the full implementation of public health and wellbeing legislation.
- Supports the adoption of the NHS Smoke Free Pledge, which is designed to be a clear and visible way for NHS organisations to show their commitment to helping smokers to quit and to providing smoke free environments, which support them.
- Uses social marketing to maximise reach and support the move towards a smoke free generation.
- Uses asset based approaches to work with local communities to assess barriers and facilitators to uptake and reduce prevalence.
- Works in partnership with maternity and early years services to improve pregnancy outcomes and de-normalise smoking (link to First 1000 Days, Adverse Childhood Events and Early Years Programmes).

Actions we will take to improve performance – see chapter 10 for details

Improving Population Health and Wellbeing - Immunisations and Vaccinations

Vaccines work, and are cost effective, yet our uptake levels are poor and we are facing a resurgence in vaccine preventable diseases. Our plan is to improve both the acceptability (demand) and accessibility (supply) of vaccination. Acceptability will include community advocates, skilled conversations and the sharing of evidence to create a culture shift. Accessibility includes more vaccinators, more vaccine, more venues and outreach to create an effective delivery system.

Actions we will take to improve acceptability and accessibility – see chapter 10 for details

Improving Population Health and Wellbeing - Tuberculosis

A comprehensive Tuberculosis (TB) service will deliver a number of key components. The proposal clearly highlights the challenges associated with predicting demand for TB services particularly due to the impact of our Llwynhendy outbreak and the legacy of not having dedicated TB services over this period. The Tuberculosis (TB) plan can be found through the following link.

The model has therefore been developed, using a pragmatic approach to the guidance associated with capacity requirements and has been structured to allow a scaling down and up in a flexible way, depending on actual need over time. Our 2020/21 plan focuses on the following:

- Setting up TB multi-disciplinary teams who will have a key primary prevention role including the raising and sustaining of awareness of TB in their contribution to the delivery of a TB education programme.
- Increasing the uptake of the BCG Vaccination – the TB Service will develop an appropriate BCG vaccination programme for our population. From a long-term and broader perspective the BCG programme will have to consider continued provision of BCG vaccination for:
    - Neonates
    - Infants and older children
    - New entrants from high incidence areas
    - Healthcare workers
    - Contacts of people with active TB
    - Other at risk groups
- Preventing infection in specific settings – the TB service will have to consider and implement NICE guidelines regarding the prevention of TB in certain settings, including healthcare.
- Diagnosing and managing (latent and active) TB disease. NICE recommends specific case management action in the event of both active and latent disease which includes:
    - diagnostic investigations
    - appropriate case management whether they require standard or enhanced treatment
    - the treatment of resistant TB cases, and
    - TB treatment regimens

This will cost circa £800k and discussions are ongoing with Welsh Government to support a sustainable TB service.

Obesity

We continue to provide a compassion focused, person centred weight management service at levels 2 and 3 of the All Wales Obesity Pathway. At level 2 this consists of ‘Foodwise for Life’ Weight Management programmes delivered by Dietetic Assistant Practitioners. At level 3 of the All Wales Obesity Pathway we provided a comprehensive multidisciplinary weight management service to people with complex obesity related

physiological and psychological health conditions. Individuals attend an initial Dietetic led assessment appointment and then are offered a treatment pathway based on their individual needs. The treatment pathways include Dietetic one to one appointments, Psychology one to one appointments, Psychology led group programmes and a Specialist Multi-disciplinary Team Weight Management clinic with medical, dietetic and psychological input.

For the individuals attending our service they are offered a unique opportunity to work with the Weight Management Dietitian to gain an insight into the contributing factors affecting their weight. This psychologically-informed way of working allows us to establish the person's needs and how these are best met and a treatment pathway is agreed.

A core and unique aspect of our service is the breadth of what we offer and the seamless transition between dietetics and clinical psychology, ensuring that the individual's journey through our Weight Management Service is based on their individual needs, providing consistency and a sense of 'safety' where the individual's needs are met by different aspects of the service in a timely manner. It also reduces the sense of failure people often experience with weight management, reducing the pressure to lose weight and focusing on weight stability until they are able to engage and commit to a WM programme. This is much more likely to lead to individuals feeling empowered to manage their weight over the longer term rather than achieving short term weight loss followed by weight regain. See attached patient story to illustrate a typical journey through the Weight Management Service

We plan to continue to deliver the breadth of services detailed here and additionally to pilot a 12 week Dietetic led Weight Management Group.

The group is entitled 'Food for Thought' and will be added to the treatment options for individuals at level 3 of the AWOP. The aim of the group is to support individuals to recognise the factors affecting their weight and eating behaviours and support them to make achievable and sustainable behaviour changes to empower and enable them to manage their weight over the long term.

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Transforming our Communities

Plan on a Page: *for Transforming our Communities for 2020/23*

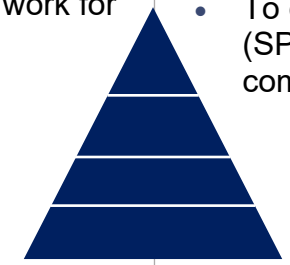
Transforming our Communities

- Define and Deliver a Social Model for Health
- Deliver integrated structures across health and social care in 7 localities
- Support the development of effective and dynamic Integrated Care Networks
- Support the development of effective & inclusive Health & Well-being centers
- Implement transformative digital solutions to support delivery of more integrated care closer to home, including the Welsh Community Care Information System and Technology Enabled Care
- 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
- Undertake a DISCOVER, DESIGN, DELIVER programme of work for long-term care, care homes and domiciliary care.
- Progress redesign of GP out-of-hours model

Acute to community step-down – beds

50%

Bed discharge



Carmarthenshire Integrated Community & Primary Care Plan

- Enhancing core community nursing to manage current capacity and support proactive intervention
- Additional Step Down Intermediate Care Beds (x6)
- To sustain existing community equipment provision which contributes to unscheduled care and scheduled care delivery
- To sustain existing Community Nursing and medical cover for specialist palliative care in reach to acute hospitals
- Enhance community nursing to support demographic growth, manage demand and prudent use of community nursing through effective triage, skill mix (admin support) and use of technology
- Health Psychology Chronic Conditions wellness intervention to support self-management and improve confidence of people living with a wide range of chronic conditions.
- To enhance clinical consultant cover for specialist palliative care (SPC) to mitigate existing risk but also strengthen SPC in the community and support admission avoidance in end of life care

Acute to community step-down – outpatients

90%

Admission avoidance

40%

Pembrokeshire Integrated Community & Primary Care Plan

- Sustaining Core Community Services
- Long Term Care
- Heart failure in-reach service and community clinics

Ceredigion Integrated Community & Primary Care Plan

- Rapid response domiciliary care; intervention to prevent admission and promote rapid discharge.
- Front Door Therapy Interface Support; rapid assessment and intervention to prevent admission.
- District Nurse Administration; allowing clinical staff to focus on clinical matters.
- Care Traffic Control; to track delivery of the right care in the right place at the right time.

The Transforming our Communities 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.*

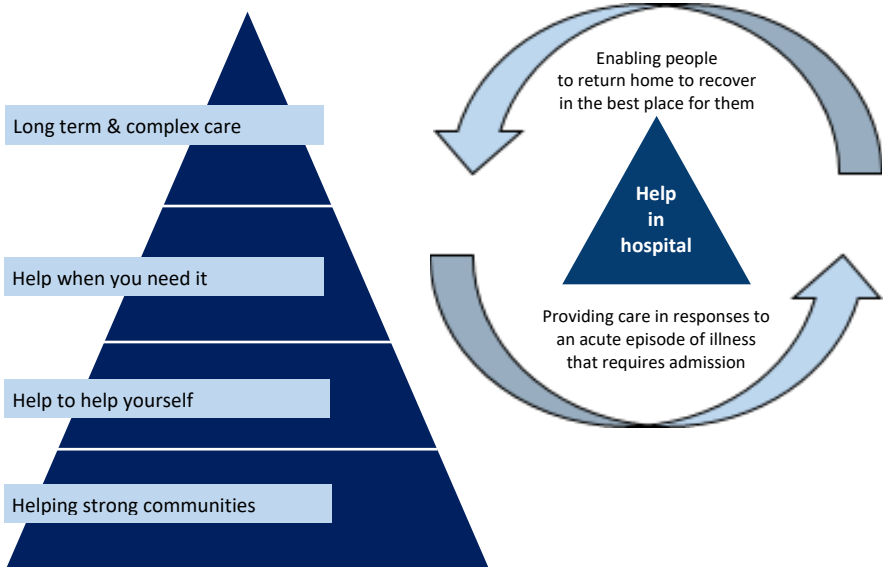
The deliverables through 2020/21 are:

- To define the scope of, and deliver integrated structures for, health and social care across our 7 localities
- To develop a set of core principles to 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 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 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
- 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.
- Development of the Transforming our Communities Programme

Contribute to all ten strategic design assumptions (see page 6 for details)

Our county (community and cluster) story

A key element of our unscheduled or emergency care plans are to develop and enhance our ability to support primary care and provide comprehensive community and local care. Our three counties have their own unique characteristics, and as such, their plans start from different baselines, and, whilst there is a shared vision (see diagram on the right), the way in which services are delivered may differ (albeit they are all seeking to promote our population health approach).



Our community plans reflect the need for services seven-days of the week and seek to expand access to the services that will have the most positive impact on health and wellbeing. Creating a single point of access to health and care, thereby linking all areas that contribute to the healthier lives for our population is a key priority, as is ensuring integrated care delivery to our population based on their needs, by effective and skilful teams. Our approach can be summarised by the four key themes opposite, with the aims explained in more detail on page 24. These have been developed through ongoing co-production with a range of stakeholders and with reflection on the projects supported through Cluster, Integrated Care and Transformation Fund resources.

Counties require a considerable investment totalling £4.6m over the next three years to both stabilise and manage current demand, and, start to deliver the 'shift to the left'. This investment needs sequenced, not just within our organisation but will also require phasing and changes in the way partners provide services. The Board can only approve this level of investment in a phased manner as affordability allows, and for 2020/21, plans are resource-neutral for the Health Board. In determining their sequence from 2021/22 onwards, with our partners, we are working through an understanding of the following points:

- How much of the stabilising actions, if funded and put into place, would reduce the investment required in terms of the shift to the left – in this way a phasing to 'stabilise', evaluate and then determine the resources to 'shift' would seem appropriate;
- How much of the shift to the left is in line with the Health & Care Strategy's design assumptions i.e. reduces Average Length of Stay (ALOS), or avoids admissions – in this way the funding can be sourced from reducing the hospital bed base;
- How much can be reduced or maximised from the different ways of working that the enablers will be driving – Workforce and Organisational Development (OD), digital and agile working? and of course
- How much is in the partnership transformation space, where resources can be combined.

Each of the three County Plans comprises a number of elements to ensure that they are truly integrated, and therefore include population health and wellbeing, community care, primary care, long term care and links into the servicing of their respective hospitals, namely Prince Philip Hospital and Glangwili General Hospital for Carmarthenshire; Bronglais General Hospital for Ceredigion; and, Withybush General Hospital for Pembrokeshire.

Helping Strong Communities

- Build on our co-designed and asset based approach to deliver proactive integrated care
- Align our services and the co-ordination of care around our population, based on their needs and the shared understanding of what matters most
- Develop six Integrated Community Teams.

Help when you need it

- Deliver seamless pathways of care and support, through our integrated locality teams Align our specialist services for complex, chronic and long term and palliative care.
- Facilitate a shift of care into community-based clinics
- Work with local, regional and national third sector organisations to enable high quality, compassionate and dignified care
- Align our specialist services to our Integrated County Services.

Help in Hospital

- Provide high quality patient care in response to acute episodes of illness and planned treatment which require care in an inpatient setting
- Enable patients to access alternative community settings through connecting with an integrated approach
- Include a dedicated frailty service focused on enabling people to return home in a timely way and thereby reduce the risk of infection or deconditioning
- Work to deliver our new urgent and planned care hospital

Help to help yourself

- Build on our co-designed and asset based approach to deliver proactive integrated care
- Align our services and the co-ordination of care around our population, based on their needs and the shared understanding of what matters most.
- Develop six Integrated Community Teams

Long term and Complex Care

- Deliver seamless pathways of care and support, through our integrated locality teams. Align our specialist services for complex, chronic and long term and palliative care.
- Facilitate a shift of care into community-based clinics
- Work with local, regional and national third sector organisations to enable high quality, compassionate and dignified care
- Align our specialist services to our Integrated County Services.

Carmarthenshire integrated county plan

The detailed Carmarthenshire County plan is provided here: Carmarthenshire County Plan

A Healthier Carmarthenshire focuses on delivering and improving the help we offer to citizens and communities in the different tiers of service. A number of integrated care pathways will be under review throughout 2020/21 focusing on strategic modelling assumptions and implementation of sustainable change (where impact is demonstrable) to the pathways in years 2 and 3. Year 1 of this plan will also focus on consolidating our existing delivery infrastructure to optimise outcomes and performance with ongoing benefit of the Integrated Care Fund and with the added opportunity that the Transformation Fund provides to scale up our infrastructure at pace and 'test' new ways of working / care pathways that align with the national and regional direction. The aim of the plan is to ensure that:

- Carmarthenshire keeps improving as a place to grow and age well and that citizens will be able to live long and healthy lives, feel safe, stay connected and do what matters to them.
- Our population with simple or stable health or care problems will be able to live well and avoid preventable complications.
- Our population with many or complex health and care problems will be supported to remain as well as possible, avoid but be prepared for sudden deterioration or crisis.
- We will maintain citizens' independence through rapid access to assessment, treatment, care and support in their community and appropriate step-up/step-down (from acute hospital or enhanced community care) provision.
- We will apply prudent principles to ensure sufficient skilled workforce and resources to maintain the quality and standards that we want our local communities to experience.
- In order to transform the way we deliver long-term complex care the whole system needs to be re-aligned to ensure that we are maximising the resources and resilience of the system. We will ensure that our citizens will continue their recovery and rebuild their strength at home or another suitable place as soon as their medical needs have been met.

Our planned care, critical care and unscheduled emergency care pathways will reflect the 'whole health and care system' and agreed response standards from our intermediate care pathways in the community contributing to effectively reduce bed days spent in hospital and increased 'time spent at home' to ensure that access to hospital is available when it is needed. Similarly, our diagnostic and therapy programmes need to contribute effectively to this vision with consideration for those elements that could be provided in the community. This will be further supported by the three Carmarthenshire clusters – Llanelli, Amman Gwendraeth, and the 2Ts (Tywi and Taf).

Carmarthenshire integrated plan actions for 2020/21 are as follows:

Carmarthenshire Integrated Plan														
Action	**Expected outcome and benefits of priority /Health & Care Strategy/design assumptions**	**Population health prevention**	**Shift Left - Primary/ community**	**Frailty & unscheduled care**	**Year 1**				**Year 2**	**Year 3**	**Revenue £**	**Medical Staff**	**Nursing Staff**	**AHP Staff**	**Estate Technology**
					Q1	**Q2**	**Q3**	**Q4**							
Sustaining core community nursing to manage current capacity and support proactive intervention	• Admission Avoidance • Reduction in Emergency Department (ED) attendance	✓	✓	✓	✓	✓	✓	✓			226,000		✓		
Additional Step Down Intermediate Care Beds (x6)	• Admission Avoidance • Acute to Community Step Down Beds • Bed Discharge • Reduction in ED attendance		✓	✓	✓	✓	✓	✓			216,000				
To sustain existing community equipment provision which contributes to unscheduled care and scheduled care delivery	• Admission Avoidance • Acute to Community Step Down Beds • Bed Discharge • Reduction in ED attendance • Improved Population Health (Independence)			✓	✓	✓	✓	✓			250,000				

Carmarthenshire Integrated Plan

Action	Expected outcome and benefits of priority /Health & Care Strategy/design assumptions	Population health prevention	Shift Left - Primary/ community	Frailty & unscheduled care	Year 1 Q1	Year 1 Q2	Year 1 Q3	Year 1 Q4	Year 2	Year 3	Revenue £	Medical Staff	Nursing Staff	AHP Staff	Estate Technology
To sustain existing CNS and medical cover for specialist palliative care in reach to acute hospitals	• Admission Avoidance • Acute to Community Step Down Beds • Bed Discharge • Reduction in ED attendance			✓	✓	✓	✓	✓			135,000	✓	✓		
Enhance community nursing to support demographic growth, manage demand and prudent use of community nursing through effective triage, skill mix (admin support) and use of technology	• Admission Avoidance • Reduction in ED attendance • Improved Population Health (Independence)	✓	✓	✓	✓	✓	✓	✓			323,000		✓		✓
Health Psychology Chronic Conditions wellness intervention to support self-management and improve confidence of people living with a wide range of chronic conditions.	• Admission Avoidance • Reduction in ED attendance • Improved Population Health (Independence)	✓	✓		✓	✓	✓	✓			423,000				✓
To enhance clinical consultant cover for specialist palliative care (SPC) to mitigate existing risk but also strengthen SPC in the community and support admission avoidance in end of life care	• Admission Avoidance • Acute to Community Step Down Beds • Bed Discharge • Reduction in ED attendance			✓	✓	✓	✓	✓			102,000	✓			

Contribute to the following strategic design assumptions (see page 6 for details)

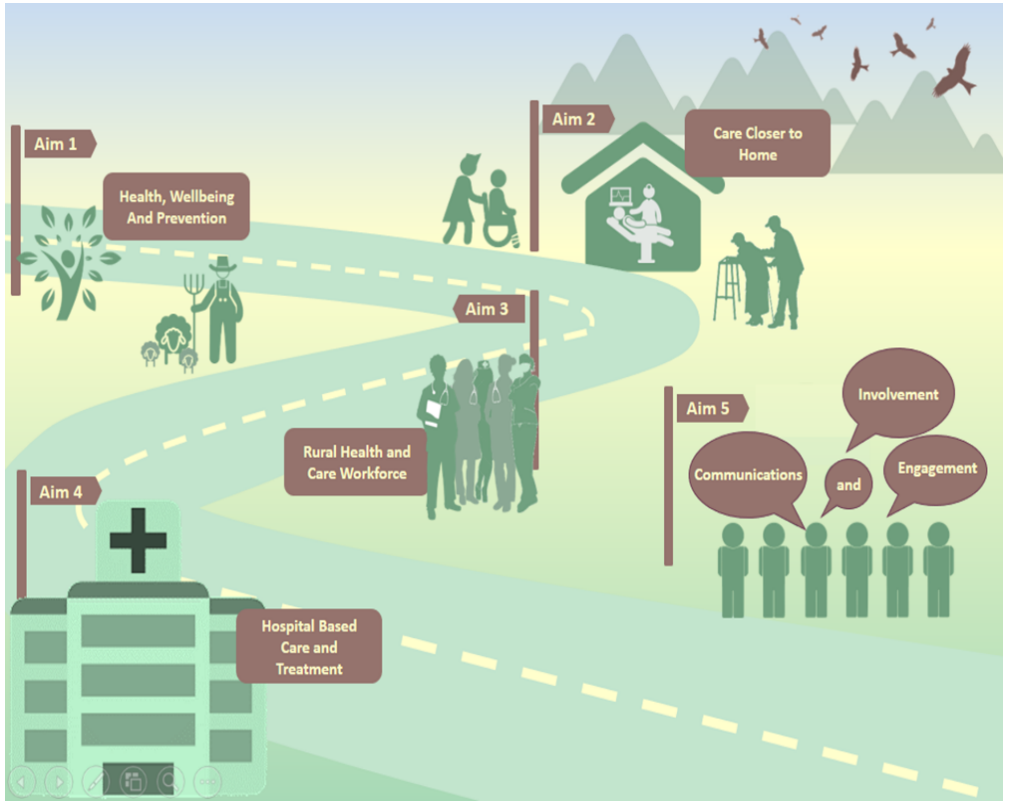
Ceredigion integrated county plan

The detailed Ceredigion County plan is provided here: Ceredigion County Plan

The priorities for Ceredigion through the CAREdigion strategy are designed to set out the key strategic developments that need to be delivered to achieve the strategic ambition of a boundary-less and seamless service for Ceredigion residents, consistent with our strategic aim of a social model for health and care.

To date, much of the direction of travel is based upon the need to ensure sustainability of the acute services provided from Bronglais District General Hospital to the population of Ceredigion and mid-Wales and the need to develop community services that will support the shift-left from acute services into the community. The strategy for the former has been set out in the document 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' and the latter in the plan for 'CAREdigion'.

The Ceredigion team will work with key partners to deliver a community-orientated health improvement programme whereby a wide range of local experts will be asked to describe how they feel the determinants of health are supported in localities. In addition, the opportunities within localities to maximise the potential of the wider economy to address challenges in these areas to provide support locally to people who would seek to benefit from such support, and recommend intervention to 'remedy' issues where the community is unable to address these.



To achieve this vision, openness, transparency and honesty must be the seedbed upon which innovative initiatives can be trialled so that those that are not able to deliver as intended are thinned out, to leave those, which can, to thrive. This in turn will allow us better understand what works, and what does not in a specific locality, which will help ensure effective use of future resources targeted to each locality's unique characteristics. This will be further supported by the two Ceredigion clusters – North and South Ceredigion.

Ceredigion integrated plan actions for 2020/21 are as follows:

Ceredigion Integrated Plan															
Action	**Expected outcome and benefits of priority/Health & Care Strategy/design assumptions**	**Population health/ prevention**	**Primary/ community 1st Contact**	**Frailty and unscheduled care**	**Year 1**				**Year 2**	**Year 3**	**Revenue £**	**Medical Staff**	**Nursing Staff**	**AHP Staff**	**Infrastructure /Technology/IT**
					Q1	**Q2**	**Q3**	**Q4**							
Rapid response domiciliary care; intervention to prevent admission and promote rapid discharge	To provide wrap around services (including the medicines management) as part of locality team by delivering care at home or at alternative appropriate premises to patients living with a wide range of conditions at home including intervention at end of life. Partnership with Ambulance Services (WAST). Supporting Dementia Delivery Plan.		✓	✓				✓			350,000		✓		
Front Door Therapy Interface Support; rapid assessment and intervention to prevent admission	Healthcare Support Workers support for the Community Resource Teams to be targeted at short term interventions to prevent acute hospital admission and promote discharge following acute admission to reduce length of stay. Additional Occupational Therapy and Physiotherapy input in Emergency and Urgent Care Centre to promote rapid intervention and return home.		✓						✓		150,000			✓	
District Nurse Administration; allowing clinical staff to focus on clinical matters	To free up clinical time to clinical care		✓				✓				71,000		✓		
Care Traffic Control; to track delivery of the right care in the right place at the right time	Evolving Porth Gofal into a whole system Care Traffic Control service to ensure timely and appropriate care. 7 Day working.		✓	✓			✓				65,000	✓	✓	✓	

Contribute to the following strategic design assumptions (see page 6 for details)

Pembrokeshire integrated county plan

The detailed Pembrokeshire County Plan is provided here: Pembrokeshire County Plan

Our priorities for Pembrokeshire, to ensure integrated delivery to our population based on their needs by effective and skilful teams, can be summarised by the four key themes as shown in the diagram.

These have been developed through ongoing co-production with a wide range of stakeholders across the Pembrokeshire system and with reflection on the projects supported through Cluster, Integrated Care and Transformation Fund resources.

These priorities support the 5 Ways to Wellbeing and are linked to our Community Care Model, Workforce Plan and Capital Plan. In order to deliver for the whole population of Pembrokeshire there will be a wide range of actions, which need to be implemented and evolved throughout the three year period.

It is the ambition of this plan that it effectively reflects the population health and social care needs within Pembrokeshire and specifies areas for delivery to meet these current needs and improve the population's wellbeing in the longer term. In order to ensure this alignment the cluster plans for North and South Pembrokeshire have been used as key identifiers for priority actions. This will be supported further by the development of a series of Integrated Community Networks (ICNs) at a local level so they align with our services and co-ordinating our care around our population, based on their needs and the shared understanding of what matters most. These networks, once established, will provide the stable foundation upon which the wider system will be built.

Pembrokeshire integrated plan actions for 2020/21 are summarised as follows:

Pembrokeshire integrated plan

Action	Expected outcome and benefits of priority / Clinical Design Assumptions	Population health/	Primary/community 1st Contact care	Frailty and unscheduled	Year 1 q1	Year 1 q2	Year 1 q3	Year 1 q4	Year 2	Year 3	Year 1 costs only Capital £	Year 1 costs only Revenue £	Medical Staff	Nursing Staff	AHP Staff	Infrastructure/ Technology/IT
Sustaining Core Community Services • Robust Integrated Community Teams & Sustaining ART 2.1, 2.9, QI1, QI8 • Enhancing Long Term Care ANP team 2.9 & 3.14	**District Nursing Teams** - To sustain and develop core service **Leg Ulcers** – absorbed 2 years ago without additional resource – depleted core teams by 4.41WTE. 34 clinics per week delivered, caseload increasing. Business case for region £1.2m. **Acute Response Team** – to support continued delivery and expansion of service across pathways. **Long Term Care Advanced Nurse Practitioners** – increasing number on caseload,.		✓	✓	✓	✓	✓	✓	✓	✓		£90,360		✓		✓
Heart Failure In Reach Service & Community Clinics 2.12, 2.14 & 4.11	**Heart Failure** – current caseload over 200 for 2WTE. 14 avoided admissions per month. 135 admissions pa with new HF diagnosis – to save minimum of 60 admissions per annum – reduction of 2 beds. Potential planned care savings.		✓	✓	✓	✓	✓	✓	✓	✓		£61,000		✓	✓	
Long Term Care • Increasing pressures on CHC 4.3 • Enhance LTC assessment team 4.3	Constrained Long Term Care assessment capacity is leading to delays in reviews and process. Funding to be sought to test benefit of additional capacity with a view to medium term savings through Health Psychology & community OCP			✓	✓	✓	✓	✓	✓	✓		£75,000			✓	

Admission avoidance 40%

Bed discharge

Acute to community step-down – beds 50%

Contribute to the following strategic design assumptions (see page 6 for details)

Our Primary Care Plan

The detailed Primary Care Plan is provided here: Primary Care Plan

Managing Contract Reform

Welsh Government have indicated their intention to take all future contract negotiations through a single negotiating mechanism from 2020 onwards. It is important to recognise the current contractual negotiations for both General Medical (GMS) and General Dental Services (GDS) and the challenges and opportunities that these both bring in improving the overall health and wellbeing of the resident population. Key priorities are the implementation of the Primary Care Model for Wales; returning managed practices to independent contractor status; and, modernisation and delivery of accessible NHS dental services. As at October 2019, we have four Managed Practices serving almost 8% of the overall resident population (27,000 patients). Work is ongoing to secure the return of the Managed Practices back to independent contractor status.

General Medical Services (GMS)

- Working to national standards wherever possible to ensure consistency in monitoring new GMS contract changes. There remain a number of outstanding questions on the approach/areas for clarification, which are with Welsh Government.
- Work is ongoing through the All Wales Heads of Primary Care to ensure wherever possible consistent ways of working are adopted to ensure appropriate monitoring and implementation of the GMS contract changes.
- In line with contractual guidance an Access and Sustainability group has been established reporting to the Executive Team and Board. Access monitoring arrangements are being agreed on a national basis through a Welsh Government constituted Access Group. It is important to note that the remit for 'Access' is also part of the Data and Digital work stream. A baseline assessment of GP Practice access arrangements as well as a refresh of their current opening hours and appointment times has been undertaken in the latter part of October 2019.

Dental

- Dental Contract Reform is actively being promoted and a peer group has been established locally to provide guidance and support. There is a dedicated post in place to support the conversion of practices to contract reform. We are scoping the potential to develop a further Integrated Oral Hygienist post to also support this.
- We are committed to the delivery of the dental contract reform programme and currently have 16% of practices delivering this revised model of care; however the Welsh Government ambition is by 2020 30% of all NHS dental contracts will be participating in contract reform (estimated that Hywel Dda will be at 20% by April 2020). The future intention is that all dental contracts are commissioned with an element of contract reform embedded as a core component in order to assist in the increase in the number of practices participating.
- It is anticipated that in taking this action, particularly in areas where recruitment has been challenging, that dental contracts will be more attractive to the dental profession enabling them to take a more preventative approach to delivering dental care, thus improving the overall levels of dental hygiene and impacting on overall health and wellbeing of patients.

Optometric Services

- No national contract at present but national work stream developed to consider way forward.

Community Pharmacy

Considerable work has been done with Community Pharmacy colleagues to scope their ability and remit to be part of the wider sustainability agenda which has led to an increase in the number of Community Pharmacies who are able to deliver a Triage and Treat service; plans are in place to further scale this up and roll the service out in 2020 and beyond. In addition, 2019/20 has seen the development of the Community Pharmacy Walk-in Centres and further work is in train to scale up both the number and range of services that Community Pharmacy Walk-in Centres will be able to deliver to complement both in hours and out of hours service provision.

Dental Investment Plan

In 2019/20, we have heard more about the recruitment and retention issues in General Dental Practices, which is impacting on their ability to adopt the Dental Contract Reform model, and have seen one contract termination during the year. The lack of dental training posts being filled has further impacted on the potential for sustainable service provision. Work is ongoing to fully deliver against the three year investment plan for Dental services as agreed by the Board; taking into account areas of high need the commissioning focus will be on South Ceredigion, the Amman Valley and South Pembrokeshire. A non-recurrent investment plan for orthodontics to reduce the backlog in the waiting list is reviewed on an annual basis and considered by the Orthodontic Control Group. New orthodontic contracts are being finalised and will be commissioned in the latter part of 2019/20. It is anticipated that the benefits of the new contractual arrangements, along with the Waiting List Initiatives, will lead to a significant reduction in our overall waiting list for orthodontic services providing a stable base for any future orthodontic service commissioning.

Implementing the Primary Care Model for Wales

Consideration of how Pacesetter funding is utilised to support both sustainability and the implementation of the Primary Care Model for Wales will be a key action for us. Existing schemes will be reviewed and evaluated with the purpose of identifying those that need to be main-streamed and those that need to be reviewed, refined or terminated. Similarly potential new schemes will be considered where innovation in service models to support the national aims of the Pacesetter programme are demonstrated.

In line with the national strategic programme for Primary Care '*A Primary Care Response to a Healthier Wales*', we are committed to driving forward change against the six key work streams. We are also cognisant of the delivery milestones set out by Welsh Government, with respect to both the

Our future vision

The strategic direction for the delivery of primary care services across the contractor professions is core to the strategic direction of the University Health Board in delivering our Health & Care Strategy. Through the development and implementation of an integrated model for health and wellbeing (inclusive of social care),the University Health Board has set the ambition of a long term commitment focused on prevention, wellbeing, early intervention and to help build resilience to enable people to live well in their own communities.

Primary Care Model for Wales, and the development of the next iteration of the cluster plans.

Prevention and Wellbeing

Considerable work was undertaken by each of their clusters in developing their Integrated Three Year Plans to reflect on the available data with regard to their patient demographic, chronic conditions and immunisation profile. The majority of the clusters have been working with varying models of Social Prescribing to assist with de-medicalising some of the issues that patients present with at GP Practices. This is something that the clusters continue to see as a priority in enabling patients to consider alternative ways of taking an active role in their own health and wellbeing.

The actions we will take in 2020/21 are as follows:

- Dental contract reform:
  - Any new dental contract is commissioned in line with Dental Contract Reform principles;
  - 30% of Practices operating under Dental Contract Reform
- Academic Fellow placement established, dependent upon successful pacesetter bid to the National Primary Care Board to help improve recruitment and retention and enhance more local specialised service provision
- Dental investment plan:
  - New orthodontic contracts commissioned;
  - Orthodontic waiting list initiatives commissioned dependent on slippage within dental budget, thus reducing waiting list;
  - Ongoing monitoring of the orthodontic contracts through the Control Group;
  - Appointment of a Paediatric Specialist to improve the quality of service and lead on year 2 and 3 work-streams;
  - Salaried dental services model tested in South Ceredigion
- Community pharmacy service development:
  - Community pharmacy walk-in centres have been developed to provide an enhanced range of services for patients during extended hours Monday to Saturday. Work will continue to develop the concept both in terms of roll out and the range of services that the walk-in centres are able to provide.
  - Scale up the level of services offered within phase 1 of the walk-in centres;
  - Evaluate and roll out the pilot scheme to support direct referral from community pharmacies in Llanelli to chest x-rays as part of a lung cancer early identification pathway. This has received ethical approval and has had a small number of referrals made to date. The project group will be reviewing the project with a view of extending the roll out to other clusters where there is a high incidence of late identification of lung cancer.
  - Roll out Sore Throat Test and Treat; as part of the 2019 Pacesetters scheme a pilot of Sore Throat Test and Treat was supported as a joint innovation between a GP Practice and a Community Pharmacy. Training has now commenced for the roll out of this scheme, which will be made available in 2020 onwards.
  - Further training sessions on Triage and Treat.

24/7 Model

The second Out of Hours Peer Review was held in October 2019 and coincides with an internal service review as part of our strategic work programme for transforming our Communities. The review will consider demand management, operational efficiencies, workforce planning and communications and branding.

The actions we will take in 2020/21 are as follows:

- Implementation of the national escalation tool;
- Participate in national reporting from escalation tool
- Review of the potential to expand community pharmacy weekend opening hours beyond winter planning measures to promote pharmacy led services such as Triage and Treat and improve access to a wider range of services including linking to services such as urgent primary care and minor injuries services.

Data and Digital Technology

Through the Primary Care Model for Wales Delivery Milestone the requirement for use of a nationally agreed reporting system for escalating pressures for 111/Out of Hours services is in place.

The actions we will take in 2020/21:

- Delivery milestones:
  - Reporting on delivery milestones as per national requirements
  - Implementation of the all Wales demand and capacity toolkit
  - Participate in national work-stream to consider procurement of a workforce demand and capacity tool for primary care to support the development of systems and workforce planning.
- Review of digital capacity and compliance across community dental service systems. Develop action plan and, if required, a business case for capital investment
- North Pembrokeshire SKYPE model: work with hospital and outpatient staff to establish skype facilities to support remote working. Implement model, test and review.

Workforce and Organisational Development

As at October 2019 44 GP Practices have provided data though the Wales National Workforce Reporting System (WNWRS) launched in late summer 2019, with the remaining four Practices expected to access the system to directly upload their information as part of Phase 2 of the roll out. There is a need to support the national drive for workforce planning to be undertaken at cluster level and the wider need for robust workforce planning to support the future development of Primary Care services. There is also the need to consider the development of a recruitment and retention strategy working with those clusters where there has been a historical difficulty in recruiting to GP posts, particularly partnerships. There is the potential for salaried opportunities to be considered where more of a portfolio approach is made available, enabling GPs to work across in hours General Practice, out of hours and in a specialist environment.

The actions we will take in 2020/21 are as follows:

- Support the full role out of WNWRS and use its data to develop Cluster workforce plans;
- Evaluation of Cluster schemes to identify three that can be scaled up and rolled out subject to investment;
- Develop a recruitment and retention strategy on a cluster basis;
- Develop salaried GP role/model that offers portfolio working with remuneration that is competitive and attractive to candidates;
- Continue to work with the Primary Care Academy to promote working in West Wales;
- Continue to support the Academic Fellow programme;
- Continue to use University Health Board Managed Practices to develop the Primary Care Model for Wales and to test new initiatives;
- Return Managed Practices back to independent status where possible;
- Work is ongoing with Welsh Ambulance NHS Services Trust (WAST) to secure Advanced Paramedic Practitioners to work in managed practices as part of a rotational programme to assist with demands for home visits;
- Report on the review of the Community Dental Service and have an agreed action plan in place that supports change and innovation
- Continue to support the national Independent Prescribers (IP) education programme;
- Match fund places to increase the number of Community Pharmacy IPs.

Communication and Engagement

Whilst being cognisant of the national work stream products, work is ongoing to develop and finalise a robust Primary and Community Services workforce plan that will include local media and social media campaigns to promote Clusters, the Primary Care Model for Wales, local innovations such as Community Pharmacy Walk In Centres, as well as national campaigns.

The actions we will take in 2020/21 are as follows:

- Development and production of a Primary Care Communications strategy which articulates the actions to be taken to promote primary care, through linking with the national strategic programme;
- Potential for appointment of a Cluster Communications lead who will link in with the delivery of the Communications Strategy;
- Cluster newsletters and social media feeds developed. A number of the clusters have also invested in QR Pods/Boards for the GP practices as a mechanism of providing the most up to date information on service availability;
- Have a calendar of social media activities to promote availability of services, access to services and the Primary Care Model for Wales;
- Complete development a series of videos demonstrating the work that Community Pharmacies offer which will be inclusive of the Triage and Treat service and Community Pharmacy Walk-in Centres.

Transformation and Vision for Clusters

September 2019 saw the first iteration of Cluster Integrated Medium Term Plans prior to their inclusion in the revised GMS Contract Quality Assurance and Improvement Framework (QAIF). The cluster actions are to be delivered within existing cluster budgets and resources, however there is recognition that through the Transforming Communities work stream there is the potential that some schemes that are currently funded by clusters (e.g. physiotherapists in GP practices for Muscular-skeletal services) could be scaled up and rolled out thus freeing up cluster budgets to reinvest in other innovations that they currently aspire to achieve. We are committed in supporting the development of our Clusters as we recognise that they are pivotal in the wider strategic change that we are seeking to make in line with the Health & Care Strategy; as well as key national strategic drivers. We are committed to:

- Providing support to develop cluster governance and financial management structures;
- Leadership support and development for the Cluster leads;
- Inclusive organisational conversations about service change and delivery; service modernisation being driven by clinicians;
- Working with partner agencies to support innovation in new ways of working;
- Supporting Clusters to achieve the vision set out in national and local strategy documents.

Further consideration needs to be given to the arrangements around the financial management and budget setting for clusters to allow them the flexibility to manage their budgets over a two or three year period rather than considering them as annual budgets.

The actions we will take in 2020/21 are as follows:

- GMS Contract
  - Support Clusters to develop and evolve meeting the requirements of the GMS contract;
  - Support the review of enhanced services and any associated commissioning;
- Cluster Actions
  - Review cluster budget management / financial governance arrangements and support the development of actions within cluster budget;
  - Evaluation of cluster schemes to promote best practice and identify where there is the potential for scale up and roll out;
- Cluster Governance

- Continue to review cluster governance arrangements;
- Winter Pressures
  - Evaluation of 2019/20 winter schemes on a local and national level;
  - Winter planning preparedness to be a key cluster agenda item.

Scaling Up Cluster Plans

Our cluster plans describe the progress we are making in terms of the six key work-streams within the Strategic Programme for Primary Care. The Primary Care response to *A Healthier Wales* also includes seamless working and contract reform. We have much to do from 2020 onwards but work we have delivered to date includes:

	Achievements in 2019/20 to date	Implementing in 2019/20 work ongoing
General Medical Services	• Live procurement process to support the return of Managed Practices back to independent contractor status • Access forum established and baseline assessment of access arrangements undertaken in line with national contract guidance • Working with Royal College of General Practitioners to commission a sustainability support package for 'amber' practices • Standard Cluster agenda items to ensure the new contractual requirements are supported to drive forward change • Cluster IMTPs in place	• Developing workforce plans for our Managed Practices, in line with the Primary Care Model for Wales • Ongoing consideration to sustainability support for Practices to include recruitment and retention support • Review of salaried GPs roles and remunerations to assist in the move away from locum use in managed practices
Dental	• Promoting Dental Contract Reform with more Practices coming on board in April 2020 • Dental Contract Reform Peer Group established • Specialist Orthodontic contracts in final stages of procurement • Contract/Salaried Dental Service for South Ceredigion to go out to tender for award in April 2020	• Looking to improve access to NHS dental services in areas where there is high need and low service provision • Review and revise the paediatric conscious sedation/General Anaesthetic pathway • Review and revise the arrangements for the Special Care Adult General Anaesthetic service • Review of the Community Dental Service
Community Pharmacy	• Developed Pacesetter projects, including Community Pharmacy Walk In Centres (14 locations across the 3 Counties) • 25 Community Pharmacies trained to deliver Triage and Treat; • Chest X-Ray direct access pilot implemented in Llanelli	• Expanding roll out of Community Pharmacy Walk In centres and developing role and remit for those who participated in Phase 1 • Community Pharmacy direct access to chest x-ray pilot evaluation • Expansion/roll out of the Triage & Treat service for patients presenting with minor injuries

	Achievements in 2019/20 to date	Implementing in 2019/20 work ongoing
Eye Care	• Increased Eye Health Examination Wales (EHEW) utilisation	• Promoting and considering expansion of the EHEW service

These are examples of potential schemes, which will be developed into business cases with identified mainstream funding sources and staffing to deliver our community transformation ambitions:

	Objective
Obesity Management	Cluster led Lifestyle Programme for motivating patients aged between 18-65 years with a BMI of 25 and upwards
Occupational Therapy in GP Practices	Reduction in average length of stay and improved patient care on discharge
Pre-Diabetes	Reduce the risk of patients developing Type 2 Diabetes through proactive identification, monitoring and signposting to healthy lifestyle services.

Seamless Working with Integrated Localities

We have seven integrated locality areas, which are co-terminus with the Primary care clusters. The aim of the Integrated Localities is to develop preventative information, advice and assistance pathways or systems of care that improve population outcomes, which undertake the following:

- Work and collaborate with all parts of the system to support the health and wellbeing of the population;
- Form an integral part of the health and social care provision and held to account for the delivery of local priorities for us and the Local Authority;
- Based on trust and parity of respect between all partners;
- Have a common purpose through agreed objectives and local outcomes for the populations;
- Clear understanding of the measurable outcomes that are delivered by multi-disciplinary and multi-sectoral teams;
- Have a level of devolved responsibility to make decisions about the use of resources and service delivery for their communities;
- Focus to improve health and tackling inequalities through planning, co-production, support for self-management and asset-based approaches;
- Are the mechanism to operationalise and enhance strategic direction of other regional and national plans and services to pull together the principles of a place based system care and support;
- Develop an annual locality plan which is co-produced with local communities;
- Identified locality leadership group that is accountable for delivery of outcomes in locality plans which is reviewed and monitored regularly.

To enable the rapid development and implementation of this model, the Board has agreed to:

- Commit to stabilising and investing, to build on and scale up local and Cluster led initiatives and services which are already provided.

- Identify and develop opportunities for local people to be able to see the model working in practice, with specific consideration to the geographical areas highlighted in the consultation response as gaps in current provision.
- Demonstrate real commitment to the model by resolving current uncertainty caused by temporary funding and short / fixed term contracts, which stifle development of and confidence in this model.
- Work with local people to design together how the model will work in their area, to ensure that, it is fit for future generations and beyond. This will include clearly describing what is meant by integrated networks moving away from the term 'hub'; enabling help and support to be accessed in a variety of ways including both face to face and virtually.
- Commit to concentrating on early co-design of the model in Pembrokeshire, in response to the strength of feeling expressed throughout the consultation in terms of a loss of services, with particular focus on an enhanced 24/7 community response.
- Commit to a whole system approach to the model where primary and secondary care is not seen in isolation but work together to provide seamless care for local people.

Unscheduled care and the Health and Care Strategy

We are currently developing plans to manage the transitional years between now and the full implementation of our Health & Care Strategy. We understand that whilst we progress our traditional work to ensure appropriate services for our population, we also need to progress the development and implementation of our Health & Care Strategy, using the approach of Discover – Design – Deliver, including key pathway review. Work to be developed through 2020 includes:

- Unscheduled Care (Transforming our Hospitals programme) – 12 month timeline; transitional clinical model and configuration; significant corporate support requirements in particular communications & engagement activity.
- Long Term Care (Transforming our Communities programme) – 12 month timeline; partnership model for long-term care management and delivery; corporate support requirements in particular workforce planning and management of change across multi-sector landscape; complex partnership commissioning and contracting landscape.
- Clinical empowerment (including digital empowerment and transformation); bespoke corporate support requirements designed to timescales, scale and complexity in particular Workforce & OD, Enabling Quality Improvement in Practice (EQuiP) and the Digital plan.

Unscheduled Care

Unscheduled Care (USC) remains a key performance area which requires significant attention. We need to progress the wider development of community and primary care based services in order to focus on the implementation of recommendations from many longstanding reviews / audit reports and the key themes developed at a national level through the All Wales Unscheduled Care Board, which involve actions which address the following:

- Workforce availability and capacity across the whole of the USC system. Vacancies remain ever present in middle grade posts within Accident and Emergency (A&E) and general medicine; and in nursing staffing levels on medical wards with a resultant reliance on agency staff, alongside the continuing challenges within community and primary care;
- High conveyance rates continue within Carmarthenshire compared to other areas within the University Health Board and All Wales;
- Our bed capacity is dominated by over 75 year old adults with multiple co-morbidities utilizing hospital beds on an unscheduled basis, this increases the risk that people will become deconditioned by their hospital admission and for frail elderly this can lead to long term dependency, so means that we need to rethink how we deliver care;
- Lack of availability of community capacity which compromises our ability to implement discharge pathways and increases length of acute hospital stay;
- High numbers of medically optimized patients remaining within acute beds. Provision of services such as reablement, domiciliary care, care and nursing home placements to meet the demand to support the required discharge profile;
- Increased numbers of patients with a length of stay longer than 28 days, with a small number of patients accounting for a large proportion of inpatient bed days;
- Increased age & acuity of patients presenting with multiple co-morbidities and families, carers and residential homes sending patients to A&E when they can no longer cope.

Our key deliverables through 2020/21 are

- Work with Welsh Ambulance Service Trust to improve clinical pathways for care within the community and thereby reduce conveyance;
- Building a sustainable GP Out of Hours model working with alternative clinicians and multi-disciplinary professionals across partner services
- Develop and enhance Same Day Emergency Care as an alternative pathway for emergency care which bypass A&E;
- Robust implementation of SAFER NHS Improvement Bundle and enabling initiatives for example Red2Green & Safety Huddles to facilitate improvements in patient flow. This will ensure access to short stay assessment beds for GP direct patients, with a target length of stay of no more than 72 hours;
- Agree Discharge to Recover & Assess pathways with partners;
    - Supporting early discharge planning beginning with the patient's acute phase and if necessary transferring seamlessly into the community setting;
    - Communicating these pathways to the patient/family with an Estimated Date of Discharge, a Clinical Criteria for Discharge and a co-produced Recovery Plan
    - Reducing waits for longer-term packages of care & providing more timely access to home care & reablement packages
- Understanding the demand and capacity of our community services to ensure alternative rapid access crisis response and community wrap around services (e.g. Community Resource Teams) for carer support and respite to support the above)

Actions we will take to improve performance - See chapter 10 for details

GP Out of Hours

The GP Out of Hours project is a key priority for the organisation as part of the early phases of delivery of our Health & Care Strategy. The project addresses the short, medium and long-term service change and ambitions for an improved and integrated service to ensure that clinical risk is managed effectively, without compromising patient safety alongside a longer-term redesign of the service as part of the whole system of care.

A project plan has been developed which outlines the future re-design aspirations for our GP Out of Hours services and will closely link to the wider primary care and unscheduled care work-streams through the Transforming our Communities and Transforming our Hospitals programmes.

The plan outlines a number of deliverables in the short & medium term, identified through early project scoping, stakeholder workshops and by taking a thematic approach to key components that make up existing GP Out of Hours services. The thematic approach will ‘deep-dive’ into these components both internal and external to the service in order to inform the possible transformation of Out of Hours services. As part of the ‘discover’ phase of this work, the project will explore models of care nationally and internationally alongside the latest research, standards and benchmarking to inform the future service model.

Transforming our Hospitals

Plan on a Page: for developing our Hospitals 2020/23, of which the delivery expectations for 2020/21 actions play a part, are as follows:

Urgent & Emergency Care

- Delivery of the nationally agreed principles and pathways for Ambulance Handovers and delays at the front door as part of the National Emergency Department Quality & Delivery framework
- Implementation of SAFER Patient Bundle supported by Red2Green, board rounds, reduced length of stay and provision of direct access GP assessment beds with target stay of no more than 72 hrs
- Undertake a DISCOVER, DESIGN, DELIVER programme of work to redesign the Emergency Department model for the transition years to the development of our new Urgent & Planned Care Hospital
- Complete the stroke service re-design programme with the development of a robust, evidence based business case considering short, medium and long term opportunities for improvement
- Development of paediatrics acute referral pathway including
- Consultant of the week to support a sustainable future model

Planned Care

- Re-design our model of new and follow-up out-patient care to enable a better experience for patient, improve waiting times and delivering care as close as possible to peoples' local communities
- Redevelopment of the Critical Care service in line with the Intensive Care Society guidelines
- Progression of the Theatres Improvement plan including additional endoscopy facilities and day surgery capacity
- Review of future planned surgery delivery models and configurations across sites
- Implementation of the new single cancer pathway to monitor progress of all newly referred cancer patients from suspected cancer to treatment
- Detailed programmes of work for Ophthalmology, Dermatology, Orthopaedics, Endoscopy, ENT and pre-assessment

Strategy for our Hospitals

- Delivery of the Board approved strategy for Bronglais Hospital as a rural provider of acute health services for the whole of mid Wales
- Develop a strategy for the long-term future model for Prince Philip Hospital
- Development of a Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited Endoscopy Suite for Prince Philip Hospital
- Innovative planning for a "digital hospital" including technology enabled care and patient communications
- Complete the Programme Business case, Outline Business case and Full Business case for the new Urgent & Planned care Hospital
- Development of a strategy for the long-term future model of Glangwili Hospital and Withybush Hospital
- Define the suite of services available at each hospital site linked to the underpinning strategic design assumptions

Regional and National Priorities

- Deliver the operational model comprising of Trauma Unit and Rural Trauma facilities as part of the Major Trauma Network
- Develop the regional endoscopy programme that aligns national, regional and local workstreams including surveillance and bowel screening
- Develop an enhanced regional outreach model for chemotherapy
- Implementation of repatriation of routine bradycardia to Hywel Dda
- Progress mid Wales clinical networks for Ophthalmology, Oncology, Colorectal, Respiratory and Paediatrics
- Development of a mid Wales Rehabilitation service
- Progress delivery of the Regional Clinical Services Plan via the joint Regional planning forum

'A Healthier Mid & West Wales: Our Future Generations Living Well' outlines the overarching strategy of our hospitals. This identifies that our future hospitals model will have a new hospital located in the south of the region, which will be our main site within a network of hospitals that includes:

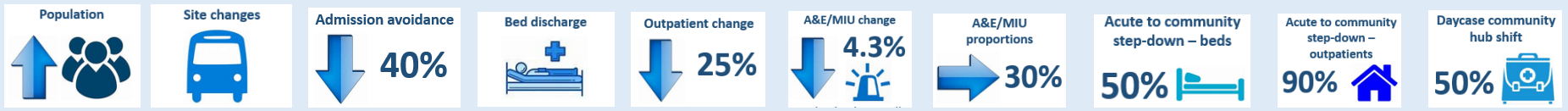
- Bronglais General Hospital in Aberystwyth
- Glangwili Hospital in Carmarthen
- Prince Philip Hospital in Llanelli
- Withybush Hospital in Haverfordwest

Our hospitals will be vibrant centres supporting the health and well-being of the communities they serve. Building a new hospital will take several years to realise and as such, this plan outlines the steps over the next three years that will assist in taking us to reach that point.
Our current community hospitals in Pembroke Dock, Amman Valley and Llandovery remain important and we will plan with our local communities to strengthen local service provision in all three of these local facilities.

The deliverables through 2020/21 are as follows:

- 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.
- The delivery of associated capital elements of re-purposing existing hospital sites.
- 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).
- 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).
- The review, testing and agreement of the planning assumptions underlying the work-plan ensuring we are working to our strategic design assumptions.
- To undertake, in collaboration with the other programme groups where relevant, fragile service pathway redesign work mapped against national and international best practice and opportunities for secondary and tertiary prevention.
- Complete the Stroke Service Re-design Programme, with the development of a robust, evidence-based business case considering short, medium and long-term opportunities for improvement by the end of Q1.

Contribute to all ten strategic design assumptions (see page 6 for details)



Developing our Strategy for our Hospitals: Bronglais General Hospital - 'Delivering Excellent Rural Acute Care'

The development of the Health & Care Strategy for Bronglais General Hospital has been clinically led as part of Hywel Dda's strategic development programme and addresses the challenges of providing high quality care to remote urban and rural populations, and is supported by the Transformation Programme Office. The Board approved check and challenge process has been applied to test against key domains and support the decision making process which describes:

- A vision for Bronglais as a rural provider of acute health services
- How Bronglais will provide high quality care to its patients
- How services will network so that they are provided as close to home as possible across the whole of mid Wales
- The impact of service, professional and technological development and innovation on the delivery of acute care for patients
- How long term sustainability of services will be delivered

As the first hospital strategy to be developed, the check and challenge process undertaken for the Bronglais strategy confirmed a number of key areas where a Health Board-wide approach is required across the portfolio of transformation programmes, to ensure consistency, namely:

- Evaluation and outcome measures at both strategic and implementation level
- Service commissioning relationships, including need to adopt tertiary level pathways that reflect 'close to home' for non-Hywel Dda residents
- Using Teulu Jones 'avatar' family to explore, test and describe the experience of people across a wide geographical area
- Recognition of the 'bed less' community model of delivery in Ceredigion may impact upon investment assumptions in our overall strategic model and the opportunities this presents for the wider health and care system
- The importance of defining the community service model and plan in detail within a locality to frame the opportunities for acute service change and activity shift in order to deliver the design assumptions underpinning the Health & Care Strategy

Detailed planning encompassing both the operational services and the supporting 'enabling' functions to realise our vision will be developed following approval – the strategy document can be found here.

Developing our Strategy for our Hospitals: Prince Philip Hospital

In addition to acute medical care, the strategy for Prince Philip Hospital is being partially driven by the endoscopy unit which does not currently meet the standards set down by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). A potential change to the endoscopy suite footprint in Prince Philip provides an opportunity to also re-examine our ability to deliver orthopaedics, cataracts and day-case procedures, such that our investment objectives for the hospital site in the context of our wider strategy aim to:

- Improve productivity for day cases
- Provide capacity for our orthopaedic demand
- Ensure capacity in endoscopy to support a sustainable single cancer pathway
- Explore opportunities to support and manage unscheduled care flows
- Support regional endoscopy capacity with Swansea Bay UHB

- Achieve JAG compliance, thereby ensuring a sustainable endoscopy solution in Prince Philip.

Transforming Mental Health and Learning Disabilities

Plan on a Page: *for Transforming Mental Health and Learning Disabilities for 2020/23. The delivery expectations for 2020/21 actions are as follows:*

Adult Mental Health

- Development of 24 hr Community Mental Health Centres in each county
- Implement a single point of access with which to contact services or to receive advice, making services more accessible
- Operational delivery of centralised inpatient provision to Carmarthenshire through a Central Assessment Unit at Glangwili Hospital and Central Treatment Unit at Prince Philip Hospital
- Review impact of innovation and transformation proof of concept sites with view to integrating within core service provision
- Implementation of Primary Care Mental Health workers to provide earlier access to assessment and treatment

Learning Disabilities

- Review and roll-out Hospital Liaison and Intensive Support Team services
- Develop a transformation programme plan to redesign the future model for care and support including specialist secondary care services
- Redesign the future service model for specialist Community Learning Disability Teams
- Improve access to mainstream general health care ensuring reasonable adjustments are made
- Work collaboratively with the "Dream Team" to apply the LD charter to future service design and delivery, including Accessible and Involved Annual Health Checks and Health Passport App
- Embed the Health Equalities Framework to all services

Older Adult Mental Health

- Introduction of Advanced Nurse Practitioners for memory assessment services
- Implementation of a shared care model in Bronglais Hospital for Older Adults with a dual presentation of mental health and acute medical condition
- Re-design the future model for older adult mental health services aligned to opportunities within the Transforming Communities programme
- Further integrate Community Mental Health Teams with Local Authority Community Resource Teams

Children and Adolescent Mental Health

- Implement new integrated model for children with mental health and learning disability needs
- Evaluate and implement Primary Mental Health model in collaboration with third sector colleagues
- Implement the outcome of the outcome of the Welsh Government school in-reach project
- Implement Transition policy and undertake full review of transition pathway
- Provide early intervention services within primary and secondary mental health to ensure early detection of difficulties and early intervention

The first three years of implementing our 'Transforming Mental Health and Learning Disabilities' programme are our first step towards a generational change with our key stakeholders and the wider public in promoting every person's and every community's ownership of mental well-being. With regard to adult mental health services our 'Transforming Mental Health' consultation people told us that they wanted services to:

- Be accessible by all 24hrs a day – The person who needs help or their supporters should be able to walk into a Community Mental Health Centre at any time and establish a safe relationship to discuss their needs and agree immediate support.
- Have no waiting lists – The first contact should take place within 24hrs after the request with planned meetings to follow that agree the support and treatment, which will be available in the context of choice.
- Move away from hospital admission and treatment to hospitality/sanctuary provision. A Community Mental Health Centre should provide night time hospitality to address crisis periods and intermediate access for those "stepping-down" from the Central Assessment Unit (where a wide range of experts will be on hand to provide the clinical expertise needed to quickly assess people with severe mental health problems. Specialist staff will enable short term admission and ensure that planning for people's needs after they leave the unit begins at the earliest possible stage) back to the community.

We are in the process of developing a series of business cases for capital funding and delivery programme over the next three years starting with the Central Assessment Unit in Carmarthen, and our promises for the next three years are set out on a plan on a page overleaf

In the interim we have expanded our hospitality/sanctuary provision, improved access to primary mental health services and are developing a Single Point of Contact to address crisis support.

Learning Disabilities, Older Adult and Children and Adolescent mental health services are agreeing the scope of transformation, this will be co-developed with service users, stakeholders and staff. As part of this work the services will need to define proportionate and clinically coherent alignment of their services within the wider Healthier and Mid-West Wales strategy going forward.

Transforming Mental Health and Learning Disabilities

The detailed Mental Health and Learning Disabilities plan is provided here: Mental Health and Learning Disabilities Plan

The deliverables through 2020/21 are as follows:

- Directorate cross-cutting priorities:
  - Implementation of revised nurse staffing levels in line with acuity Wales across older adult and adult inpatient units
  - Implement identified inter-directorate working where efficiencies and improvements have been identified
  - Work in partnership with Pembrokeshire County & Occupational Therapy Service to evaluate impact of primary care occupational therapy, identify any implications for mental health services and shape future plan for occupational therapy within Primary Care & Primary Mental Health Services.
- Adult Mental Health
  - Complete detailed design and Business Justification Cases of Central Assessment Unit and Central Treatment Unit
  - Complete co-produced options appraisals for Community Mental Health Centres in Llanelli and Carmarthen
  - Review progress and outcome measure for Innovation & Transformation fund proof of concept sites. Integrate into core service provision where effective and develop further proof of concept sites.
- Older Adult Mental Health
  - Define proportionate and clinically coherent alignment of Older Adult Mental Health Services within the 'TMHLD', 'Transforming our Hospitals', and 'Transforming our Communities' programmes
- S-CAMHS
  - Ensure all data is available to contribute to school project evaluation and identify future service developments
  - Undertake service wide service user evaluation
  - Develop new integrated model for children with continuing health needs / Learning Disabilities
- Learning Disabilities (LD)
  - Complete review of impact of liaison and intensive support services in mainstream settings (hospitals, primary care and the community)
  - Complete review of NHS provided residential care and long-stay inpatient services
  - Engagement on future of specialist LD services
  - CTLD capacity / demand review
  - Options development and further engagement on future of specialist LD services
- Substance Misuse
  - Provision of Non-Medical Prescribers in each county and review to determine whether increased prescribers required to ensure capacity exists to meet future needs
- Psychological Services
  - Undertake service evaluation of perinatal mental health service with key stakeholders and evaluate compliance with the Perinatal Mental Health Standards
- Third Sector Commissioning
  - Review all commissioned providers in Ceredigion to ensure that they are delivering services in line with the needs of Transforming Mental Health

Directorate Cross-Cutting Priorities for Mental Health and Learning Disabilities (MHLD)

The MHLD directorate is committed to its ambitious co-produced programmes of transformation across all services, commencing with the changes to the adult mental health service, older adult mental health service and learning disabilities service. There remains a focus in developing an integrated all age Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) services. There is a need to integrate clinical services for people with learning disabilities and repatriating people with a learning disability back to their local communities. The directorate will consider how to meet the needs of children and young people with learning disabilities and additional learning needs, who are not currently seen within specialist secondary care, due to this being an adults-only model. This is a challenge for the health, social care and education sector as a whole and not simply MHLD as these individuals present with a range of complex problems. Services need to be designed, managed and delivered across MHLD, acute, primary care, children's and community services to ensure that a focus on early intervention is achieved.

The adult mental health service provides Crisis resolution and home treatment (CRHT) teams working 24/7 across the University Health Board. The CRHT teams include unscheduled care practitioners that provide an urgent referral service to A&E and unscheduled care teams within the acute hospitals and are supported by psychiatrists where needed. A mental health liaison service has been established and primarily provides assessment and advice around older persons. Learning Disabilities Health Facilitator roles are available to ensure that annual health checks are completed as well as offering an acute liaison service to people with a learning disability who are admitted to hospital and assisting healthcare professionals in making reasonable adjustments for those with a learning disability.

The 'Transforming Learning Disabilities' Programme is aligned with the vision of the Welsh Government's 'Improving Lives Programme', with clear links between our objectives and the priority areas for the Welsh Government, namely:

- The Health Equalities Framework
- Specialist Services
- Physical Health
- Children & Young People

Children's neurodevelopmental services continue to be developed in collaboration with the Women's and Children's directorate to address current and future demand.

The directorate, in line with our wider ethos, treat the Welsh and English languages on the basis of equality and that patients, as a matter of good practice, should be provided with a service in the language of their choice. Non-Welsh speaking staff are encouraged to take up Welsh language training and Welsh speaking staff are identified in order to be able to provide an equitable service in both languages.

Advanced Nurse Practitioners (ANPs) (with non-medical prescriber status) are being introduced into each county for Memory Assessment Services to provide dedicated operational leadership and improved diagnostic and prescribing capacity. They will have strong links with GP clusters.

Adult Mental Health Services

The adult mental health service is currently undertaking a programme of change through its 'Transforming Mental Health' programme. People told us that they wanted services to:

- Be accessible by all 24hrs a day – The person who needs help or their supporters need to be able to walk into a mental health centre at any time and establish a safe relationship to discuss their needs and agree immediate support.
- Have no waiting lists – The first contact should take place within 24hrs after the request with planned meetings to follow that agree the support and treatment, which will be available in the context of choice.
- Move away from hospital admission and treatment to hospitality and time out – The mental health centre would provide night hospitality as an instrument to address the crisis during periods when there is higher need for care and / or to support the needs of the family. Intermediate access for those "stepping-down" from the central admission units back to the community would be available to support their transition.

The first three years of implementing Transforming Mental Health provide a vehicle to commence a journey towards a generational change with our key stakeholders and the wider public in promoting every person's and every community's ownership of mental well-being. The development of CMHCs within the centre of communities will provide strong links to other services, both statutory and voluntary, and the possibility of developing social enterprises that add value to the local community.

The next three years of planning for adult mental health, learning disabilities and older adult mental health have a focus on promoting living with increased independence and control of their lives within communities. Further work is needed to continue to progress this and contribute to communities that are compassionate, understanding and that make allowances for individuals with additional needs. This includes:

- The development of 24 hours Community Mental Health Centres in each county.
- A single point of access with which to contact services or to receive advice, making services more accessible.
- A move to centralise inpatient provision to Carmarthenshire through a:
    - Central assessment unit that has 14 assessment beds and a dedicated Section 136 facility comprising of two additional beds. This allows for a greater provision of senior clinical staff, available through extended hours and at weekends.
    - Central treatment unit with 15 treatment and recovery beds. This will be able to provide a greater presence of senior staff available through extended hours. It will also include people with a lived experience of mental health problems through the provision of peer mentors and family support workers as a core part of the service.

There are no significant changes to available adult admission beds. The above proposals include 41 adult beds with an additional 2 dedicated Section 136 beds.

We will continue to plan and deliver our services in a co-produced way with key stakeholders, service users & carers, and people with a lived experience of mental health services. This will mean commissioning the third sector as an integral part of our future service delivery. Our revised adult mental health care pathway has been re-designed and we are now in the process of 'walking through' the service from the perspective of older persons, children and young people and people with learning disabilities in collaboration with service users and carers to 'sense check' the design.

Quality, safety assurance and patient experience structures are firmly established, with a team to review all related issues and support practitioners. A regular quality, safety and experience sub-group is also well established.

Actions we will take to improve performance - See chapter 10 for details

Older adult mental health service

The older adult service will focus on developing more integrated care, both with primary care GP clusters and with acute hospitals. Opportunities to develop shared care approaches with general hospital colleagues have been explored to develop a collaborative care model within Bronglais General Hospital sharing resources between Mental Health and General ward(s). The project scope and admission criteria has been redefined to implement a collaborative care model on Enlli Ward with the focus to be primarily on those with mental health issues that may also have physical impairments. Current discussions taking place to trial a collaborative physical and mental health approach on Y Banwy Ward during the winter period, before implementing new model on Enlli Ward. The memory assessment service has been developed with the assistance of advanced and extended non-medical roles to provide greater access to the service and improve diagnostic rates. Community Mental Health Teams will further integrate with Local Authority Community Resource Teams.

Specialist Child & Adolescent Mental Health Service (S-CAMHS)

Future priorities focus on the development of the workforce through increasing skills and competencies in each area 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. Future service developments will focus on the development of integrated service models and all age service developments in respect of Neurodevelopmental Disorders. The significant expansion of S-CAMHS services over the past two years means that there is an increased pressure for office and clinical spaces. This may impact on service delivery if capital and revenue needs are not met.

Learning Disabilities Service

The learning disability service is currently in the process of developing a transformation programme plan, including a service review, engagement with stakeholders on best practice and our future model of care, development of ideas and options for service transformation, and the delivery of the new model for specialist secondary care services. The ‘Transforming Learning Disabilities’ Programme is aligned with the vision of the Welsh Government’s ‘Improving Lives Programme’, with clear links between our objectives and the priority areas for the Welsh Government, namely the Health Equalities Framework, specialist services, physical health and children and young people. In addition to our proposed efforts to transform specialist secondary care services for people with learning disabilities, consideration is being given to how we may more effectively implement and embed the use of the Health Equalities Framework within services, how we may support the uptake and achievement of annual health checks within Primary Care services, and how we may meet the needs of children & young people with learning disabilities (whom are not currently seen within specialist secondary care, due to this being an adults-only model.

At a regional level, we are engaged with our local authority and third sector colleagues, as well as service users and the Learning Disabilities Dream Team on projects funded by the Integrated Care Fund (ICF). Two such projects are ‘Accessible and Involved Annual Health Checks’ and ‘Tech Solutions – Health Passport App’, both of which are linked with the Improving Lives Programme. Co-production with people with learning disabilities on these projects has been a continual theme throughout the ICF process and one which will be further adopted within our transformation programme, thus ensuring our approach to engagement and to service design are tailored by the views and needs of the population we serve.

Workforce

The transformation agenda within adult mental health services and recent Welsh Government investment into S-CAMHS and psychological therapies will see the most significant workforce impacts over the coming three years. Adult mental health services will integrate CMHT and CRHT in Aberystwyth as a first step towards. This process will be rolled out across all CMHTs over the coming two years. S-CAMHS and psychological services have received funding for 34 new posts. These posts, although fully funded through Welsh Government Innovation funding, may prove challenging to fill and are likely to draw upon a limited pool of available people, with the most likely impact being to attract nurses from adult inpatient units. This could lead to problems staffing the inpatient units and increased variable pay and is likely to be most acute over summer 2020.

Challenges in medical recruitment remain. The medical workforce will need to be supported through advanced and extended non-medical roles. A directorate strategy for advanced and extended non-medical roles has therefore been developed and development and recruitment into these posts will increase in a planned way to meet the needs of each service. This will be supported by the appointment of a Nurse Consultant whose remit will include developing advanced and extended non-medical roles. The medical on-call rota system will be closely monitored and the use of advanced and extended non-medical roles will be explored to support this. Advanced and extended non-medical roles within Community Drug and Alcohol Teams and the Adult ADHD service may be used to support primary care specialist prescribing services however funding for this will be required from the Area Planning Board and General Medical Services budgets if this is to be supported through shared care agreements.

In addition, the MHLD directorate continues to support the Local Mental Health Partnership Board that enjoys good attendance from service users and carers as well as the third sector representatives and statutory partners. The work plan for the 2020/21 financial year will be developed through a co-produced approach to ensure that it continues to influence local mental health strategy and service delivery, supporting the directorate's co-produced programmes of transformation.

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

Single Cancer Pathway and Cancer

Our plan for the Single Cancer Pathway (SCP) fully utilises the £340,000 recurrent Welsh Government investment in Endoscopy, Radiology, Dermatology, Pathology & tracking capacity. We plan to show continuous improvement over the life of this plan. We are committed to ensuring patients consistently receive care that is safe, accessible and, by putting the patient at the centre of the process, works to give patients their best possible outcome. This Three Year plan describes the priority actions to improve cancer care for our patients and support delivery of existing performance targets in respect of Urgent Suspected Cancers (USCa) and Non-Urgent Suspected Cancers (NUSC). It also describes our priorities and plans to support implementation of the SCP, expected to replace the separate USCa and NUSC pathways from 2021 onwards.

Despite positive progress in recent years, we have struggled to sustain improvements in access to cancer diagnosis and treatment during 2019/20 and our performance (particularly in respect of the USCa pathway) has been compromised by the following challenges:

- The impact of diagnostic and treatment capacity pressures and delays at the tertiary centres.
- The impact of local capacity pressures experienced in key high risk breach tumour pathways, which has compromised timely access to diagnostic / treatment pathways.
- Patients undergoing lengthy, complex diagnostic pathways involving multiple diagnostic investigations, multi-disciplinary team discussions, externally provided specialist imaging and/or multiple tumour site investigations.

The majority of our patients on the NUSC pathway receive their treatment within 31 days of an agreed decision to treat if treatment (surgical or chemotherapy) is delivered locally in our own hospitals. Predominantly, NUSC pathway breaches for our patients occur due to treatment capacity pressures and delays at the Swansea Bay University Health Board (SBUHB) tertiary centre. Without these tertiary centre breaches, we would routinely achieve the NUSC performance target.

Due to the specialist nature of some treatments for cancer, a significant number of our patients receive their surgical / oncological treatments at the tertiary centres based at SBUHB or Velindre NHS Trust. Both tertiary centres experience significant capacity pressures due to recruitment difficulties in key specialties and the impact on unscheduled care pressures on available hospital bed and theatre capacity. Pathway delays for our patients at SBUHB occur primarily in the gynaecology, lung (thoracic surgery), & oncology (radiotherapy) specialties.

- Review and refine processes to ensure that all cancer referrals are reviewed and prioritised within 24 hours (will include internal referrals);
- Routine daily communication of ‘positive’ diagnosis of cancer pathology and radiology reports to the Cancer Information Team;
- Embed use of electronic referrals for all tumour sites. This is crucial to support timely receipt and grading of referrals. Senior medical leadership in both primary and secondary care is required to support increased utilization of the e-referral system
- Revised weekly performance monitoring and patient tracking arrangements

Actions we plan to take to improve our performance – see chapter 10 for details

Planning Arrangements

We have established a Single Cancer Pathway Implementation Group as a Sub-Group of the Cancer Delivery Board to coordinate planning and preparation activities in respect of the SCP. The group is supported by our Cancer Services Management team, Specialty and Diagnostic Service Delivery Managers, multi-disciplinary team lead clinicians, and, the Informatics Department.

The Implementation Group has identified several work streams to support progressive implementation of the SCP. The development of robust reporting mechanisms are essential to support the SCP as many of the component elements of the new pathway have not been subject to reporting requirements and, historically, the existing USC / NUSC pathways have not required us to develop systems to accurately identify and report the Point of Suspicion (PoS). Currently our performance compares positively with the majority of Health Boards in Wales although there is scope for significant improvement from 2020 onwards. The following work streams have been identified:

- Reporting
- Information & Intelligence
- Demand & Capacity
- Quality Improvement
- Communication & Engagement
- Primary Care
- Person Centred Care

Welsh Government has confirmed funding support for the 5 year period 2019/20 to 2023/24, subject to satisfactory progress towards implementing the SCP. The key risk for which further assurance work is being undertaken in-line with the rest of Wales in regards to the capacity available within key diagnostic services to adequately respond to forecast levels of demand associated with the SCP.

Our ambition is to deliver commitments set out in the Non-Surgical Cancer Strategy launched in 2018. This includes the intention to further develop the South West Wales Cancer Centre currently in Singleton Hospital, in order to deliver improved patient flows and a more acceptable equitable cancer service for the population of both us and SBUHB. We are developing a Programme Business Case which will inform the short, medium and long term plans for the Cancer Centre. Our plan will continue to build on and expand our links and partnership working with Velindre NHS Trust.

Planned Care

In our plan to maintain and/or improve on achieving national targets for 2020/21, we are prioritising:

- Referral to treatment: zero patients waiting over 36 weeks for treatment and zero waiting over 32 weeks for their first outpatient appointment
- Delayed follow-ups: minimum 20% reduction (total + 100%)
- Eye care measures: continuous improvement towards 95% target for risk factor 1 patients so they are seen within 25% of their planned target date.
- Diagnostic: zero patients waiting over 8 weeks
- Therapies: zero patients waiting over 14 weeks

The actions we will take to help achieve the above priorities and improve performance – see chapter 10 for details

A detailed plan contains the summary 3-year development priorities for each planned care specialty. These have been developed within each specialty team and identify the key priorities and actions required over the next 3 years. In addition to these summary plans, the plan also outlines sustainability plans developed to address the following fragile services and/or those where regional/nationally led improvement programmes have been established for Ophthalmology, Dermatology, Orthopaedics, Endoscopy, Ear, Nose and Throat & Pre-assessment and Critical Care.

Outpatient improvement plan

The objective of our outpatient transformation programme is to ensure that patients requiring outpatient care are seen in the right place, at the right time, by the most appropriate healthcare professional, improving patient experience and ensuring clinical time is used in the most effective manner. Over the next 3 years, we will:

- change our model of new and follow up outpatient care to enable a better experience for patients, improving waiting times and delivering care as close as possible patients' local communities
- improve the quality and efficiency of referrals in order to support improvements in the way in which demand for outpatient care is managed
- offer outpatient appointments only when appropriate, reducing unnecessary appointments
- Provide the right clinical information quickly to ensure clinical time is used effectively.

To do this we are working with our consultants, patients, GPs and managers to develop new outpatient pathways, reduce demand for unnecessary outpatient based follow-up care, reduce the backlog of patients waiting for follow-up care and maximise the utilisation of our outpatient facilities and resources. In order to improve our clinic slot utilisation over the next 3 years, we will focus on:

- Improving booking processes to identify empty slots and increase fill rates.
- Review regularly unfilled slots to remove restrictions and ensure they can be converted to a usable slot within agreed timeframes.

- Review late notice cancellation reasons to reduce empty slots
- Improve patient intelligence to ensure a list of patients who would welcome short notice slots is available to increase late notice fill rates.

Critical care service improvements

The redevelopment of the Critical Care Service will include a move to standardised terminology, such as ICU, PACU and Enhanced Care Unit, across the Health Board by replacing them with the four levels of care (0, 1, 2 and 3) classification system, as recommended by the Intensive Care Society (ICS). Other areas of change will be determined by fully developed and evaluated options. Further in alignment with the National Critical Care Implementation Board, in 2020/21 we will:

- Continue to implement the task and finish group priorities and actions
- Learn lessons from the review of the Critical care transfer service by the Critically Ill Implementation Group
- Learn lessons from the EMERTS updated business plan submitted for approval of funding from WG.
- Review services in light that UHW were successful in their bid to increase beds in a long-term ventilation unit. This will be accessible to all Health boards to refer to. Centralising expertise, which would be cost effective, and would see a reduction in length of stay and improved quality for patients.
- As part of our transformation service, we are exploring the optimum structures and facilities to support the patients in the right environment. This is in partnership with the national expert body.
- Review Workforce as part of our ongoing service improvement. We monitor, evaluate, and adjust as we progress the service. Additional funding has been agreed for the provision of an Outreach Service (NICE50). This will involve additional nursing hours, Consultant sessions. We have also had funding for a Clinical psychologist who will provide a service to all HB Intensive care units and MDT staff (NICE 83). We will also be investing in our physiotherapy service with additional staffing.

Together for Health Delivery Plans

The detailed Together for Health Plans are provided here: Together for Health Plans

To address and progress the Welsh Government ambitions for the 'Together for Health' Programme and the Welsh Government's National Implementation Groups annual priorities for the suite of chronic conditions which comprise 'Together for Health', during 2019 we have developed a revised and improved approach.

During 2019, Hywel Dda have been working collaboratively with our internal and external partners to understand needs and ambitions and with the aim of developing an approach which is very much based on the Well Being of Future Generations Act 5 Ways of Working. This approach has three further broad dimensions: it informs to provide clarity and enable evidence based decision-making; it coordinates to provide optimum efficiency; and it collaborates to provide:- person centred care, patient centred care, care closer to home and thus the best patient experience. The

focal point of this revised approach philosophy has been to be ‘enabling and deliver results’.

In addition to and parallel with continuing the historical approach, where each condition has its own annual delivery plan, we have developed an exploratory pilot approach to test the benefits. We have piloted a summary document which includes all chronic conditions and which lists the integrated actions of secondary, primary and community to optimise integrated chronic conditions management. This addresses the delivery plans 2020/21 priorities. This is circulated to all stakeholders and acts as a succinct communications, coordinating and integrating mechanism.

Part of the new structure includes a standardised approach of ‘We Have, We Are and We Will’. This approach demonstrates how historical, existing and emerging priorities play an enduring part of the achievements, activities and ambitions of our services. This ensures that we; a) recognise person centred endeavours and accomplishments concerning historical priorities and localised initiatives; b) are considerate of present commitments to improve; and finally c) be ambitious in our plans for the future.

Further, we are exploring the benefits of a new restructured approach to chronic condition planning in a pilot, which is in line with NHS guidance. We have commenced the journey to refocus all plans through the lens of the cluster (Localities). We have approached this by retaining traditional views through the secondary lens but have incorporated views through the lens of Primary and the Community. Our next steps will be to include views through the lens of our partners and stakeholders in a regionally collaborative approach. We are also concurrently testing a new structured planning approach to chronic conditions through a pilot, with the new structure comprising:-

- a focussed one year action plan which addresses national priorities and local priorities
- a three year improvement plan which is line with the three year IMTP timeframe and demonstrates to all stakeholders our directions so others can be both sighted and integrate
- a ten year development plan which enables enduring commitment to organisation and delivering results, and
- a twenty year strategy, which includes a vision, and which provides absolute clarity on our ambitions, mission and direction of travel – so all our partners and stakeholders have clarity and can integrate

We have piloted this approach with the Together for Health End of Life and Palliative Care condition management. We are progressing this exploration with other chronic condition management teams. In addition, we are exploring and piloting the concept of a ‘Golden Thread’ of values and six guiding principles across Together for Health and chronic condition management. This seeks to transcend and integrate all chronic conditions.

Stroke

Delivering high-quality, evidenced-based stroke care for every patient continues to be a challenge for us, in part due to stretching our specialist stroke multidisciplinary team across four acute sites. In line with our Health & Care Strategy, we will continue to build on the whole-system transformational pathway re-design of our stroke services that commenced in 2019. This encompasses the entire stroke pathway, from prevention, through acute stroke care and rehabilitation, to life after stroke. It 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.

A significant amount of work has already been undertaken and a business case for a sustainable re-designed stroke service. Our ambition is to implement an early supported discharge service, which will provide an improved standard of care and improved outcomes and experience, whilst reducing our reliance on hospital beds for stroke care. This in time will enable us to review our inpatient bed requirements for stroke and align these appropriately with our Health & Care Strategy.

Key deliverables for 2020/21 to support this work are:

- Signing off of formal governance processes
- Focused engagement and analysis
- Solutions development and options appraisal
- Consultation document development

Pending approval of the business case in the longer-term, we will need to implement changes to improve our stroke pathway in a phased approach over a two-year period. Rather than releasing cash savings, these changes will focus on improving the quality and efficiency of our stroke services and will require some investment. In the short to medium-term we will look at early supported discharge. In addition, in the medium term we continue to be actively engaged with SBUHB in the planning of a hyper-acute stroke unit (HASU) via the ARCH programme. In the long-term we will consider how our new hospital configuration will provide the best stroke services. All of these programmes of work are inter-dependent and working to aligned timeframes.

Actions we will take to improve performance - See chapter 10 for details

Rehabilitation Delivery Plan

It is our intention to develop a comprehensive rehabilitation service, with clearly defined pathways based on need rather than condition. This is a complex programme of work that will need to encompass a number of clinical pathways, many of which are already under review e.g. local and regional stroke services, regional neurological conditions, pulmonary rehabilitation and major trauma. Our objectives are:

- To have a whole system view aligned to strategy – helping communities, help to help yourself, help when you need it, ongoing complex help
- To encompass all rehabilitation - neuro/stroke/trauma/post-op/pulmonary/cardiac
- To manage significant changes in these pathways in a phased approach and longer term to full implementation

- Cost to be determined but may require investment, shift of resources, co-location where possible
- Benefit – improved quality (patient outcomes and experience) and a shift to prevention/community/primary care

Women and Children's Services

The high-level plan for Women & Children Directorate includes Acute & Community Paediatric Services, Neonatal Services, Maternity Services (encompassing Obstetric & Midwifery Services), Gynaecology Services and Sexual Health Services.

Acute Paediatric, Neonatal & Maternity (Obstetric & Midwifery led) services were reconfigured in 2014 leading to the following service profile:

- Two acute paediatric inpatient units – one serving Carmarthenshire & Pembrokeshire and one serving Ceredigion
- Single neonatal unit
- Paediatric ambulatory care units (all sites)
- Two obstetric units - serving Carmarthenshire & Pembrokeshire and one serving Ceredigion
- Midwifery Led Delivery Units on two sites

For all teams the 2019/20 priorities remain in place over the next year which are as follows:

- Providing a safe clinical service;
- Delivering Delivery performance indicators (where these apply to the Directorate);
- Delivering care within resources.

Dementia

Dementia is now the highest cause of death in the UK, but has not had attention that other life threatening conditions have had regarding improvement of management at end of life. We are working with third sector organisations to improve awareness and timeliness of advance care planning for people living with dementia, as well as reviewing the local palliative care strategy and working patterns to ensure that the needs of people living with dementia are met.

We are taking a regional approach, which not only reflects the national ambition (with reference to the Dementia Action Plan for Wales 2018/22), but also the opportunity to adopt an integrated approach to support people living with dementia and their carers to live well. The plan advocates developing the 'team around the individual' approach, where statutory and voluntary services work together to deliver the vision described, encouraging services to become more integrated, flexible, creative and community focused. Whilst the Dementia Action Plan describes the need to provide balanced services across the whole pathway, a gap analysis has been undertaken and priorities identified to address aspects of local support that need to be strengthened. A number of improvement work-streams have been developed:

- **Enablers:** Ongoing engagement of people affected by dementia to help shape the focus and nature of local services, and the training staff across the multi-agency system to deliver effective care at all levels as well as increasing public awareness of the impact of living with dementia
- **Prevention:** The information available to support people is only available on an ad hoc basis. A dementia roadmap is being developed that will support people to understand dementia and improve information regarding coping strategies.
- **Diagnosis, Early Management & Community Support:** Advanced Nurse Practitioners (with non-medical prescriber status) are being introduced into each county for Memory Assessment Services to provide dedicated operational leadership and improved diagnostic and prescribing capacity. A post in Carmarthenshire is fully operational, Pembrokeshire is undergoing refreshment on scope of practice for non-medical prescribing and the Ceredigion post is yet to be filled and will be re-advertised shortly. The Advanced Nurse Practitioners will be establishing strong links with GP Clusters.
    - A supportive service framework that builds primary care capacity to deliver dementia diagnosis
    - Implementation of software that can provide indicative diagnosis/early indication of the possibility of dementia diagnosis
    - Improved reliability of primary care dementia diagnostic coding
- **Reliable access to advocacy and rapid response support** have also been identified as fundamental to delivering effective support to people affected by dementia. We aim to undertake further foundation work to support effective strengthening and remodelling of the relevant services.
- **Complex Presentation & End of Life Care:** 90% of people living with dementia will display some form of behaviour that challenges during their illness. Carers and care staff can find it difficult to understand and manage these behaviours, increasing the distress of the person living with dementia as well as adversely effecting outcomes. Specialist multidisciplinary teams are being developed (in community and acute hospitals) to support carers and care staff to identify personalised triggers that will generate behaviour that challenges as well as the ability to generate relevant care plans.

These developments will operate as reciprocal elements of the community wrap around, not only providing support for people living with dementia, but also supporting carers. Break down of care is recognised to be a key factor that triggers emergency admission to acute hospital/long term care, so these services will adopt a proactive approach to reducing this risk.

Pharmacy and Medicines Management

The key priorities for pharmacy and medicines management are to support the delivery our Health & Care Strategy and the Welsh Government endorsed Pharmacy: Delivering a Healthier Wales.

Our key deliverables through 2020/21 are

- Pharmacy Technical Services - ensure robust and resilient aseptic services (and radio-pharmacy) for all our patients. Our plan is to secure capital funding for our own standalone unit aligned with Transforming Access to Medicines (TrAMS) maximising efficiencies for aseptic production, homecare and radio-pharmacy.
- Embed 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 clinical and cost improvement aligned to the National Prescribing Indicators. Specifically to drive improvements in antimicrobial stewardship, pain management and diabetes. In addition, to deliver effective medicines management in collaboration with Social Care through care homes and domiciliary care workers for patients in our community.
- Development of community pharmacy services through a full pharmacy needs assessment (PNA) to inform and influence the way in which we transform clinical services in the community for our public and patients. To promote health and wellbeing through prevention - Public health campaigns, Your Medicines Your Health, walk-in pharmacy centres. These will provide services that will reduce the demand on unscheduled care and GP appointments and support key deliverable targets (e.g. Common Ailments Scheme, Triage & Treat, Emergency Medicines, Stop Smoking Wales, Swab and Treat Sore Throat).
- Strengthen the services to improve patient flow in the hospital site (key deliverable targets), improve communication across the interfaces to reduce medicine related harm through provision of regular pharmacy cover in A&E, increase the use of Patients Own Drugs, extended services, implementation of medical transcribing for early discharge (MTeD) across all appropriate clinical areas. Furthermore, the development of consultant ward rounds, improving clinical input and influencing positively the discharge process, with Pharmacy Technician support for medicines administration at ward level.
    - Dedicated pharmacy support to directorates and key service delivery areas across sectors e.g. Ophthalmology, Dermatology, Respiratory, Diabetes, Gastroenterology, Intensive Care Units.
- 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. Initiatives include education and training lead for the University Health Board (Pharmacist and Pharmacy Technician), joint post with Swansea University to support development of new school of pharmacy, encouraging research through closer working with Higher Education institutions, a workforce review and development working with Health Education and Improvement Wales to address the changing needs of the profession.

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CHAPTER 6: Working together with our Partners – local, regional and national

Working with our Partners – Local, Regional and National Planning

Improving health outcomes in mid and west Wales and creating a sustainable healthcare system for the future requires strong and effective partnerships with patients, staff, communities and wider stakeholders. Our Board commitment to using a 'Well-being Lens' and developing the Hywel Dda way for project management is supporting us to embed the sustainable development principles of the Well-being of Future Generations (Wales) Act 2015 into our everyday business. Our plans have been developed through the lens of:

- How we can balance the delivery of current services whilst planning for the longer-term delivery of sustainable health and care services for our future populations;
- How we can prevent problems from occurring or getting worse, with actions focused on primary, secondary and tertiary prevention;
- How we can integrate our services with others, both public sector partners as well as third sector organisations, to deliver seamless care;
- How we can collaborate with others to take action to address the wider determinants of health and improve patient experience and outcomes;
- Our on-going commitment to the continuous involvement of people who represent the diversity of our health board area to ensure that the patient, staff and stakeholder voice shapes the development of our services.

As a health organisation we are aware that other partners have a significant contribution to make in improving health outcomes as there are many wider determinants of health and well-being.

Local Planning with Public Service Boards

There are three Public Services Boards in our area, one in each local authority area established under the Well-being of Future Generations (Wales) Act 2015. A wide range of partners attend the PSB meetings which are crucial for establishing effective relationships between the senior leaders and provides a platform for the identification of opportunities for collaboration and integration. Each PSB has published a Well-being Plan for its area, and this is supported by the actions of its individual partner organisation, including as below.

Transformation Funding

The West Wales Regional Partnership Board (RPB) has established an ambitious programme for transformation of health and care in West Wales in response to A Healthier Wales. This will complement a range of initiatives across the region that are supported from sources including Integrated Care Fund (ICF), Cluster Funding, Mental Health Transformation funding, Supporting People, Carers' funding, Dementia funding, Children and Communities Grant, Families First and Flying Start, alongside core budgets of partner agencies. The themes underpinning this are common across those other programmes; for example enhancing step up care through the ICF revenue and using Capital ICF funding to establish independent living centres within the community for people with learning disabilities. Whilst this programme will benefit children and young people, we will be

developing additional focused programmes to transform and integrate children's services using the recently announced Children's Transformation Fund.

Our key themes is for genuine transformation and integration, seamless delivery at locality level and continuous citizen engagement, reflect priorities and also core ambitions within the Health & Care Strategy we recently adopted. Each of our proposed programmes has the potential to lead change across Wales and be replicated in other parts of the country. Robust evaluation will help us evidence benefits of new approaches and give us the confidence to refocus our core budgets to sustain new models that work beyond the period of funding.

Our pathway of care and support aims to prevent decline and to focus on personal and community assets to help people stay independent and healthier for longer, whilst getting the support they need. Our underlying aim is to reduce demand on acute and long-term services whilst ensuring that those who do need them are helped to maintain their independence and enjoy a high quality of life. People needing to spend time in hospital will leave sooner and have improved support to recover quickly. Achieving this will require a fundamental rebalancing of resources as envisaged in A Healthier Wales. This approach is supported by our Health & Care Strategy. Delivery of these priorities will involve working with a wider range of agencies outside the West Wales Care Partnership (WWCP). Public Services Boards have been identified as key partners and members of the three boards in the region will be directly engaged in the delivery of relevant programmes. We will also be talking with and learning from other regional partnerships, particularly but not exclusively Powys, about how we can share practice and link programmes focusing on shared challenges and opportunities, for example rural delivery.

Transformation Fund Programme: Our West Wales Care Partnership Transformation Fund Programme involves the following projects which seek to take a long-term, preventative and integrated approach to involving communities in their health and wellbeing.

Help to Help Yourself: Delta Connect – we will implement a new model of self-help and proactive care, enabled by Technology Enabled Care, based on a model operating in Bilbao, Spain, which has proven impact on the well-being of individuals and has reduced significantly the number of people needing longer term or acute care.
Help When you Need It: Crisis Response Service - we will develop a locality based model that supports our intermediate care pathway, which will deliver an integrated and multi-disciplinary community based crisis response service that will act as a virtual ward, enabling the patient to be seen and treated by a professional in the community with the most appropriate skills.
Helping Strong Communities: Communities for all – we will develop a regional set of activities to incentivise active citizenship. It will be based on an intergenerational approach that fosters and nurtures connections to alleviate loneliness and isolation prevalent in many of our communities. The key elements further develop and promote systems that citizen choice and control and promote independence and skills development programme for frontline staff.

Our spending has been profiled up to March 2021 and we are confident it will spend to profile so that £4.660m is spent in 2019/20 and £7.305m is spent in 2020/21, a total of £11.966m. An outcomes and benefits framework has been developed, and will continue to evolve through the county teams in the year ahead but is tabled to give you some idea of what impact this will have. It is complex as the benefits will not be purely down to

the Transformation fund so this framework will be used for all community health and care and links clearly to the new national framework and Patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) work.

Working with our regional partners – Mid and West Wales Joint Committee

The Mid Wales Joint Committee leads on the following:

- Identifying annual/3 year key priorities for service development for the relevant population into a Joint Committee Work Plan; articulating these as a clear and core part of organisational Integrated Medium Term Plans/Annual Plans.
- Working collectively to implement agreed key service developments; ensuring clear, robust mechanisms for delivery, including performance management mechanisms, via the Joint Committee to individual Boards.
- Developing and implementing clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced.
- Ensuring mechanisms are developed to enable close working with and engagement of other key vehicles for improving health and well-being and delivering integrated services; specifically but not exclusively RPBs, PSBs and other NHS Joint Committees

Mid Wales overarching aims and priority areas

Aims/Key Actions	Priorities
Health, Wellbeing and Prevention: Improve the health and wellbeing of the Mid Wales population.	• Social and Green Solutions for Health
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.	• Ophthalmology; Respiratory; Cancer • Community Dental Service • Welsh Community Care Information System (WCCIS); Telemedicine • Integrated care hubs namely Bro Ddyfi Integrated Health and Care project, North Powys Wellbeing programme, Cylch Caron project, Aberystwyth Integrated Care Centre and Ambulance station, Aberaeron • Mid Wales Rehabilitation Service • Cross border District Nursing Teams
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.	• Mid Wales workforce plan • Nurse training centre in Aberystwyth
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.	• Bronglais General Hospital clinical strategy • Clinical networks: Ophthalmology, Oncology, Colorectal (as well as surgical pathway), Respiratory and Paediatrics
Communications, Involvement and Engagement: Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.	• Communications, involvement and engagement across Mid Wales

The full plan is provided here. Mid Wales Joint Committee for Health and Social Care Plan

Working with our regional partners - Swansea Bay University Health Board incorporating ARCH

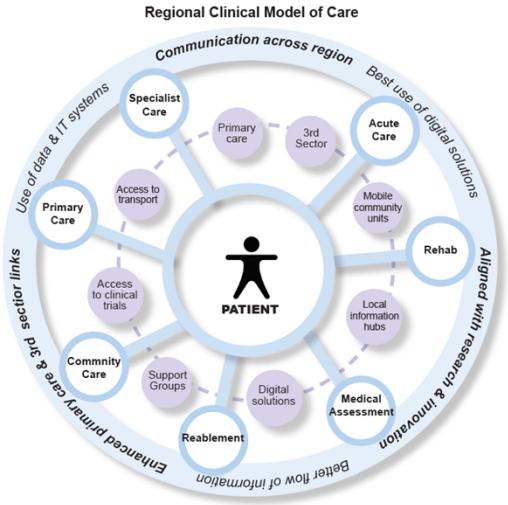
Our Regional Clinical Services Plan (RCSP) for South West Wales focuses on how we can optimise our regional network of hospitals and streamline patient pathways throughout the region. This was signed off by Hywel Dda University Health Board and Swansea Bay Health Board in October 2019. It describes our shared ambitions on:

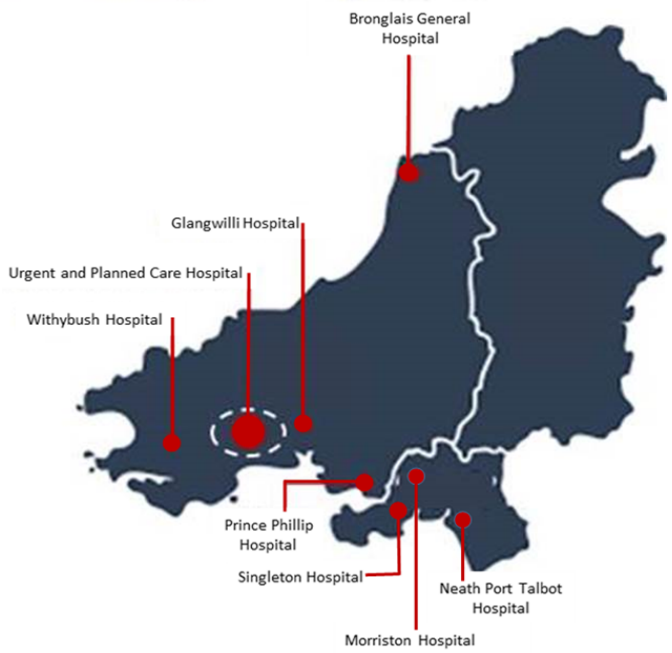
- Unscheduled Care – major trauma, Hyper Acute Stroke Services, Acute Flows
- Planned care – Neurology, Vascular, Cardiology
- Cancer
- Women's and Children's Services – Interventional Radiology, Endoscopy and Pathology

This plan, which can be found here sets out how we alongside SBUHB will work on a collaborative basis in South West Wales to:

- facilitate our organisations to be individually and collectively successful in taking into account the needs of our population and services at a regional level;
- draw out the synergies and opportunities within our organisational clinical plans and strategies;
- focus on the priority areas where the partners working in collaboration can add the most value;
- drive value, quality improvement and innovation and put people at the centre of what we do.

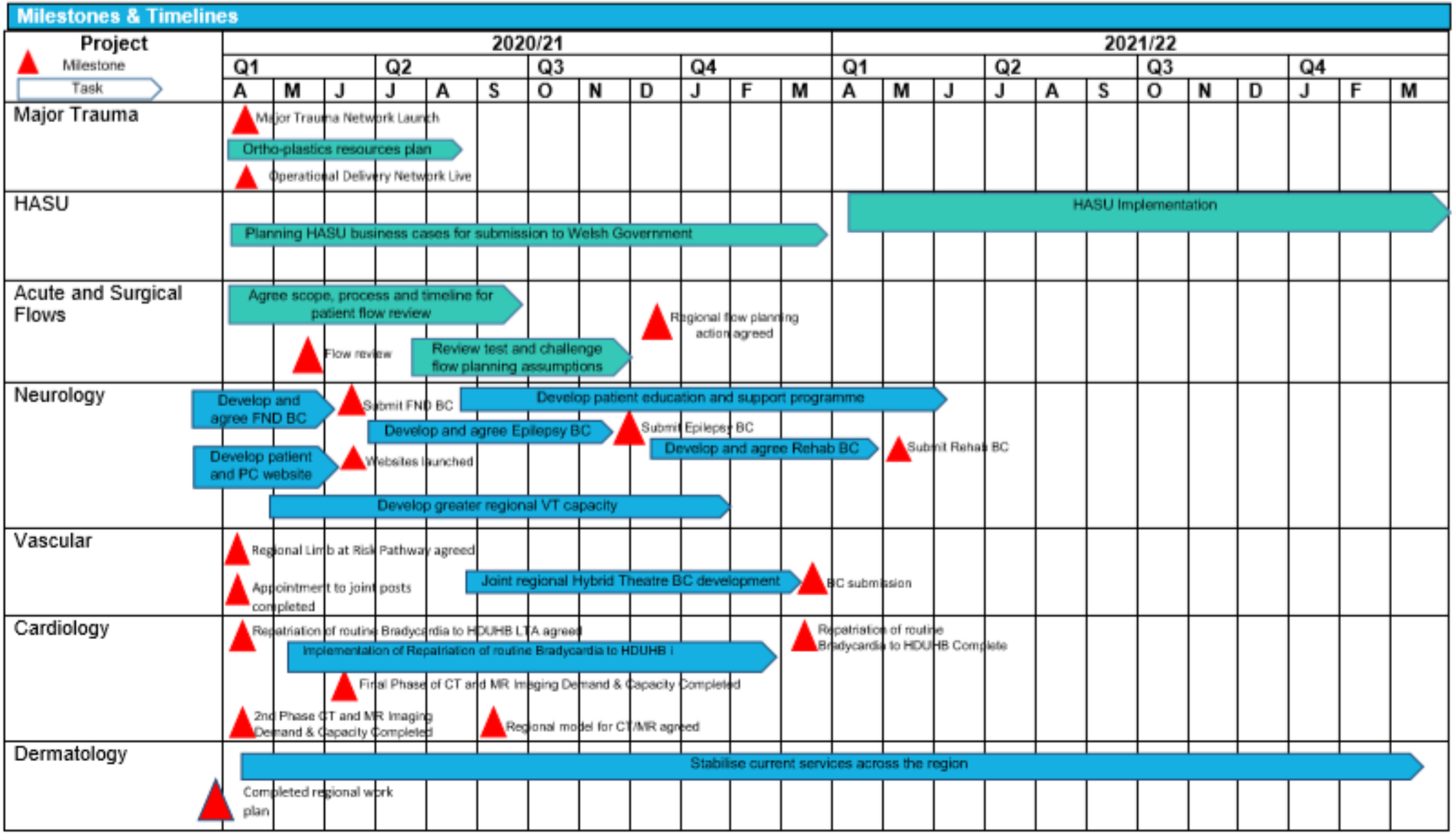
ARCH
A Regional Collaboration for Health
Cydweithrediad Rhanbarthol dros Iechyd

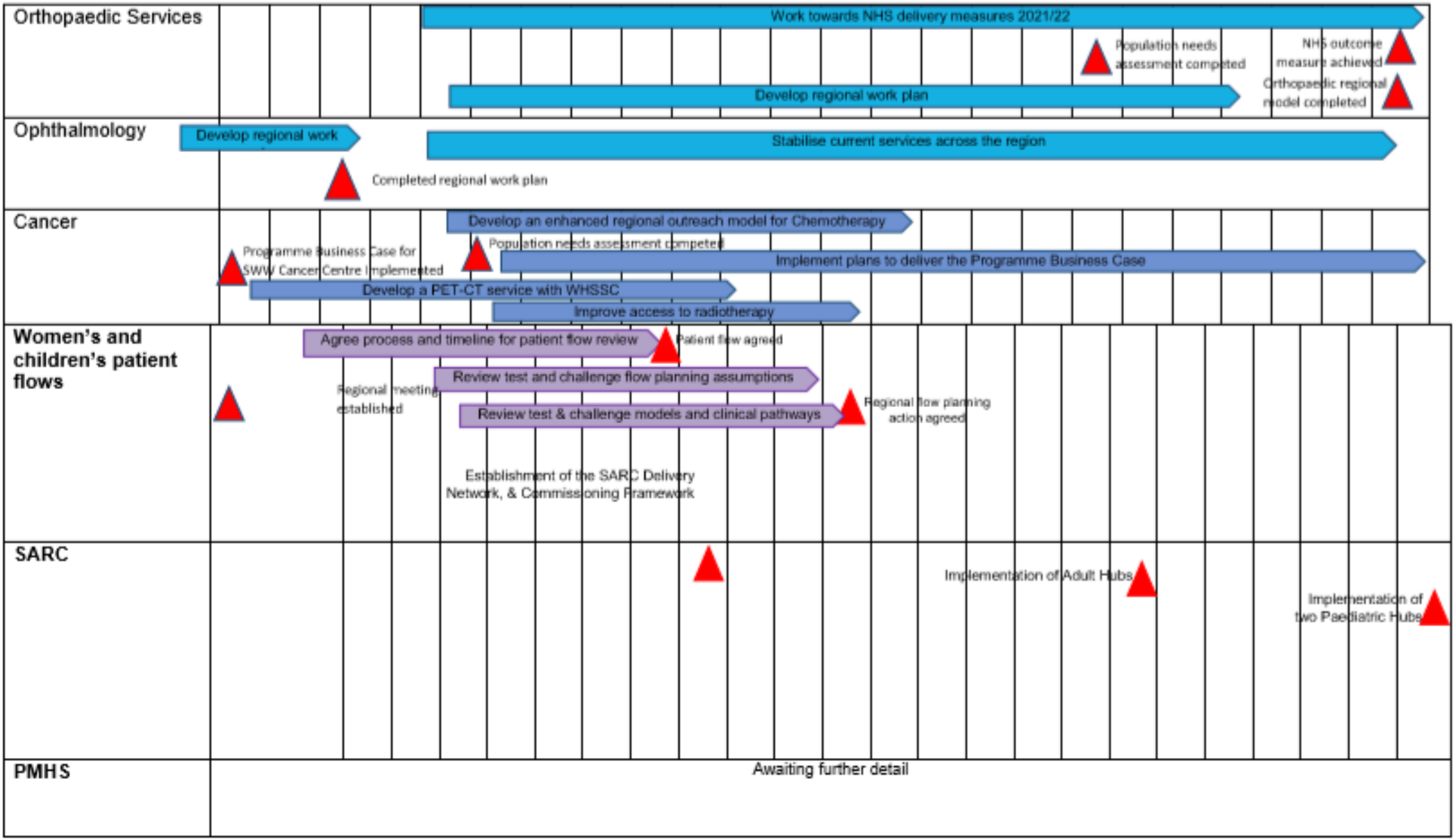


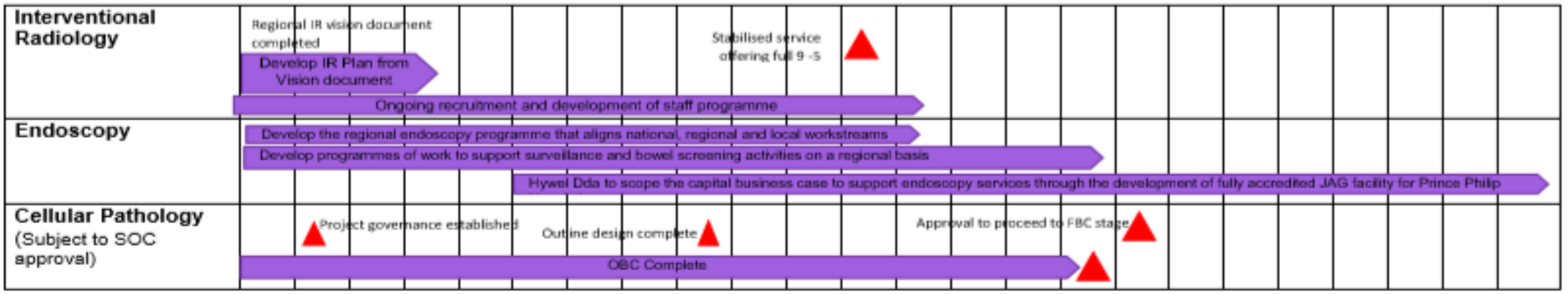


Our regional work programmes describe how we will work together to deliver better patient outcomes and experience as well as drive efficiency and effectiveness through collaboration.

Milestones & Timelines




Orthopaedic Services
Work towards NHS delivery measures 2021/22
Population needs assessment completed
NHS outcome measure achieved
Develop regional work plan
Orthopaedic regional model completed
Ophthalmology
Develop regional work
Stabilise current services across the region
Completed regional work plan
Cancer
Develop an enhanced regional outreach model for Chemotherapy
Programme Business Case for SWW Cancer Centre Implemented
Population needs assessment competed
Implement plans to deliver the Programme Business Case
Develop a PET-CT service with WHSSC
Improve access to radiotherapy
Women's and children's patient flows
Agree process and timeline for patient flow review
Patient flow agreed
Review test and challenge flow planning assumptions
Regional meeting established
Review test & challenge models and clinical pathways
Regional flow planning action agreed
Establishment of the SARC Delivery Network, & Commissioning Framework
SARC
Implementation of Adult Hubs
Implementation of two Paediatric Hubs
PMHS
Awaiting further detail



Welsh Ambulance Service

A demand and capacity review was jointly commissioned by Emergency Ambulance Services Committee (EASC) and WAST to model the resources required to efficiently meet current and future demand and to deliver a significantly improved range of response times, based on a growth assumption of 2.3%. The review modelled a requirement for an extra 537.5 front line ambulance staff by 2024/25, which included assumptions around delivery of WAST and system wide efficiencies. Accepting that the final number of additional staff will require further consideration over the course of the coming months, EASC has acknowledged that there is a significant investment required in front line staff within the EMS service. The expectation is up to an additional 136 w.t.es will be recruited across Wales and operational by March 2021. We have also committed to support a number of key operational actions and joint initiatives to deliver immediate and sustainable improvements across EMS and NEPTS. From an EMS perspective, we will prioritise efforts to work with the ambulance service to increase See & Treat and Hear & Treat opportunities. Specific joint priorities include the following schemes:

- Falls Framework and Response Model: the roll out of the Level 1 falls service has been funded through the WAST Healthier Wales allocation, and a falls lead has now been appointed nationally who will help further develop the model and plans for the Level 2 response in our area.
- Advanced Paramedic Practitioners (APPs): EASC have committed to continuing the national scale up and roll-out of the APP rotational model. With a further 24 being currently trained on a shared funding basis who will become operational in summer 2020, this will then represent a total of 69 APPs funded and working across Wales. A further 17 paramedics are eligible for trainee APP positions from September 2020. These potential trainee APP positions provide a great opportunity for due consideration to support further expansion in preparation for Winter 2020/21.
- Clinical Assessment and Triage of 999 calls: we have put in place schemes in which GPs work closely with WAST staff to review appropriate 999 calls with a view to avoiding conveyance to hospital and providing care closer to home. We have committed to continuing or considering introducing this type of scheme, reviewing opportunities for working collaboratively on this type of model, given the scarcity of GP resources.
- We will develop 3-5 alternative care pathways for paramedics to access, with a priority given to respiratory pathways.
- Delivery of the work programme jointly agreed through the Delivery Advisory Group and represented in the 2020/21 NEPTS commissioning Intentions.

Swansea Bay City Deal

City Deal projects are based on key themes of Economic Acceleration, Life Science and Well-being, Energy, and Smart Manufacturing. For us, our key City Deal project is Llanelli Wellness Village. The project will co-locate public (local government, health board) academia, private and voluntary sectors and create an environment for leisure, education, research and development, business incubation and health promotion. From our perspective, clinical delivery is targeted to aspects of health care, which are best provided in a community setting, where a multidisciplinary team approach would optimise patient outcomes.

Llanelli Wellness Village **Key Milestones – Zone 1**	**Target Date**
Completion of Royal Institute of British Architects Stage 3 (Developed design)	Q1 2020
Procurement of works tender exercise	Q1 2020
Contractor award and start on-site	Q3 2020

The health care delivered in the Village will focus on living and aging well and when care is required the person will be involved and at the centre of decision-making. A tele-health unit will provide facilities to enable remote access to services and information and will act as a base for monitoring care, which will make a positive contribution to our commitment to low carbon services.

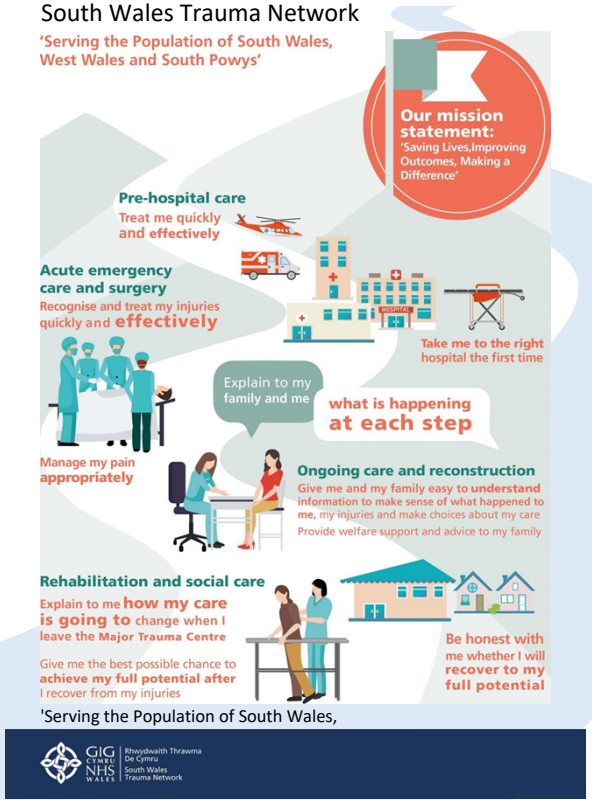
National Planning

Working with our national partners

We will continue to support and work with a wide range of national planning partners and initiatives. These will include:

- Welsh Health Specialised Services Committee – to ensure access to specialised services for our population
- National Collaborative Commissioning Unit and Emergency Ambulance Services Committee – we will work to deliver Emergency Medical Service; Non-Emergency Patient Transport Service; and, Emergency Medical Retrieval and Transport Services Priorities
- NHS Wales Collaborative Executive Group - we are working, with partners where appropriate, to implement the trauma network; participate in the national endoscopy programme; and working towards the Sexual Assault Referral Centre for south-west Wales.

A key piece of work will be the development of our role in the Major Trauma Network. The Major Trauma Centre for South Wales will be based at the University Hospital Wales, Cardiff, with our Trauma Unit being proposed at Glangwili Hospital, as an interim arrangement until the build of the new Urgent and Planned Care Hospital is completed.



Welsh Health Specialised Services Committee (WHSSC)

The detailed WHSSC Commissioning plan is provided here: WHSSC Commissioning Plan

Our WHSSC contribution increases by £2.553m and this is included in our Financial Plan, and, is mainly attributed to the FYE of previous year schemes, £1m generic growth and NICE High Cost Drugs, and £1.25m contractual inflationary price increases for the 2 main providers, Cardiff & Vale and Swansea Bay University Health Boards.

Major Trauma Network (MTN)

The operational model will comprise:

- *Major Trauma Centre* [MTC] – based at the University Hospital of Wales, optimised consultant-level trauma care for all types of severely injured patients.
- *Trauma Units* [TU] – optimised for definitive care of injured patients, and, provide a managed transition to rehabilitation and community care. TUs will have a role for receiving patients back from the MTC who require ongoing care in hospital, via an automatic repatriation policy. Glangwili Hospital will be our TU, in the years leading up to the building of our new Urgent & Planned Care Hospital.
- *Trauma Unit with Specialist Services* – in addition to the above specification for TUs, Morriston Hospital will provide specialist services support to the MTC and provide specialist surgery for patients who do not have multiple injuries, given the presence of burns, plastic, spinal and cardiothoracic surgery at Morriston.
- *Local Emergency Hospitals/Rural Trauma Facilities* [LEH/RTF] – these will be hospitals within the Network, which do not routinely receive major trauma patients, however, they must have processes in place to ensure that should this occur, there is appropriate initial management and transfer to the MTC or nearest TU. Bronglais and Withybush Hospitals will be RTFs within our region. *Rural Trauma Facility* – A bespoke term for Wales / Hywel Dda that has been adopted in recognition of the fact that, within Hywel Dda, there are hospitals that would usually be seen as a standard LEH (not normally receiving patients with Major Trauma), but because of geographical location will inevitably on occasion need to provide services – predominantly resuscitation/stabilisation – of patients with major trauma.
- *Rehabilitation* – hyper-acute rehabilitation will be initiated early at the MTC with local rehabilitation occurring in hospitals and the community within each Health Board. This may require investment in therapy services across Hywel Dda. Specialist rehabilitation will continue to be managed at Rookwood Hospital, Cardiff and Neath Port Talbot Hospital.

To support the Network, there will be a pre-hospital triage tool to convey patients directly to the MTC or TUs; this tool will be operated by Welsh Ambulance Services NHS Trust (WAST), the Emergency Medical Retrieval and Transfer Service (EMRTS), Search and Rescue Services and voluntary agencies.

The full year effect of key enabler roles to support the Trauma Unit totals £415k in 2020/21, with following years requiring investment of £515k per year as the Trauma Unit become fully strengthened, and these costs are included in the Health Board's Financial Plan.

There is also a requirement to contribute to the general operational costs of the overall MTN, via WHSSC contributions, which will be circa £2.48million per annum, subject to the approval of the programme business case. These costs are being funded by Welsh Government.

National Collaborative Commissioning Unit and Emergency Ambulance Services Committee

With respect to the Emergency Ambulance Services Committee, they have a number of priority areas and support the delivery of the 2020/21 Emergency Medical Services & Non-Emergency Patient Transport Service Commissioning Intentions. They are as follows:

- Emergency Medical Service Priorities for 2020/21 include:
  - Recruitment of a minimum of 90 WTE additional staff
  - Shift of front line spend from current levels to 75%
  - Realisation of efficiencies through delivery of the WAST components outlined in D&C & national requirements
  - Expansion of Advanced Paramedic Practitioner roles
  - Development of All Wales Falls Response Model
  - Development of All Wales Single Integrated Clinical Assessment and Triage (SICAT) service
  - Support and development of Alternative Clinical Pathways
- Non-Emergency Patient Transport Service Priorities for 2020/21 include:
  - Delivery of the work programme jointly agreed through the Delivery Advisory Group and represented in the 2020/21 Non-Emergency Patient Transport Service commissioning Intentions.
- Emergency Medical Retrieval and Transport Services Priorities for 2020/21 include:
  - Work with Emergency Medical Retrieval and Transport Services, Emergency Ambulance Services Committee, Health Boards and Welsh Government to support 24/7 expansion

NHS Wales Collaborative Executive Group

We are working, with partners where appropriate, to implement the priorities of the NHS Wales Collaborative including the trauma network; participating in the national endoscopy programme; and working towards the Sexual Assault Referral Centre for south-west Wales.

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CHAPTER 7: Quality and Safety

Plan on a Page for Nursing, Quality and Patient Experience for 2020/23 including the delivery expectations for 2020/21 actions which are as follows:

Patient Experience

- Publish & Implement Charter for Improving Patient Experience
- Increase the opportunities & methods for people using services of the Health Board to provide feedback on their experiences
- Expand Friends and Family Test to all services provided by the Health Board & publish results
- Implement Speaking up Safely process for staff
- Strengthen the learning from events process and ensure positive action is taken to improve outcomes for patients
- Improve staff knowledge, awareness and skills, to enable all staff to fulfil a role of patient experience ambassador.
- Ensure proactive and early resolution of concerns/complaints

Quality Management System

- Strengthen quality management arrangements to embrace an overarching Quality Management System approach with quality as a central driver to the way we do our business. This will include development and implementation of:
  - A Quality Assurance Framework
  - Quality Control arrangements
  - Clear Quality Planning arrangements
- Further development of the quality dashboard to enable Team to Board reporting
- Enhance internal quality surveillance to support triangulation of information & data.

Quality Safe Care | Effective Care | Timely Care | EQIiP | Efficient Care | Equitable Care | Person-centred Care

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

Galluogi Gwella Ansawdd yn Ymarferol
Enabling Quality Improvement in Practice

Infection Control and Prevention

- Strengthen & further develop our Community Infection Prevention model with a focus on health promotion and infection prevention.
- Make progress against the AMR & HCAI Improvement Goals and support the AMR 5 year National Action Plan with a focus on Hospital acquired pneumonia (aligned to EQIiP) and Urinary Tract Infections associated with indwelling urinary catheters.
- Further develop the performance and assurance frameworks for Infection Prevention using the digital case management and surveillance system and collaborative working with PHW Hospital Epidemiologist.
- Further develop the Outbreak reporting & Surgical Site Infections (SSI) modules to inform our Quality Improvement programme.
- Align the principles of prudent healthcare to use of disposable gloves to recognise financial savings and environmental benefits.
- Increase Faecal Microbiota Transplant as an option for treatment of C. diff

Quality Improvement

- Refresh the Quality Improvement Framework
- Work with Improvement Cymru to test an alternative approach to improvement capacity building
- Facilitate 2 EQIiP cohorts in year to support improvement activities and improvement capability
- Focus improvement activity on agreed harm and executive priorities: e.g. HAT, Pressure Damage, AKI, Sepsis, Falls, Unscheduled Care
- Increase the number of Improvement Coaches & Improvement Advisors to drive improvement methodology at team level through a collaborative approach
- Utilise the findings of the external evaluation of the EQIiP programme delivery and outcomes.

How We Make This Plan Happen - Quality and Safety

We have committed to adopt a whole system approach to quality improvement and this is set out in our Quality Improvement Strategic Framework. Our key goals within the framework are:

- no avoidable deaths
- protect patients from avoidable harm from care
- reduce duplication and eliminate waste
- reduce unwarranted variation and increase reliability
- focus on what matters to patients, service users, their families and carers, and our staff

The plan builds on the Quality Improvement Strategic Framework 2018/20 which incorporates the Enabling Quality Improvement in Practice (EQuIP) collaborative programme. This programme has been hugely successful in 2019 and demonstrates our commitment to embedding a culture of continuous improvement with a focus on its five Quality Goals. This collaborative approach will continue over the coming years with larger cohorts and continuous evaluation of its impact and contribution to the delivery of the organisation's three year plan. The quality thread is intentionally woven throughout this plan capturing the ethos ***that quality, the provision of safe, timely, effective, efficient, equitable and person-focused care and services is everyone's responsibility***. To facilitate ownership of quality and all its domains we have, and will continue to invest in, capacity and capability building throughout the workforce from floor to Board. This is being achieved through programmes of work which will focus on further building the safety culture and enabling leadership development.

Our ambition to establish a clear and recognisable improvement function in 2019 resulted in the creation of the Quality Improvement and Service Transformation (QIST) Team, bringing together and extending the resources allocated to Quality improvement, Service Transformation, Practice Development and Clinical Audit under one management structure. It is intended that this coalition of resources will continue and strengthen over the next 3 years providing support and facilitation, with operational service teams, through an executive agreed work programme. The work programme will be regularly reviewed to ensure that there is alignment of organisational values, priorities and service developments across our footprint. Wherever possible and clinically appropriate, improvements will be progressed beyond the University Health Board and partnership agency boundaries.

What we will set out to do 2020/23

- We will invest £160,000 in EQIiP Cohort 2 & 3. This links with our Organisational Development Programme, culture and leadership, builds improvement capacity, capability and sustainability and reduces cost through alignment with efficiency work e.g. Length of stay, waiting times
- Development of Improvement Expertise to maintain capacity through two Improvement Advisors developed through a national initiative by Improvement Cymru (assume to be funded by Improvement Cymru) at a cost of £12,000 to support the clinical team in practice
- Development of a Quality Management System - improvement, assurance and control with a greater focus on harm reduction – Falls, Hospital Acquired Infections Pressure Damage, Sepsis. We will agree and implement a work programme with Improvement Cymru.

Quality Improvement Framework

The detailed Quality Improvement plan is provided here: Quality and Safety Plan

Our Quality Improvement Strategic Framework which was endorsed by the Board in July 2018 and sets out 5 key, all encompassing, quality goals providing the platform from which the organisation's quality planning, quality control, and, quality improvement activities emanate for the next three to five years. This in particular links with the safety principle of the 10 national design principles, where safety is not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other forms of harm.

Our 5 quality goals

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

Our Quality Improvement Strategic Framework will be reviewed during the coming three years to ensure progress has been made against delivery of our high-level goals but to consider if any new goals need to be reflected for the future. The quality thread is intentionally woven throughout this plan capturing the ethos ***that quality, the provision of safe, timely, effective, efficient, equitable and person-focused care and services is everyone's responsibility***. To facilitate ownership of quality and all its domains we will continue to invest in capacity and capability building throughout the workforce from floor to Board. This is being achieved through programmes of work which focus on further building the safety culture and enabling leadership development.

The ambition to establish a clear and recognisable improvement function within the University Health Board in 2019 has resulted in the creation of the Quality Improvement and Service Transformation (QIST) Team. This team brings together and extends the resources allocated to Quality improvement, Service Transformation, Practice Development and Clinical Audit under one management structure. It is intended that this coalition of resources will continue and strengthen over the next 3 years providing support and facilitation, with operational service teams, through an executively agreed work programme. The work programme will be regularly reviewed to ensure that there is alignment of organisational values, priorities and service developments across our footprint. Wherever possible and clinically appropriate, improvements will be progressed beyond our and partnership agency boundaries. By providing expert improvement advice and ensuring strong links across to other key work streams, such as Values Based Health Care and Research and Development, best available practice and evidence will be embedded, driving out unwarranted variation. This approach will also demonstrate that improving patient experience and reported outcomes across the whole system and identified pathways is an efficiency and effectiveness priority.

The approach to enhancing and empowering frontline teams to take ownership of improvement actions continues in the field of infection prevention and control. The Infection Prevention Improvement Plan 2020/21 incorporates our strategic objectives for a sustainable service in secondary care and an expanding community service. Through the steps identified within this plan, we aim to increase knowledge of infections and promote prevention and wellness within our community, developing a modern sustainable service. This approach again links with the philosophy embedded within the public health strategy. Developing our workforce is critical if we are to realise the ambitions set out within our Health & Care Strategy as a whole but importantly if we are to provide safe, effective, compassionate, person focused services. Whilst the workforce & OD chapter of this plan sets out the detail of the action being taken it is recognised that developing professional nursing leadership is central to ensuring that care

standards are developed, maintained and implemented in line with national developments and legislation. In particular, the STAR programme, for the ward sisters/team leaders has recently been introduced, and will continue for at least the next three years. This programme focuses on supporting the level of clinical leadership required for the implementation of the Nurse Staffing Levels (Wales) Act. This is particularly important given the expected extensions to the Act in the coming years.

Quality Improvement Plan

This plan lays out the actions that will be taken to achieve our strategic direction to take forward its quality Improvement programme from 2020/21. The plan will build on the implementation of the Quality Improvement Strategic Framework 2018/20 approved by the Board in 2018. The success of the Enabling Quality Improvement in Practice (EQuIP) collaborative programme in 2019 has demonstrated our commitment to embedding a culture of continuous improvement with a focus on its 5 Quality Goals. This collaborative approach will be continue over the coming years with larger cohorts and continuous evaluation of its impact and contribution to the delivery of the organisation's 3 year plan.

Our ambition to establish a clear and recognisable improvement function resulted in the creation of the Quality Improvement and Service Transformation Team, combining and extending the resources allocated to Quality improvement, Service Transformation, Practice Development and Clinical Audit under one management structure. This ambition will continue over the next 3 years in order to establish a work programme that extends across all services, beyond acute services into community and primary care and across our and partnership agency boundaries.

By ensuring the improvements needed across all its services are supported with expert improvement advice, using the best available practice and evidence and working across whole systems and pathways, we will demonstrate improving patient experience and outcomes are our primary focus.

Priorities	Actions	Expected outcomes	Milestones
Build Capacity and Capability for Continuous improvement across the University Health Board	Evaluate Collaborative Programme using Kirkpatrick model: Level 1 - Reaction Level 2 - Learning Level 3 - Behaviour Level 4 - Results	Evaluation demonstrates sustained application of improvement methodology and measureable improvement outcomes, which support delivery of the organisations plan.	Independent Evaluation of Cohort 1 for all 4 levels undertaken by Swansea University
	2 cohorts / financial year for 15 teams of 8 people working on projects aligned to 5 Quality Goals	240 staff attend collaborative programme per year supporting the delivery of 30 improvement projects.	March-December 2020 Cohort 2 June - March 2021 Cohort 3
	Coach expertise established in QIST Team	Sustainability of support to EQIiP programme	Band 7's in QIST Team developed
	Identify and develop Improvement coaches from each cohort	Improvement Expertise developed within operational teams to support improvement initiatives within front line service outside EQIiP	Minimum of 4 coaches identified and developed from cohort 1
	Continue development of advanced improvement advisor resource in line with IHI model	All Band 7's and above in QIST team have an advanced improvement qualification	Completion of IHI Improvement Advisor programme x 3 (2 from QIST Team and 1 from Medical Directors Team)
	Monitor and review implementation of QI Strategic Framework	Collaborative Steering Group to review implementation	Terms of reference membership reviewed. Monthly meetings with bi monthly reports to QSEAC.
Ensure strategic priorities and direction for QI align to Organisational plan and delivery of organisation objectives	Review and refresh Strategic Framework for next 3 years	QI Strategic framework is fit for purpose	Service level and desktop review of impact of 2018/21 framework
	Continued Board engagement in improvement direction and impact.	Board members understanding of QI activities, methodology and impact is maintained and enhanced.	QI session include on all Board development sessions with presentations from teams from Cohort 2 &3 (year 1)
		Executive Directors are involved in and influence improvement projects taken forward through the collaborative programme	Executive sponsor identified for each project on Cohort 2 &3 (year 1);

Priorities	Actions	Expected outcomes	Milestones
Alignment of all Improvement activities and resources are aligned to Quality Goals or delivery of the Organisation Objectives and Annual Plan	Development of a QIST Team work programme	The value and impact to improvement resource to the delivery organisational priorities is measured and demonstrated	QIST annual plan work programme for each year agreed with Executive team
	Target Improvement activities to lessons learnt from incidents, complaints and performance against national targets.	Measureable reduction in harm from care, complaints from service users, waste from activities of care delivery, variations of care and demonstrable improvement in reliability of care from improvement activities undertaken with operational teams	Pressure Damage, Falls, HAT, AKI, Communication with Patients, Nutrition & Hydration, LOS, Outpatients/ Follow Ups, Outcomes of Red to Green data, Implementation of resigned Pathway, Improvement in processes to improve compliance with National Clinical Audit Plan, Contribution to Mortality Review process and lessons learnt
	Work with partner organisations and agencies to develop mechanisms for collaborative improvement activity	Collaborative improvement activities initiated	Action Learning Set established Take forward plan to develop hydration improvement plans with CTMUHB. Development of a work plan with Swansea University Improvement Team

Patient Experience

A central theme throughout this plan is that of improving patient experience. Whether this be associated with reducing waiting times and generally improving performance and access to services or demonstrating how we are listening, learning and adapting our services in response to the feedback provided by patients, service users, carers and our staff. The specific patient experience element of our plan describes in detail the steps we will be taking to strengthen our patient experience, maximising digital opportunities wherever possible. In addition, work has recently commenced and will continue to evolve during the coming three years on the establishment of a safety valve, Speak up Safely, aimed at enabling staff to raise concerns about patient safety. This activity is recognised as an enabler in developing the safety culture within the organisation and is supplementary to already established mechanisms for raising concerns. Implementation of the recently developed and adopted Patient Charter is just one step being taken in the coming year to build upon the population partnership and engagement model which is a key underpinning feature within our public health strategy. Likewise, the work currently being mapped out to develop Patient Experience Ambassadors is another critical piece of work, which will, through workforce engagement and upskilling transform the experience of those utilising the services available.

Our key priorities to deliver the best patient experience through 2020/21 are as follows:

- Publication & promotion of the Patient Experience Charter (and associated two year delivery plan and assurance framework).
- Ensure the quality of the user experience informs priorities and decisions, as required by the Quality & Engagement Bill
- Implementation of envoy electronic patient experience system, expand to all services (acute hospital sites).
- To develop and undertake a programme of patient experience real-time surveys in a limited number of areas.
- To agree a patient experience feedback report template and assurance process as part of the SLA for commissioned services.
- To increase capacity of patient story capture and develop a share-point environment for patient stories.
- To facilitate work within individual services to ensure positive action is taken in response to patient experience feedback.
- Establish a listening & learning from events group to provide assurance to the Board of appropriate action & monitoring of lessons learnt. Also triangulation of feedback and outcome data to establish themes/trends, provide early warnings and to inform risk management.
- Implement and support the further development of the patient experience apprentice scheme
- Consistently maintain Welsh Government Target of 75% of concerns responded to within the 30 working day period
- Support the design, procurement and implementation of the Once for Wales Service User Feedback System
- Ensure all staff are trained to and fulfil a role of Patient Experience Ambassador
- Deliver a training programme for managers/leaders to support a culture of ensuring patient experience is central to service design & delivery.
- Deliver essential training on duty of candour, legal responsibility & accountability and learning from events.
- Deliver a communication strategy for sharing patient experience information and you said/we did feedback to patients, staff and stakeholders
- Develop a system for triangulating all experience (including staff and public engagement) data and feedback to Board and service areas
- Benchmarking of patient experience data to support learning from events with comparative organisations in NHS England.
- Following implementation of once for wales, benchmark across NHS Wales.
- Implementation of Once for Wales Patient Feedback System.

Safeguarding

Safeguarding is built into our everyday work. The principles outlined in Social Services and Well-Being (Wales) Act (2014) and the key priorities set out in the Mid & West Wales 'Safer Lives Healthier Relationships' Tackling Sexual Violence and Violence against Women in our Communities, Strategic Plan (2018), will provide the strategic framework moving forwards. The key actions for 2020/21 will be:

- Phased approach to the delivery the Violence against women, domestic abuse and sexual violence 6 strategic regional priorities. Commencing with Priority 5 - Training
- Deliver on actions identified within the Maturity Matrix Safeguarding Improvement plan
- Co- ordinate self-assessment against 2020 Safeguarding Maturity Matrix
- Lead the implementation of the Safeguarding module within DatixcloudIQ (Once for Wales Risk management System)
- To oversee and monitor the embedding of the Safeguarding Delivery Group structure

Sexual Assault Referral Centre (SARC)

Health Boards and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for SARC services. Ongoing modelling and planning work has been carried out during 2018/19 with the relevant statutory agencies and clinical representation across all stakeholders. In September 2019, the statutory bodies approved a series of recommendations and financial framework to support a commitment to implementation of three acute SARC hubs for adults and two SARCs hubs for children up to the age of 16 years. The costs associated with this establishing hubs and spokes are anticipated to be phased over a period of three years as the service model is developed and implemented. It is anticipated this will commence 2020/21. The financial contribution for health boards has been split on a population basis.

- Further work will take place early 2020/21 to develop the commissioning framework, as well as the service model and costs associated with phase 2 and 3 (spokes and Forensic Medical Services) of the service model, which will require formal approval through the Boards of the statutory organisations prior to any further funding commitment being made.

Healthcare Acquired Infections

The Infection Prevention (IP) Team will continue to promote clinical ownership of infections in secondary care and increasingly in primary care and community. With this model, we aim to increase knowledge of healthcare acquired infections (HCAI) and promote prevention and wellness within our community, developing a modern sustainable service. Over the past year 2019/20, we have continued to see reduction in *Clostridium difficile* Infection (CDI) and *Staphylococcus aureus* Blood Stream Infection (BSI) but are not yet meeting reduction expectation targets. *Escherichia coli* BSI has been more problematic over the last year, and this reflects in our key priorities, which aligns to our assurance framework. The Integrated Performance Assurance Reports track our performance against the reduction expectation targets on a monthly/bi-monthly basis with scrutiny from the Infection Prevention Sub-Committee.

Our Infection Prevention Improvement Plan 2020/21 actions are as follows:

- Increase capacity within our Infection Prevention team to further develop the integrated approach across Primary, Community and Secondary Care, and meet the requirements of Welsh Health Circular WHC/2019/019.
- Increase capacity within Pharmacy Services
- Alignment of strategic priorities and direction for Infection Prevention, Clinical Service, Estates and Facilities plans and a Healthier Mid & West Wales.

Our Assurance Framework key priorities for 2020/21 are as follows:

- Work with the Public Health Wales Epidemiologist to identify themes where interventions could be developed towards the Infection Prevention Reduction Targets set by the Delivery Unit and identify infection hotspots in the community to direct and support the work of the community Infection Prevention Team.
- Identify two pilot care homes to further roll out Aseptic Non Touch Technique training in to the community. Identify issues relating to e-learning, competency assessment and practise to support development of roll out.

- Revisit training around Urinary Tract Infection recognition and management as part of the continuing work to reduce E. coli BSIs across secondary care, primary care and community. Training will focus on 'Do Not urine dipstick for diagnostic purpose for over 65's' and will include messages on hydration.
- Reduce Clostridium difficile infection cases to no more than 10 a month working towards the reduction expectation targets by understanding the scale of the issue of C.difficile carriers, supporting the review of Proton Pump Inhibitors, improving community engagement and supporting antibiotic reviews.
- Work towards the Antimicrobial improvement goals set out in Welsh Health Circular/2019/019. Support and review reports from 'Start Smart, Then Focus' audits, provide supporting education on Jabs to Tabs across acute sites.
- Work collaboratively with Urology nurses and continence team to progress work on reduction of urinary catheter numbers, through continuing to raise awareness on catheter passports, supporting the HOUDINI project.

Pressure sores

- The All Wales Purpose –T risk assessment (a pressure sore assessment tool) has been rolled out to all acute areas and is due to roll out to community shortly
- The Tissue Viability Nurse & Professional Practice and Development Nurses are onsite to continue training and education as needed.
- Audit of Purpose - T risk assessment in the acute hospital sites has identified excellent uptake of the tool three months post implementation. Some learnings have been identified ,communicated and actions put into place
- Nurses and Health Care Support Workers have been encouraged to complete the pressure damage E-learning module which raises awareness and educates. It also gives clear instruction on how to complete the Purpose-T document. We have made the decision to mandate this for all registered nurses, we are currently following this process through.
- Scrutiny of all pressure damage cases in the acute setting continue and support is being given to areas to ensure there backlog is completed and learning is communicated and improvements made.
- There will be a pressure damage improvement project team on cohort 3 of the EQIiP programme. Tests of change will be completed, best practice and learning will be rolled out to other areas as necessary.
- The pressure damage improvement meeting continues to ensure a whole system approach and communication across all areas within the Health Board
- A pressure damage information leaflet for the public has been developed in conjunction with Public Health Wales and cascaded to hospital and community teams
- The pressure damage equipment group meetings continue to oversee audit, standardisation and supply of specialist equipment relating to pressure damage including mattresses, bedframes and cushions
- The pressure damage policy has been updated and will be rolled out

Additional actions we will take to improve performance – CHAPTER 10: Performance

CHAPTER 8: Workforce and Organisational Development

How We Make This Plan Happen - Workforce and Organisational Development

To deliver this strategy, we need to make changes to the way in which we deliver our services, which means we need a flexible and adaptable workforce that is competent, confident and engaged. Our priority within the 2020/23 Plan (available here) is to continue to stabilise the workforce, establish a framework for continued growth and resilience, whilst recognising challenges, and the important of distributed and compassionate leadership.

We have already started to address the challenges. Our County Teams and Primary Care Localities are assessing different approaches to integrated working and multi-disciplinary teams, taking a whole system approach comprising population health and wellbeing, community care, primary care, long-term care and links into our hospitals. Each of the counties and hospitals have workforce challenges in the delivery of services. Some of these are due to the rurality of locations; others reflect different starting points (baselines) and strategies employed to achieve workforce sustainability. As our work in primary care develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners without losing the distinctiveness of each of our local areas. We may need to tailor our approach to workforce planning locally and regionally.

We will invest £2.3m in Workforce & Organisational Development over the next 3 years– this cost is included in our local developments; significant but needs to be set within the scale of opportunity – we spend £3.5m on mental health related sickness absence and our variable pay bill last year was c£54m. Our investment plan will set out and track improvements and savings, and other metrics to ensure we are having the expected output but we expect the return on this investment to be more than offset the cost once fully realised

Our workforce is at the heart of our organisation, and we aim to be an employer of choice by ensuring that the wellbeing and support for all our employees is paramount.

Our strategic intentions will align to the All Wales Workforce Strategy, Health & Care Strategy and service plans, managing risks as appropriate.

This means living our values and embracing them in the context of workforce transformation objectives to create "Safe, Sustainable, Accessible and Kind" systems, processes and structures which ensure we:

- Put people at the heart of everything we do
- Work together to be the best we can be
- Strive to deliver and develop excellent services

What we will set out to do 2020/21:

- Virtual Hub to be expanded to include local authorities (Linked to WG fund)
- Innovation, improvement and research activity mapped out
- Further developed suite of leadership programmes spanning whole organisation (underpinned by All Wales Leadership Principles)
- Increased OD interventions including compassionate leadership, EQIP programmes and leadership development
- Efficient improved employee relations processes
- Improved recruitment processes leading to reduction in temporary workforce
- Greater diversity in the workplace
- Improved support to staff for general health matters and psychological wellbeing
- Business partnering introduced to support services to manage business
- Improved staff learning & education with TNA introduced focusing on skills for the future (clinical i.e. specialist & technical and non clinical i.e. digital)
- Increased capacity for apprenticeships, new role design, joint and integrated posts
- Improved access to employment by engaging with local population
- Speaking Up Safely Introduced
- Building capability for workforce planning, succession & talent management.

Our workforce is at the heart of our organisation. In order to sustain the delivery of services we have an overarching aim to be an employer of choice and ensure that the wellbeing and support for all our employees drives practice across all services and levels. Our priority within the 2020/21 Plan is to continue to stabilise the workforce and establish a framework for continued growth and resilience.

Workforce and Organisational Development

To deliver ***A Healthier Mid and West Wales: Our Future Generations Living Well*** 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 that will present in delivering a social model for health. In recognition of this, we have established two specific well-being objectives that will contribute to a prosperous Wales and a more equal Wales as well as strategic equality objectives which forms part of our new Strategic Equality Plan 2020/24.

The scale of workforce opportunities and challenges are significant and touch all aspects of design and delivery of services. We know that all health and social care organisations will face similar challenges:

- Planning to meet the needs of an aging population with an aging workforce
- Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities
- Managing changing public expectations about the care received
- Achieve better integration between health, social care and support organisations
- Shifting the focus towards prevention and well-being
- Delivering the personalisation agenda and providing person centred care within financial constraints
- Ensuring the system delivers high quality services within financial constraints

- Developing effective measures for high quality of care and productivity (and ensuring high quality data is collected)
- Preparing for changes resulting from innovation and technology
- Planning service delivery, given the uncertainty around levels of funding, and impact on future demand and supply of services
- Uncertainty in how investment in life science, health care will support the economy, in the context of Brexit and the local Welsh economy.

We know 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. *This is fundamental to our clinical strategy. Taking account of our unique cultural influences i.e. the importance of the Welsh Language and rurality as we challenge ourselves to adopt new ways of working within and across partners.*

We already work collaboratively with a range of regional and local partners who are key as we work to stabilise our workforce and move to a seamless model of health and care delivery, in line with *A Healthier Wales*. As a regional partnership board, we have developed our core objective to deliver a Regional Workforce Strategy, to be evolved in line with the vision for Health Education and Improvement Wales (HEIW's) Health & Care Workforce Strategy. Our engagement in the consultation through national, regional and local events has highlighted the scope and scale of the work needed to move forward and we are committed to that challenge and are keen for support that can offer opportunities for increasing the supply and skills of the future workforce in West and Mid Wales. Our partners in health and care delivery: carers, volunteers, work placements and those who work within other organisations, public, private and voluntary agencies are integral to how we will move forward. We are alert to the need to reflect the widest conception of our workforce in our future plans as we work towards a whole system approach. This will be at the heart of our work to develop services and our workforce. We will be reaching out to our partners across health and social care to develop greater opportunities to work jointly and regionally – primary, community, secondary and wider to create a sustainable workforce. Our greatest challenge being the workforce supporting unscheduled care – a key focus.

In order to meet all of these challenges, we will invest £2.3m in Workforce & Organisational Development over the next 3 years– this cost is included in our local developments. This sounds significant but needs to be set within the scale of opportunity – we spend £3.5m on mental health related sickness absence and our variable pay bill last year was c£54m. Our investment plan will set out and track improvements and savings in these areas, and other metrics to ensure we are having the expected output but we expect the return on this investment to more than offset the cost once fully realised. Our workforce plan will dovetail into our 10 year Workforce, OD & Education Strategy, 10 year All Wales Workforce Strategy for Health and Social Care, requirements developed by service plans, as our Health & Care Strategy develops. We are keenly alert to the risks that we face i.e. challenges in defining our future workforce and commissioning the required education; inability to recruit into core vacant posts to

deliver the new models of care proposed; that change is not appropriately managed and impacts on wellbeing on our workforce. Ultimately, we will not be able to maximise the opportunities from modernisation and costs increase.
As part of our evolution, the Workforce and OD Directorate will work under a new structure to align our strategic intentions into delivery led by the Workforce Leadership Group:

- Workforce Performance & Wellbeing
- Workforce Resourcing & Utilisation
- Workforce Development & Education
- Organisational Development & Design

A core focus will be aligning the organisational wide workforce activity to strategic imperatives through connectivity to the Strategic Enabling Group for our Health & Care Strategy. This group will lead and develop the infrastructure that enables workforce planning, change management, implementation and governance to be embedded in our operational activity and effectively prioritises our workforce ambitions. Added to this we will be rolling out "A Hywel Dda Way" our programme management approach to ensure staff have key knowledge and skills in workforce planning, communications, engagement, equality impact assessment to empower then to deliver compassionate care.

Actions we will take to improve performance – see chapter 10 for details

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

Developing Our Therapy Services

The detailed Therapy plan is provided here: Therapies Plan

Plan on a Page for Therapies services

Therapy services, working across health and social care services will:

- Support people to stay well, not just treat them when they become ill.
- When people need help, health and social care services will work with them and their loved ones to find out what is best for them and agree how to make those things happen, namely a 'person-centred approach'.
- More therapy services to be provided closer to home or at home and people will only go into hospital for treatment that cannot be provided safely anywhere else. This will take pressure off our hospitals; reduce the time people wait to be treated, and the time they spend in hospital.
- Health and social care services will use the latest technology and medicines to help people get better, or to live the best life possible, if they are not able to get better.

Design principles for the Therapy 3 year plan are:

- Patient centred, concentrating on safety, quality and experience.
- Home to home: integrated services in the community to prevent illness, improve wellbeing and provide care closer to home where appropriate
- Data and evidence driven, patient outcome focussed.
- Innovative and transformative, considering new ways of organising and delivering care around the patient and their careers.
- Standardised, best practice processes and care pathways.
- Sustainable with efficient use of resources.
- Prudent by design, following NHS Wales's prudent healthcare principles.

Our service plans will ensure that:

- The models are designed with a focus of prevention, delivering care close to home wherever possible, routine care and specialist and emergency care in the most appropriate care setting.
- We improve the efficiency and sustainability of service provision from 2020/23 by ensuring that service development, model of care design and implementation is patient-centred, transformative, evidence based and economically viable.
- Care quality and safety is of the highest importance during a period of transition to different delivery models, that any changes are well planned.
- We aspire to improve staff satisfaction, recruitment and retention through the enhancement of patient and citizen focussed services
- Any therapy developments are assumed to be included the three Integrated County Plans

Our key Therapy deliverables through 2020/21 are

- Evaluate benefit of pilot Primary Care vocational clinic (OTVoC) and Early Intervention in Psychosis, Individual Placement Support partnership with view to embedding & expanding service models.
- Develop and initiate RCOT Health & Work Champions programme, to upskill occupational therapists to routinely address work as a key enabler of individual and population health & wellbeing
- Explore value and impact of occupational therapy within Occupational Health Service
- Evaluate Early Years pathfinder project to build better connected and resilient communities with fair and equal access to universal and targeted services
- Expansion of training program for universal approach to 'Foodwise' group weight management programme
- Mapping of Healthy Weight Healthy Wales Strategy against current Obesity / Weight Management services across HDdUHB
- Establish Advanced physiotherapy practitioner (Respiratory) to redesign respiratory pathways that support CRISIS response services
- Review of current VIPAR service model and identify ongoing technological requirements to facilitate equitable provision across HDdUHB
- Establish sustainable resourced model for First Contact Practitioner roles, and ensure succession planning in place for all roles
- Establish pilot service model in one county and evaluate service impact on demand management and other specialities eg Occupational Therapy Hand Service
- Evaluate service model required to provide equitable model at scale across HDdUHB
- Review of current self-management program to identify resource requirement to upscale across HDdUHB
- Train:
    - 450 staff in Brief Advice skills
    - 150 staff in Brief Intervention skills
    - 50 staff in Motivational Interviewing
- Undertake Demand & Capacity Training for all Therapy Services and develop D&C Plans for all Therapy Services
- 4 monthly review of D&C plans to measure actual against projections
- Ensure F/U demand & capacity for therapy services is included in annual planning cycle
- Participation and submission against the NHS Benchmarking Audit for Community Therapy Services 2020
- Review and action plan against Benchmarking return
- Review of 2019 /20 workforce identifying areas of high or routine agency /additional hours usage. Develop workforce plans to address shortfall in line with D&C planning and workforce projections eg capacity loss due to turnover supported by over-recruitment strategies.
- Pilot Therapy Assistant Practitioner role to provide continuity of intervention and reduce deconditioning in acute hospitals, through to supporting early discharge and continued support within the community setting.

CHAPTER 9: Finance – making the best use of our resources

Our Financial Plan

The detailed Financial plan is provided here: Financial Plan

The Health Board is required to ensure that the 2020/21 budget is prepared in accordance with the aims and objectives set out in the Integrated Medium Term Plan, and focused on delivery of safe, quality, patient-centred services, and specifically must:

- Accord with commissioning, activity, service, quality, performance, capital and workforce plans;
- Be produced following discussion with appropriate budget managers;
- Be prepared within the limits of available funds;
- Take account of ring-fenced or specified funding allocations;
- Take account of the principles of sustainable development; and
- Identify potential risks.

In agreement with Welsh Government, however, the Health Board will not be in a position to produce an Integrated Medium Term Plan, as we have currently set a deficit budget for the year and the cumulative three-year period ending 31 March 2023, and as such, the plan has not been prepared within the limits of available funds.

The plan also does not take account of the principles of sustainable development as the deficit will need to be repaid in the longer term.

Summary Financial Position	Income £m	£10m	Spend £m	2020/21 £m
Underlying position brought forward	-	-	-	48.0
Allocation uplift	(12.9)	(4.4)	18.1	(0.8)
A4C Funding	(5.3)	(5.6)	10.9	-
Other increases in allocation	(4.9)	-	4.9	-
Impact prior year decisions	-	-	3.8	3.8
Health Board identified pressures	-	-	7.5	7.5
	(33.1)	(10.0)	44.2	12.1
Total position before savings	-	-	-	60.1
non-recurring gains	-	-	-	(9.1)
Savings	-	-	-	(26.0)
Local Developments subject to Board approval	-	-	-	7.5
Additional savings requirement to implement local developments	-	-	-	(7.5)
Deficit for the Year				**25.0**

However, the Interim Financial Plan has been prepared following discussion with appropriate budget managers; takes account of ring-fenced or specified funding allocations; and identifies potential risks.

Further, assurance can be given that the Health Board will continue to look at every opportunity to reduce expenditure and close the financial gap wherever possible. In summary, our position is as shown.

We have agreed a number of local developments which are self-financing. The costs and savings associated with these developments are assumed to be resource-neutral. Details around the benefits to be delivered via these investments are detailed in the Plan with a scheme summary shown in the table below:

Local Developments	Costs £m	Other sources of funding £m		Health Board Savings £m	Benefit Delivered
3 Counties	0.0			1.0	
Workforce & OD	2.3			2.3	Reduction in sickness & variable pay
Smoking Cessation	0.3	0.1	Prevention	0.2	Increase admission avoidance
Vaccination & Immunisation	0.4			0.4	Reduction in patient contacts
Making Every Contact Count	0.1			0.1	Population health benefits reducing inequalities for every QALY we will not spend £3k
Health Care Acquired Infection	0.2			0.2	Reduction in antibiotic usage & reduction in infection rates
Improving Patient Experience – Envoy/PALS/EQLIP	0.5			0.1	
Digital	1.1			0.9	Cash and productivity benefits to be quantified prior to development roll out
Sustainable TB Service	0.8				
Programme Business Case Development	1.8				
TOTAL	**7.5**	**0.1**		**7.4**	

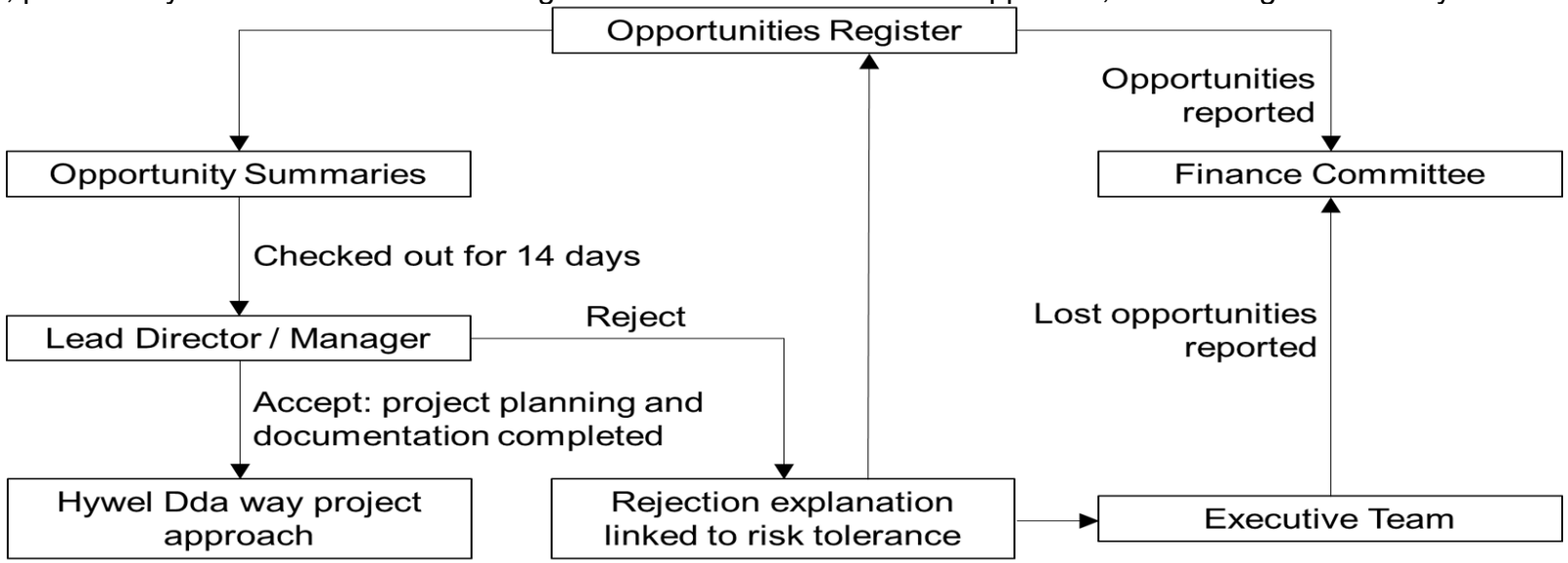
Savings & the Opportunities Framework

The deficit will be allocated out to directorates in 2020/21 using a methodology which will be agreed by the Finance Committee, and monitor this position on an ongoing basis, and from this, in order to remain within resources, savings plans will be required. We have developed an Opportunities Framework for the Health Board to enhance our focus on translating opportunities into both deliverable savings as well as deliverable programmes of change. At its core, this has an Opportunities Register, which consists of a summary of our opportunities gleaned from all sources available to us. This includes analysis run by Welsh Government, the Delivery Unit, Finance Delivery Unit, KPMG, CHKS, BADS, NHS Benchmarking Network and our own sources. Opportunities have been distilled into two main areas, reflecting the approach taken by KPMG during their recent work with us:

- Cost efficiency, where there are opportunities arising to reduce unit costs across our directorates;

- Volume efficiency, where there are opportunities arising to reduce volume through better demand management, referral management or value based healthcare interventions.

Our unified framework will follow an initial idea or benchmarking prompt, through to ensuring delivery and realisation of the opportunity. It will align all the efficiency, productivity and volume benchmarking information we have into one approach, shown diagrammatically as follows:



This will enable the organisation to address savings plans with a focused, evidence based approach; which align with providing better care for our patients and population in line with our long term strategy. High level opportunities have been identified through the efficiency framework developed by the Finance Delivery Unit. This provides data in four domains:

- Population Health;
- Technical Efficiency;
- Whole Systems Intelligence; and
- Shared Opportunities.

This approach – the framework and the opportunities - will be transacted using the Hywel Dda way, which explains change programmes in a patient focused way and id described next.

The Hywel Dda Way

The main features of the Hywel Dda way are that it:

- Creates a framework that works for staff, is people friendly, and builds on how we tell a story around a patient journey (Teulu Jones);
- Expands ownership of change projects across the Health Board;
- Develops consistency of approaches and language;
- Supports clinicians and other staff, ultimately focusing on health and well-being of patients and delivering value;
- Develops an approach that is accessible, using proportionate tools and methods, and supports staff in using the right approaches for the complexity and scale of a project;
- Links together existing initiatives, e.g. Quality Improvement framework and building this into standard practice;
- Builds on the agreed Programme and Transformation approach, including the incorporation of the "Check and Challenge" process, and the "Discover, Design and Deliver" process which have already been successfully used in the Health Board;
- Builds in support and training for all staff; and
- Celebrates success more openly and often.

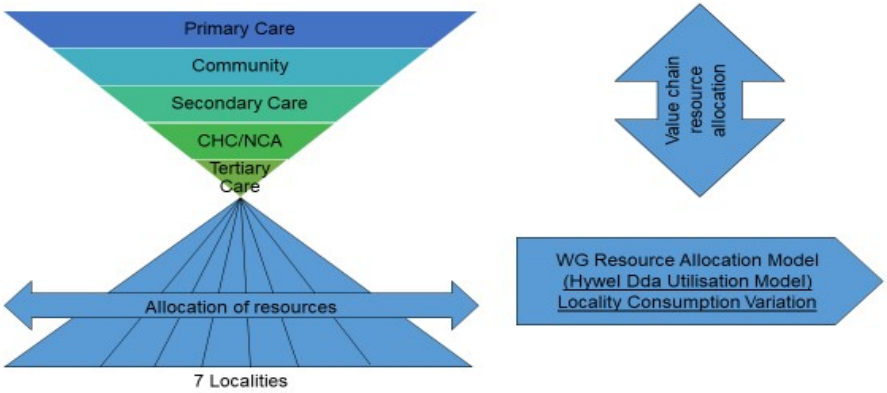
The "Hywel Dda Way" is organic and dynamic while remaining true to a set of principles that allows staff to deliver change in keeping with our organisational values.

Value

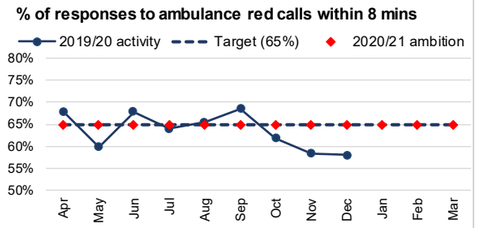
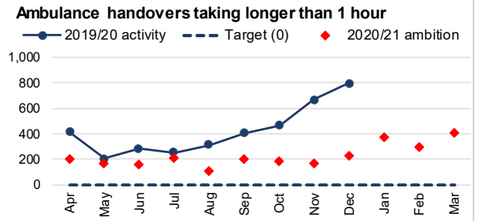
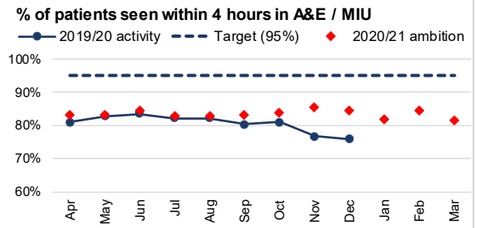
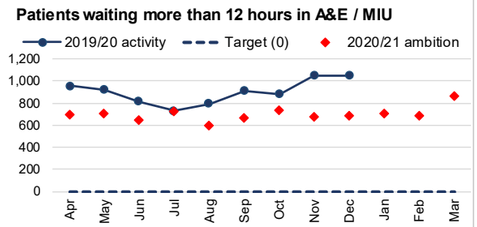
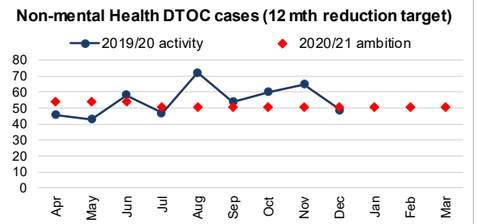
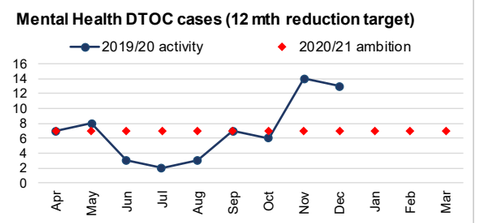
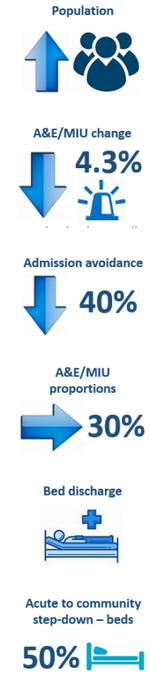
While definitions of Value in a health care context vary, at their core are the drive to improve clinical and patient outcomes whilst making the most effective and sustainable use of the resources required in achieving this. We are learning lessons from across Wales and further afield to develop this rich area of opportunity. Opportunities identified through this work are being incorporated into our Opportunities Framework, and through to delivery through the 'Hywel Dda Way'.

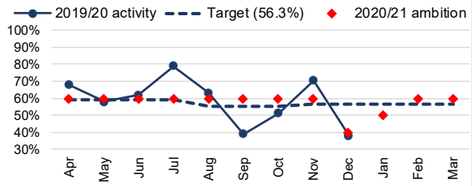
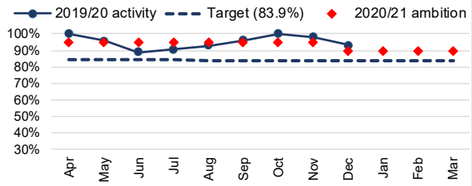
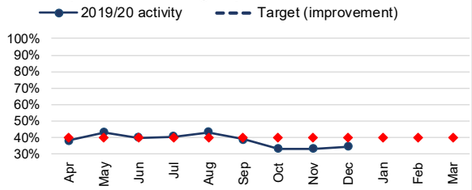
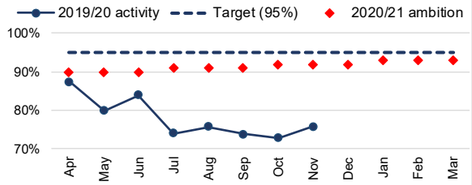
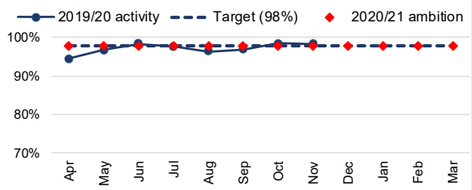
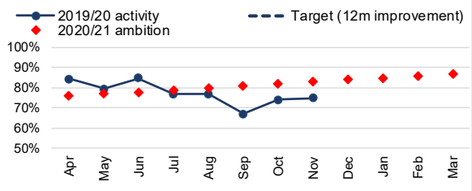
Alongside specific condition and service projects, representing a mixture of local and national priorities, are initiatives that provide fresh perspectives in a wider systemic view of activities and costs.

Our approach, represents a focus on assessing resource consumption and allocation across the value chain, from Primary Care through to Tertiary Care; with an assessment on the resources consumed across our localities. This interplay of pathways and place-based resources will provide a rich seam of intelligence for us to better assess the appropriate use of resources.



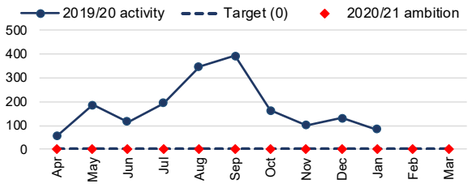
CHAPTER 10: Performance

Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Unscheduled care					
     	It is unlikely that we will achieve the key deliverable targets by March 2021 for ambulance handovers within 1 hour, patients treated in A&E/MIU within 4 hours, patients waiting more than 12 hours in A&E / MIU or non-mental health delayed transfers of care. During this transition period when ambulatory care and assessment units are making the necessary improvements, and projects funded through the transformation fund becoming fully established, it is difficult to foresee any consistent improvement in performance. Therefore 2020/21 will be a year to consolidate improvements with a view to performance improving towards the end of financial year, and future years building on this to increase the performance to the required levels. The improvements required to our current USC are very clear, and in addition to hospital actions, many of the actions, outcomes and timescales to deliver the improvement across the USC System will require greater collaboration, integration and partnership working recognising our population health actions, Wellbeing of Future Generation objectives as well as our integrated county plans.	Baselines to be established 1. Reduction in ambulance conveyances 2. Improvements in GP out of hours fill rates 3. Reduction in A&E attendances 4. Improvements in patient flow 5. Improved discharge planning 6. Alternative rapid access crisis response and community wrap around services available	1. Work with WAST to improve clinical pathways for care within the community and thereby reduce conveyance; 2. Building a sustainable GP Out of Hours model working with alternative clinicians and multi-disciplinary professionals across partner services; 3. Develop and enhance Same Day Emergency Care as an alternative pathway to bypass A&E; 4. Robust implementation of SAFER NHS improvement bundle and enabling initiatives to improve patient flow; 5. Agree Discharge to Recover & Assess pathways with partners; ○ Supporting early discharge planning beginning with the patient's acute phase into the community setting; ○ Communicating these pathways to the patient/family with an estimated date of discharge, a clinical criteria for discharge and a recovery plan; ○ Reducing waits for longer-term packages of care & providing more timely access to home care & reablement packages; 6. Understanding the demand and capacity of our community services to ensure alternative rapid access crisis response and community wrap around services (e.g. Community Resource Teams) for carer support and respite to support the above;	These actions are part of our 3 year plan, the costings for which can be found in our unscheduled care detailed plan.	

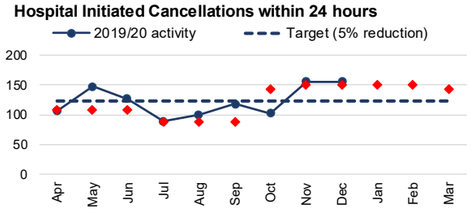
Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Stroke and cancer					
Admission to a stroke unit within 4 hours  **Assessed by stroke consultant within 24hrs**  **Stroke patients receiving required minutes for SALT**  **Urgent suspected cancer patients treated within 62 days**  **Non-urgent suspected cancer patients treated within 31**  **Patients starting first definitive cancer treatment < 62** 	Stroke We do not currently have enough staff in our Speech and Language Team (SALT) to meet demand. This will be considered as part of the stroke pathway re-design. Cancer We are unlikely to achieve the waiting time target for urgent suspected cancer patients. Some of the key challenges include tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board (SBUHB), local diagnostic service capacity pressures, primarily within our Radiology service, which continue to present a risk to the timely assessment and treatment of patients on the Urology and Lower Gastrointestinal pathways, and complex pathway delays due to the need for multiple investigations and multi-disciplinary team (MDT) reviews to determine the most appropriate clinical management plan. Whilst recovery of monthly performance levels to those achieved during 2018/19 is expected these improvements are anticipated to be incremental during the year. Funding secured to support implementation of the Single Cancer Pathway will support some of these improvements although risks within the tertiary pathways for Gynaecology, Thoracic Surgery, Urology & Oncology remain.	Baselines to be established Stroke Business case developed and approved Cancer 1. All cancer referrals reviewed and prioritised within 24 hours; 2. ‘Positive’ cancer pathology and radiology reports sent daily to the Information Team; 3. Use of electronic referrals properly embedded for all tumour sites. 4. Embed one stop clinics 5. Increase access “straight to test” pathways 6. Extend access to Tracker 7 7. Diagnostic performance within 28 days 8. USC 62 day pathway ‘backlog’ measurement	Stroke Re-design of stroke services proposal completed and approved by Board to include an early supported discharge/community neuro-rehabilitation service for stroke and a review of inpatient stroke beds. Cancer 1. Review and refine processes to ensure that all cancer referrals are reviewed and prioritised within 24 hours (will include internal referrals); 2. Routine daily communication of ‘positive’ diagnosis of cancer pathology and radiology reports to the Cancer Information Team; 3. Embed use of electronic referrals for all tumour sites. This is crucial to support timely receipt and grading of referrals. Senior medical leadership in both primary and secondary care is required to support increased utilization of the e-referral system 4. Revised weekly performance monitoring and patient tracking arrangements. 5. Ongoing development of the Single Cancer Pathway	Stroke Financial and workforce implications will be determined by the business case and are unlikely to impact in 2020/21. Cancer Revenue requirement: Investment secured via SCP allocation Workforce requirement: Performance improvements will be dependent upon recruitment progress achieved at Swansea Bay UHB in key tertiary pathways.	Population  Site changes  Bed discharge  Acute to community step-down – beds 50% 

Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Planned care					

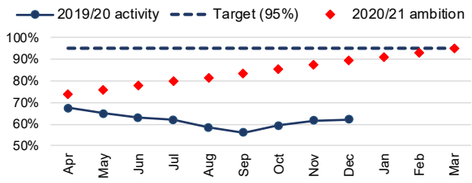
Patients waiting 8 weeks+ for a specified diagnostic



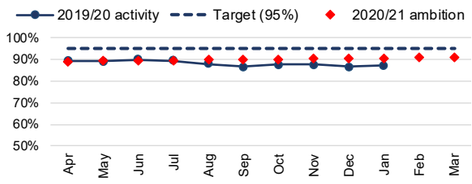
Hospital Initiated Cancellations within 24 hours



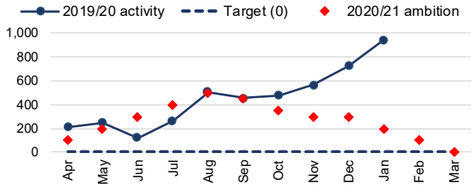
R1 eye care patients seen by target date (or <25%



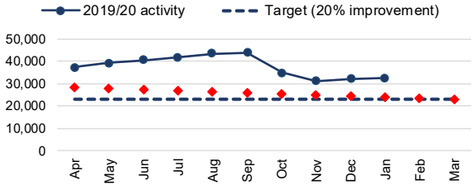
Patients waiting less than 26 weeks from referral to



Patients waiting 36 weeks+ from referral to treatment



Delayed follow up appointments (all specialties)



We expect to improve our performance in respect of the 26 week target above 90% during the year and will progress a range of efficiency and productivity plans to address capacity pressures and improve sustainability in the shorter term.

1. Increased fill rate for operations
2. Reduction in the number of unfilled slots for outpatients
3. All late notice clinic cancellations reviewed and lessons documented
4. All late notice cancellations of admissions reviewed and lessons documented
5. Document Integrated services provided in the community
6. New ways identified for organising and delivering care around the patient and their careers
7. Number of standardised Care pathways and best practice processes implemented
8. Endoscopy surveillance procedure waiting times
9. Reduce DNA rates
10. Increase electronic referrals
11. Reduce the number of follow up patients
12. Reduce the number of follow up patients delayed

Baselines to be established

1. Improve booking processes to identify empty slots and increase fill rates.
2. Review regularly unfilled slots to remove restrictions and ensure they can be converted to a usable slot within agreed timeframes.
3. Review late notice cancellation reasons to reduce empty slots.
4. Home to home: integrated services in the community to prevent illness and improve wellbeing, and providing care closer to home where appropriate.
5. Innovative and transformative, considering new ways of organising and delivering care around the patient and their careers.
6. Standardised, best practice processes and care pathways
7. Change our model of new and follow up outpatient care to enable a better experience for patients, improving waiting times and delivering care as close as possible patients' local communities

Revenue requirement:

1. £5,026,972 (of which 874,662 is additional)- RTT, Diagnostic & Therapy
2. £205,000 – Backlog management
3. 24,342 – Virtual follow ups
4. £56,000 - Patient Knows Best
5. £9,600 – ENT self-management pathways
6. £68,700 Informatics
7. £355,805 Eye Care sustainability
8. £30,000 – Echocardiogram capacity
9. £35,000 – Radiology resource
10. £154,000 - Endoscopy

Population

Site changes

Admission avoidance

40%

Outpatient change

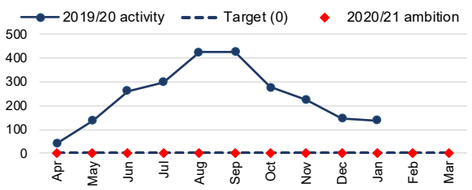
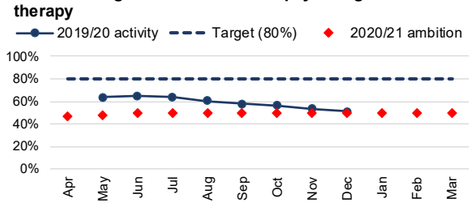
25%

Reduction in follow-up outpatient appointments

Daycase community hub shift

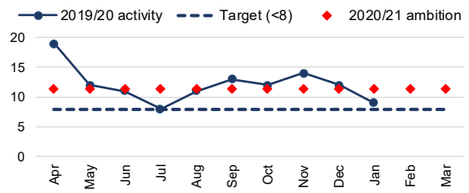
50%

Daycases for medical specialties will take place in a community setting

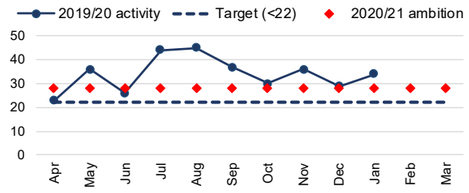
Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Therapies					
Waiting more than 14 weeks for a specific therapy 		Baselines to be established 1. Demand and capacity solutions implemented across all therapy services; 2. Integrated community based education and rehabilitation programs developed and being delivered; 3. Reduction in the use of agency staff; 4. Need for therapy assistant practitioner (band 4) roles identified and successfully recruited too; 5. Increase in the number of reviews undertaken via telephone, email, virtual review, video call and/or telemedicine; 6. Reduction in number of patients who do not attend an appointment and don't let us know they are not coming.	1. Use of a single agreed demand and capacity tool across all therapy services to identify the gaps for new and follow-up demand and implement solutions to balance demand and capacity in the short term and on a sustainable basis. 2. Development of integrated community based education and rehabilitation programs collaboratively delivered with local authority (NERS); 3. Risk assessed plan to over-recruit against annual graduate (band 5) cohort to "front load" clinical workforce, with view to reduce clinical capacity lost due to recruitment processes; 4. Review of workforce models across therapy services to identify opportunities for multi professional support workers (band 4), working across discrete pathways; 5. Optimise use of technology to deliver more care at home e.g. review by telephone, email, virtual review, video call and telemedicine; 6. Explore use of individual patient management / text reminder system to reduce did not attend / increase cannot attend rates.	These actions are part of our 3 year plan, the costings for which can be found in our therapies detailed plan.	Population  Site changes 
Mental health / neurodevelopmental assessments					
Children/young adults waiting <26 weeks for a neurodevelopment assessment **Adults waiting <26 weeks to start a psychological therapy** 	We receive significant numbers of referrals for neurodevelopmental assessments (in line with other health boards). Financial assistance and support has been received from Welsh Government for 2019/20 to initiate a recovery plan: • Recruitment of additional staff • Training has taken place with an external provider to ensure all staff within the ND team are able to undertake key assessments in line with NICE and the Welsh ND Pathway • Work has been initiated with the Delivery Unit to undertake a demand and capacity planning exercise in order to map out the current resources and predict what will be required for the future Psychological therapies have also received increased demand for services. We are reviewing all pathways and making efficiencies where possible. The service has been successfully recruiting professional staff to increase capacity. All posts are recruited to in line with the needs identified using the Welsh Matrix, overseen by the Psychological Therapies Management Group.	Baselines to be established 1. Single point of contact identified 2. Central assessment unit developed 3. Central treatment unit developed 4. Improvement in collaborative care across Older Adult Mental Health and Acute Hospital – Bronglais/Enlli. 5. Review of Mental Health and LD activity complete	1. Development of a Single Point of Contact. 2. Development of a Central Assessment Unit. 3. Development of a Central Treatment Unit. 4. Improve collaborative care across Older Adult Mental Health and Acute Hospital – Bronglais/Enlli. 5. Review of wider Directorate activity to understand how this 'fits' with Transforming Our Communities and Hospital Services Mental and emotional resilience of our children and young people.	We are working with the Delivery Unit in respect of capacity which will inform our workforce requirement.	Population 

Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Quality and safety					

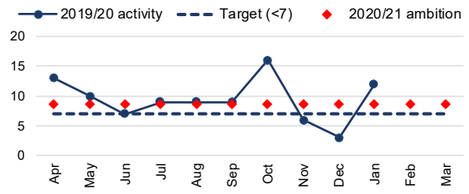
Number of cases of C.diff



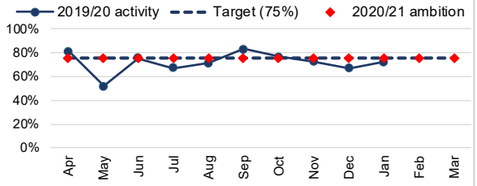
Number of cases of E.coli



Number of cases of S.aureus



% concerns with final or interim reply <= 30 working



Healthcare acquired infections (HCAI)
It is not possible achieve the key targets for C.diff, E.coli and S.aureus by March 2020. Challenges vary at different time of the year e.g. post flu season there is an increasing risk of patients with respiratory infection requiring antibiotics leading to C.diff infection. We have good systems for sepsis recognition which is excellent for patient safety but does lead to more infection detection and treatment with antibiotics. This has to be reconciled by robust review processes to ensure appropriate prescribing practices. We are currently unable to determine when the targets will be met but improvements are being made such as reviewing the appropriateness of antibiotic use to reduce cases of C.diff, progressing the number of staff who have completed Aseptic Non Touch Technique (ANTT) to reduce S.aureus infections and continuing to reduce inappropriate urine sampling and improve management of urine infections in relation E.coli infection.

Healthcare acquired infections
Reductions in HCAIs in 2020/21:
a) C.diff <= 136 cases
b) S.aureus <= 104 cases
c) E.coli <= 336 cases

Complaints & patient experience
1. All cases involving significant learning reviewed by the Listening and Learning Sub-Committee within 2 months of response.
2. All cases (unless exceptional circumstances apply) responded to within 6 months. Any risks to compliance will be escalated to appropriate Director in line with agreed protocol.
3. Increase the opportunities for patients and members of the public to provide feedback on patient experience, to allow early resolution.

Baselines to be established

Healthcare acquired infections
1. Strengthen & further develop our Community Infection Prevention model with a focus on health promotion and infection prevention.
2. Make progress against the Antimicrobial Resistance (AMR) & HCAI Improvement Goals and support the AMR 5 year National Action Plan with a focus on Hospital acquired pneumonia and Urinary Tract Infections associated with indwelling urinary catheters.
3. Further develop the performance and assurance frameworks for Infection Prevention using the digital case management and surveillance system and collaborative working with PHW Hospital Epidemiologist.
4. Further develop the Outbreak reporting module to inform our Quality Improvement programme.
5. Align the principles of prudent healthcare to use of disposable gloves to recognise financial savings and environmental benefits.
6. Increase Faecal Microbiota Transplant as an option for treatment of C. diff
7. Costed evidence based business plan to determine the impact of innovative cleaning technologies on infection rates.
8. Costed prioritised action plan to meet requirement of WHC (2018) 033 Airborne Isolation Room Requirements

Complaints and patient experience
1. All cases involving significant learning will be reviewed by the Listening and Learning Sub-Committee to ensure appropriate actions are taken, to prevent repeated incidents occurring.
2. Any complex cases that cannot be responded to within 30 working days will be responded to within a maximum of 6 months under Regulation 24 of the NHS (Concerns, Complaints and Redress) Regulations.
3. Increase the cases dealt with via early resolution and in real time by increasing the Patient Advice and Liaison Service (PALS) capacity and the availability of service to early evening and weekends.

Provide a range of mechanisms for patients and members of the public to provide feedback, both in real time and retrospectively.

Healthcare acquired infections
- 2 x WTE Band 7 Community Infection Prevention Nurses = £107k per annum. Increased capacity within the Infection Prevention team to further develop the integrated approach across Primary, Community & Secondary Care - & meet requirements of Welsh Health Circular WHC/2019/019.
- Capital investment bid submitted for:
  - Hydrogen Peroxide Vapour Environmental Decontamination Units: £112,000
  - Ultra Violet Environmental Decontamination Units:£110,000

Complaints and patient experience
- Most actions will be completed within existing capacity.
- £214k has been agreed to increase capacity in the PALS
- £145,687 for improvements in patient experience.

Population

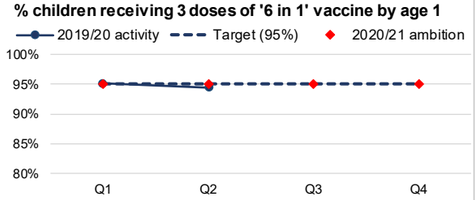
Bed discharge

A&E/MIU change

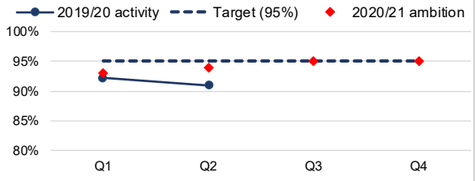
Reduction in overall level of A&E & MIU attendance
(net 0% change against demographic growth over 7 years)

Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Population health					

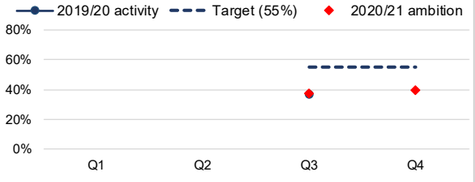
% children receiving 3 doses of '6 in 1' vaccine by age 1



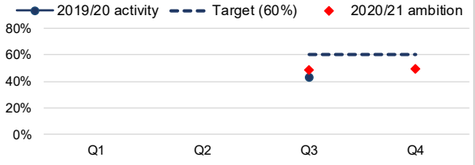
% children receiving 2 doses of MMR vaccine by age 5



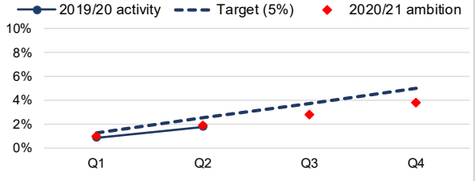
Flu vaccination uptake for under 65s in at risk groups



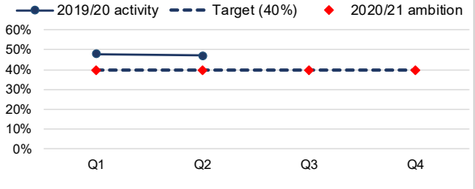
Flu vaccination uptake for staff with direct patient contact



% adult smokers who quit using specialist smoking cessation services (cummulative)



Smokers who are CO validated as having quit



Flu vaccinations

Cultural barriers to influenza vaccination uptake remain in large parts of the population of the Hywel Dda area. Challenging and overcoming these barriers remains a long-term process. More localised communication messages and materials, highlighting how vaccine uptake can protect vulnerable family members, have been developed and deployed in order to try to address this issue. Alongside this a range of actions for 2019/20 have resulted in more influenza vaccinations than ever being delivered in the Hywel Dda area particularly in pharmacy settings. Enhanced support for primary care settings has been well received and will form the bedrock of actions for 2020/21.

Smoking

It is unlikely we will achieve the key deliverable target for smoking cessation by March 2021 due, in part, to a period of transition while our smoking cessation services:

1. Develop integrated delivery models across community, secondary and primary care to provide seamless support to smokers.
2. Increase focus on addressing the association between smoking and health inequalities as smoking attributable mortality and hospital admissions are twice as high among those living in the most deprived areas of the health board area when compared to those living in the least deprived.

Childhood immunisations

1. Capacity & capability built into our children's services to enable transformational change
2. Plan developed to improve outcomes for children and young people

Flu vaccinations

1. Health & social care staff and vaccinators receive MECC and motivational interviewing training
2. Evidence base and what works shared with vaccinating settings
3. Create a network of trusted members of the community who are Vaccine Advocates
4. Shift in culture from scepticism to a positive, health creating view of immunisations and vaccinations
5. Vaccination clinics run at different times and in community settings
6. Use of text messaging to book and re-book appointments
7. Regular call/ recall of non-attenders to understand access challenges and identify solutions

Smoking

- Adult smoking prevalence <17%
- Smoking prevalence amongst the three highest quintiles of deprivation reduced at a faster rate than quintiles one and two
- Increase the percent of treated smokers to 4% by March 2021
- Four week CO validated quit rate above 40%
- 90% CO screening as part of antenatal care.
- 10% of patients that smoke and are in key target groups (pre-operative, respiratory disease and mental ill health) are referred to smoking cessation services.
- 10% of primary care patients who smoke and are motivated to quit are referred to smoking cessation services.
- 50% healthcare professionals in pre-operative, respiratory and mental health are MECC trained.
- All midwives MECC trained and can use a CO monitor.
- 10% of staff who smoke and in direct contact with occupational health are referred to smoking cessation services.

Childhood immunisations

1. Build capacity & capability within our children's services for transformational change with a focus on prevention and tackling health inequalities to support measures that try to reduce the impact of childhood poverty.
2. Work regionally, through the Children's Task Force, to develop a plan for change to improve outcomes for children & young people & lay the foundations for change

Flu vaccinations

1. Training in MECC and motivational interviewing to health & social care staff and vaccinators
2. Share evidence base and what works within existing vaccinating settings [GP practices etc.]
3. Create a network of trusted members of the community who are Vaccine Advocates
4. Where it exists, shift culture from ambivalence and scepticism to a positive, health creating view of immunisations and vaccinations
5. Run vaccination clinics at different times, such as Saturday mornings and into the evenings, and Using community spaces for vaccinating, such as community halls and playgroups
6. More effective use of text message systems for communicating with individuals and families to book and when necessary re-book vaccinations without the need to call the surgery
7. Undertake regular call and recall of non-attenders, understanding their accessibility challenges and working together to resolve.

Smoking

- Support the development of opt-out models across secondary care settings as part of pre-op assessment, respiratory, cardiac, cancer, diabetic and maternity services.
- Ensure smoking status is routinely recorded and evidence based smoking cessation services are available for all smokers
- Target smoking cessation interventions in geographic areas with high smoking rates.
- Support staff in primary and secondary care settings who already have the necessary therapeutic skills to engage patients in conversations about behaviour change.
- Support the implementation of harm reduction approaches for those smokers who may not be able to stop in one step (NICE Guidance, 2013).
- Work with maternity and early year's services to improve pregnancy outcomes and de-normalise smoking.
- Work with the statutory and third sector to ensure full implementation of the public health and wellbeing legislation.
- Implement 'SMOKEFREE GENERATION' and NHS Smoke Free Pledge campaigns.

Smoking

- Pharmacy Level 3 Scheme = 66 pharmacists including the provision of NRT = £150K
- Wellbeing Team Proposal for 2020/21 (WTE's) = £320K
  Band 7 = 1.5
  Band 6 = 3.0
  Band 5 = 7.5
  Band 3 = 1.5

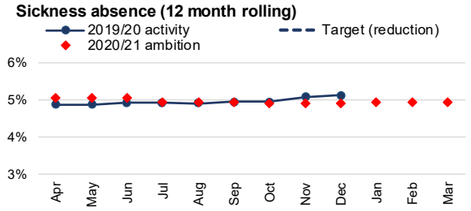
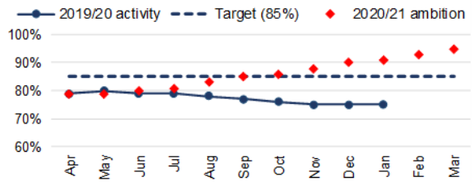
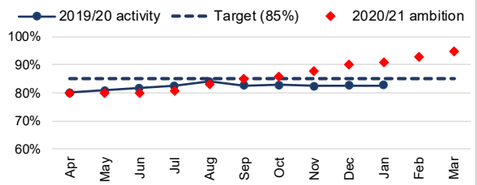
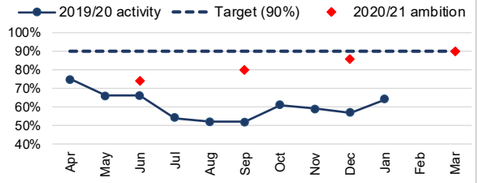
Population

Site changes

Bed discharge

A&E/MIU change

Admission avoidance

Our 2019/20 activity and 2020/21 improvement trajectories	Why we are unlikely to meet some national targets	Our 2020/21 core tracking measures	Our planned actions for 2020/21	Finance and workforce implications 2020/21	Contribute to our design assumptions
Workforce					
Sickness absence (12 month rolling)  **Staff who have had a PADR in the previous 12 months**  **Core Skills Training Framework (CSTF)**  **Medical staff with a current job plan** 	In 2019/20 our sickness rates have been the lowest of all of the larger Health Boards in Wales. However, since the inception of the new All Wales Attendance Management policy there has been an upward trend in sickness rates, which is largely due to the element of management discretion built in to the new approach. Measures are being taken to ensure rates do not deteriorate further. We are confident rates will stabilise and then return to sub 5% later in 2020.	Baselines to be established 1. Virtual Hub expanded to include local authorities 2. Innovation, improvement and research activity mapped out across the organisation 3. Further development of suite of leadership programmes spanning whole organisation 4. Increased OD interventions 5. Efficient improved employee relations processes 6. Improved recruitment processes 7. A 5% increase in headcount for substantive posts and a 13% reduction in variable pay by March 2021 8. A 5% improvement in vacancy fill rate by March 20201 9. Greater diversity in the workplace actively promoted 10. Improved employee wellbeing 11. Business partnering introduced to support services 12. Increase in apprentices, new roles, joint and integrated posts 13. Improved access to employment 14. Speaking up Safely introduced and Board members more visible across the Health Board 15. Improved mechanisms for workforce planning	1. Virtual Hub to be expanded to include local authorities 2. Innovation, improvement and research activity mapped out across the organisation 3. Further developed suite of leadership & management programmes spanning whole organisation 4. Increased OD interventions including compassionate leadership, EQIP programmes and leadership development 5. Efficient improved employee relations processes 6. Improved recruitment processes leading to reduction in temporary workforce 7. Greater diversity in the workplace 8. Improved support to staff for general health matters and psychological wellbeing 9. Business partnering introduced to support services to manage business 10. Improved staff learning & education with TNA introduced focusing on skills for the future (clinical i.e. specialist & technical and non clinical i.e. digital) 11. Increased capacity for apprenticeships, new role design, joint and integrated posts 12. Improved access to employment by engaging with local population 13. Speaking Up Safely Introduced 14. Building capability for workforce planning, succession & talent management	Revenue requirement: 1. £2.3m across all four pillars to strengthen delivery of core workforce delivery. Workforce requirement:c80WTE Savings planning: £760k in sickness absence reduction £3.3 million agency and variable pay reduction linked to recruitment £1.1m reduction linked to turnover £950k Apprenticeships £380K introduction of Allocate £250k introduction in medical bank Total £7.5m	Workforce & OD contributes to the design functions by creating sustainable highly, skilled, competent and confident workforce to drive change. By building capacity to create capability within our workforce this directly contributes to change and enables a prudent approach to design.

CHAPTER 11: Capital and Estates

Our 2020/21 plan is the part of the first 3 year cycle **(**available here**)** on the path to the delivery of our Health and Care Strategy. From a capital perspective the portfolio of work are in 3 categories:

- Capital portfolio in support of our Health & Care Strategy (All Wales Capital)
- Capital Schemes supporting business continuity in the interim years (All Wales Capital Programme - AWCP)
- Capital Schemes which are 'business as usual' funded through the Discretionary Capital Programme (DCP) and charitable funds.

Business continuity: the interim years (includes the 5 year capital programme)

Whilst discretionary capital is allocated to these areas, to make any impact at scale, we will require AWCP support. There are also service developments to address our backlog issues in order to ensure sustainable capital assets in support of service delivery in terms of estate condition, infrastructure/compliance, equipment and information management and technology (IM&T). These will need to be supported by capital investment in the 'interim years', recognising that these are a mixture of being in development; in Business Case development stage or still in scoping and to be agreed with Welsh Government. We currently have a backlog of ageing equipment and medical devices in the region of £31.64m. This will require £4.4m investment per annum over the next 10 years (just to maintain the current backlog amount) and £7m per annum to reduce the backlog to £8m. A significant element of this backlog is imaging equipment, creating fragility in our ability to provide timely diagnostics. In addition to capital, we have identified and included in the financial plan the need for £500k estate revenue resources (Quality & Safety) required to cover such issues as fire alarm/escape lighting maintenance – circa £80k. Minor upgrades to meet Health Inspectorate Wales, Community Health Council inspections (flooring, decoration etc.) - circa £200k, Contractor management/compliance linked to Health and Safety Executive inspection and new contactor management policy being introduced early next year, provisional staff cost – circa £120k and Record Drawings – constant concern in terms of audit compliance - circa £100k. This will need to be supplemented by AWCP and Discretionary Capital, as well as Charitable Funds where appropriate.

Health & Care Strategy: A Healthier Mid & West Wales

A pre-programme business case (PPBC) has been produced to set out the context and high-level need for the resources to support capital and estates planning. In particular, the delivery of the essential estates infrastructure for a new purpose built planned and urgent care hospital, the repurposing of Glangwili and Withybush hospitals and continued delivery of care from a range of clinical and support sites to the population of Carmarthenshire, Ceredigion and Pembrokeshire for community and mental health and learning disabilities. This is the subject of an ongoing discussion with Welsh Government colleagues.

Investment Areas	£m
External Project Manager support to PBC	0.1
Business Case Writers, Transforming our Hospitals & Transforming our Communities	0.2
PBC Estates master planning team	0.3
Land Acquisition Specialist/Technical Team support	0.3
Internal Planning and Estates Teams including Senior Team Backfill	0.7
Digital Technical Support	0.2
Total (included in the financial plan)	**1.8**

How We Make This Plan Happen - Capital and Estates

Our estate investment plans are directly in support of our Health and Care strategy. Schemes either being planned or in construction relate to:

- Transforming our Communities - Develop Community Health & Wellbeing Centres
- Transforming Mental Health and Learning Disability services - Develop our Mental Health facilities including Community Mental Health Centres in each county. This transformational programme was some way ahead of the others and a business case outlining the workforce and capital buildings infrastructure has already been done. [link]
- Transforming our Hospitals - Build a new Urgent and Planned Care Hospital which will be in the area between St Clears and Narberth and repurpose Glangwili and Withybush Hospitals
- Or schemes to ensure business continuity in the interim years pending major new hospital investment.

These schemes recognise the need to build new infrastructure and modernise some of existing estate to support our Health & Care Strategy.

This three year plan concentrates on developing the detailed planning and business cases to secure the necessary capital investment including delivery of the new hospital development, re-purposed Glangwili and Withybush sites, as well as ongoing integrated community and primary care developments.

Building a new hospital will take several years to realise. Due to service fragility there may have to be pathway changes or difficult decisions made to maintain safety and sustainability of services du transition years.

These may deviate from our long-term aspirations for our health and care services, but would be required to maintain patient safety until we can deliver the ambitions described in the strategy. This will be alongside the strengthening of our community model by moving towards specialist care teams providing expert management of long-term conditions in the community.

Other major schemes in progress

Services and estate modernisation needs to continue and the Health Board will also deliver

- The Women & Children's services improvement scheme in Glangwili Hospital providing new maternity and Special Care Baby Unit facilities. This will fully open in the summer of 2021.
- The development of improved Endoscopy facilities and additional day case theatre capacity at Prince Philip Hospital
- Working with Swansea Bay UHB to develop new Pathology facilities to ensure these services are sustainable for the long term serving patients of both Health Boards.
- Investment from Welsh Government into X-Ray Imaging equipment has been very welcome this year with funding for the new MRI Scanner in Bronglais Hospital; digital x-ray rooms in each of Withybush and Prince Phillip Hospitals and a new fluoroscopy room in Glangwili Hospital. 2020/21 will also see a new MRI scanner for Withybush Hospital and the Health Board are hopeful that resources will become available to support a programme of CT scanner replacements across the Health Board.

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

Our intention is to drive an ambitious business case timeline to ensure the earliest possible delivery of the new hospital development:

- Programme business case (PBC) – December 2020
- Outline business case (OBC) – December 2021
- Full business case (FBC) – December 2022
- New hospital open – 2025/26

Community Health and Wellbeing Centres

Our model described in our Health Care Strategy was that each Integrated Community Network is supported by one or more Health and Wellbeing Centres which, in some areas, will be a change to an existing community hospital. This will bring a number of people and services together in one place and also provide a virtual links between the population and the community network.

The multidisciplinary and multi-agency approach in our health and well-being centres will be of particular benefit for our frail and elderly residents and those with complex needs. Our aim is to be pro-active in identifying and supporting them to remain independent. The team approach to enhanced care at home, managed from health and well- being centres, means that any issues or problems are predicted, or identified early and addressed by the person with the appropriate skills. This will include linking with specialists, who will increasingly connect with services in the community providing guidance, advice and support.

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

Cylch Caron at Tregaron will consist of a GP surgery, community pharmacy, outpatient clinics and community nursing and social care facilities scheduled with 34 extra care flats and 6 integrated health & social care flats.

2019 saw the opening of the Aberaeron (Minaeron) and the Cardigan Integrated Care Centres. These support new ways of working with GP's, Pharmacies and the Local Authority partners. New mobile technology has been introduced to facilitate a more agile and adaptable workforce for the growing and changing needs of our local populations.

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

Community Hubs

Supporting services in our communities, alongside our community and general hospitals.

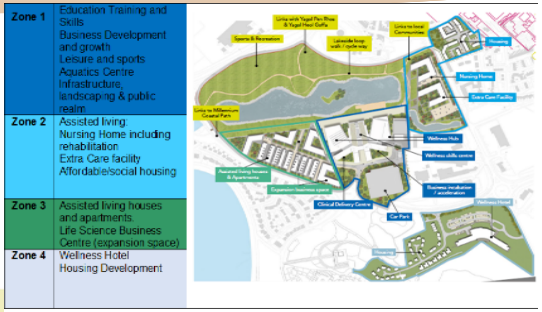
Aberystwyth
Community Hub — No Beds

Cardigan
Community Hub — Minor Injuries

Aberaeron, Tregaron, Cross Hands, Llanelli, Pembroke Dock & Tenby
Community Hub — No Beds

Llandovery
Community Hub — With Beds — Minor Injuries

Ammanford
Community Hub — With Beds



The Llanelli Wellness Village will co-locate public (local government, health board) academia, private and voluntary sectors and create an environment for leisure, education, research and development, business incubation and health promotion. Clinical delivery is targeted to aspects of health care, which are best provided in a community setting, where a multidisciplinary team approach would optimise patient outcomes, enabling a holistic and supportive approach to be taken. The health care delivered in the Village will focus on living and aging well and when care is required the person will be involved and at the centre of decision-making.

The Health Board is completing the Outline Business Case for a Health And Wellbeing Centre in Crosshands and exploring the need for other either new or refurbished facilities to support care in our integrated community networks.

How We Make This Plan Happen – our future hospitals model

WE SAID...

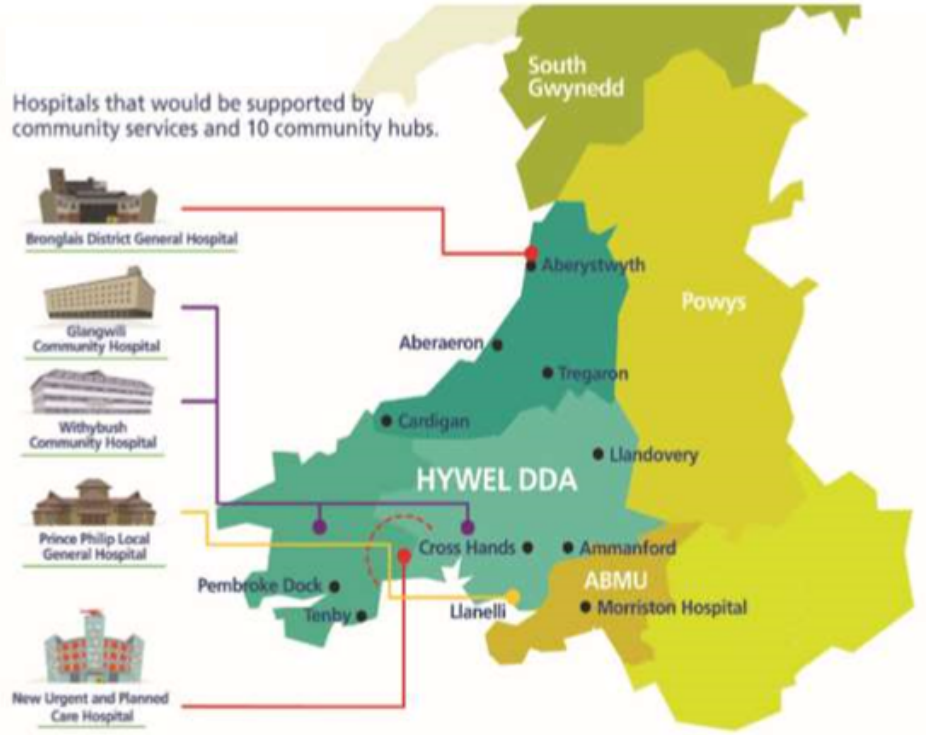
Our hospitals are embedded in our communities and will continue to be a key part of our wider health and care system delivering a broad range of services for the people living in mid and west Wales. They will play an important role in providing clinical excellence in specialist support when it is needed, whether that be to undertake highly-skilled surgery or treating people who are more severely unwell. This can include care that is planned, such as an individual's need for a hip replacement, or in times when care is more critical in nature and an urgent response is required. Our hospitals will be vibrant centres supporting the health and well-being of the communities they serve. These will not happen in the next three years but it is helpful to help understand our future plans

Bronglais General Hospital will build its reputation as an excellent rural provider of acute and planned care. It will therefore continue to provide urgent, emergency and planned care services, with more specialist cases transferred to our new urgent and planned care hospital as part of our wider hospitals network (as well as other regional sites for more critical care).

Prince Philip Hospital will provide GP- led minor-injuries as well as acute adult medical care with diagnostic support. This will include consultant-led overnight inpatient beds for patients to be cared for locally and will also act as a stabilisation and transfer hub for certain specialised conditions as part of our network with colleagues in our new urgent and planned care hospital, as well as other regional sites for more critical care.

Urgent and planned care hospital
Our new hospital will act as our main site for our network of hospitals, covering both urgent and planned care for the whole of the Hywel Dda area. We will move to a more centralised model for all specialist children and adult services, which includes a specialist mental health facility and learning disabilities. It will function as our Trauma Unit and main Emergency Department. We will design the hospital site to ensure that planned care is delivered in a timely manner with rapid treatment of elective operations, in a separate building on the site, therefore avoiding the disruption or delay that can occur from high volumes of emergency cases through protected available beds.

Glangwili and Withybush hospitals will both provide a GP-led minor-injuries unit with full diagnostic support. The hospitals will include therapy and nurse-led step-up and step-down care, midwife-led units, along with chemotherapy and palliative care with the ambition to provide dialysis units at both sites. Additionally, we will develop more locally-based treatment and care including a range of outpatient clinics so that care can be provided closer to home.

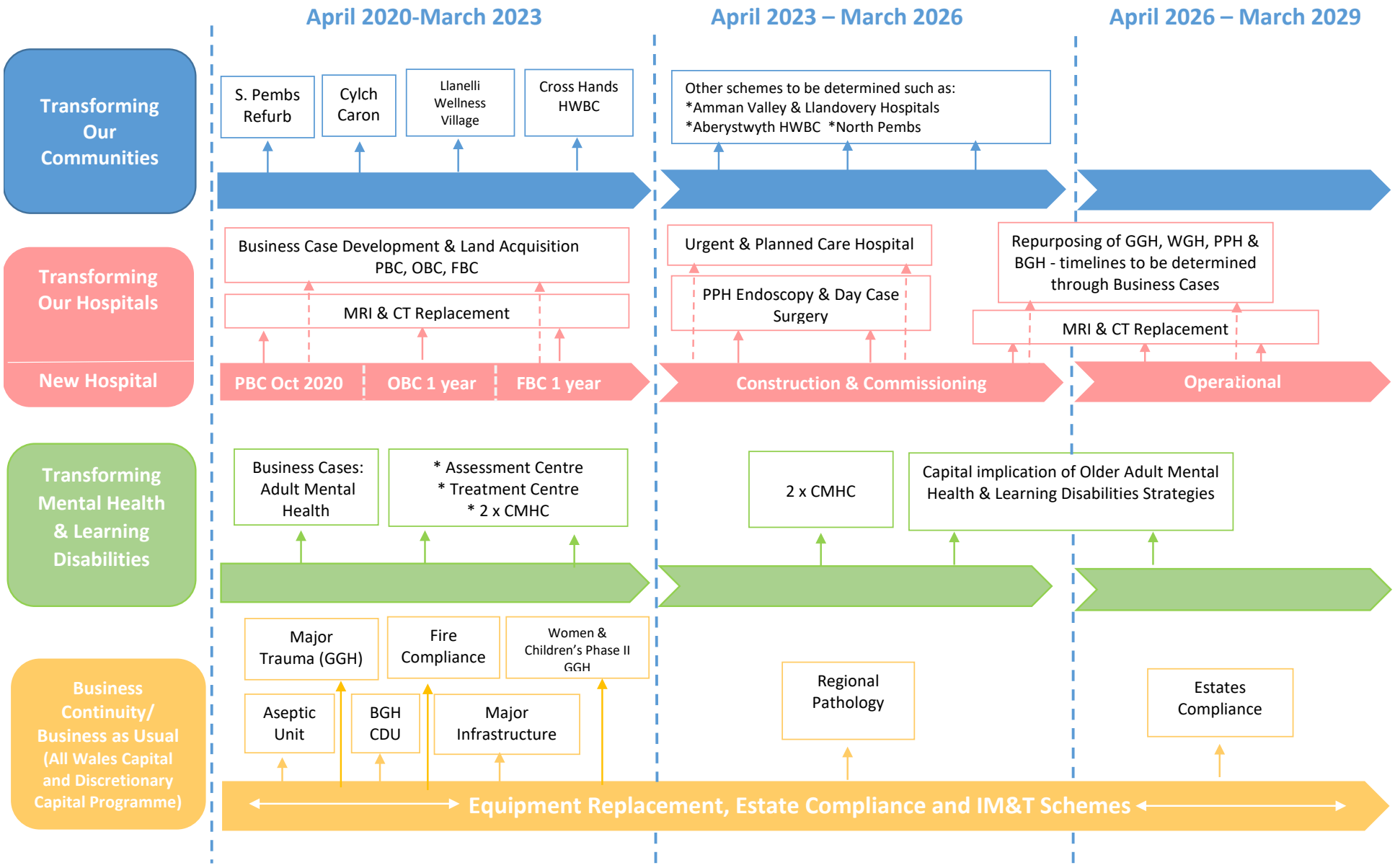


Our intention is to drive an ambitious business case timeline to ensure the earliest possible delivery of the new hospital development:

- Programme business case (PBC) – December 2020
- Outline business case (OBC) – December 2021
- Full business case (FBC) – December 2022
- New hospital open – 2025/26

...WE ARE DOING

Capital Programme Plan: Plan on a Page



CHAPTER 12: Digital

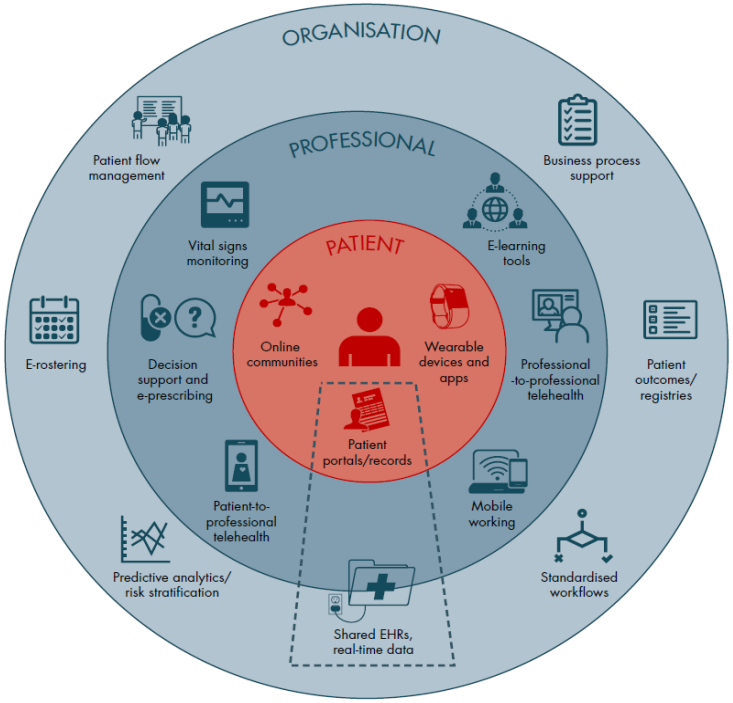
The detailed Digital plan is provided here: Digital Plan

Our digital delivery plan sets out the future strategic vision for investment in digital services for the next three years in order to meet the priorities outlined within our Health & Care Strategy, and, the 20 year vision for population health outcomes set out in our Health and Wellbeing Framework, whilst also aligning with the national digital programme that of the NHS Wales Informatics Service (NWIS).

To deliver the strategic vision of a new purpose built planned and urgent care hospital and the repurposing of Glangwili and Withybush hospitals as well as delivery of care from a range of sites to the population of Carmarthenshire, Ceredigion and Pembrokeshire for community services and mental health and learning disabilities, we will:

- Develop a clear 3 year plan for digital services which fully aligns with the Transforming Our Hospitals, Transforming our Primary and Community Services and Transforming Mental Health and Learning Disability programmes; specifying governance processes, capacity and timelines;
- Develop a Patient Empowerment Programme Plan which will allows patients to control their own records, manage their appointments digitally, and provide outcome and experience data to us. All patients will be able to hold their own records, manage appointments digitally and able to provide Patient Reported Outcome Measure (PROMs) / Patient Reported Experience Measures (PREMs) data by 2022/23.

The context of this plan is fourfold. First, to update the ICT digital baseline previously included within the consultation document to reflect current progress. Work also undertaken during 2019/20, will be used to develop a digital maturity matrix for each acute site, and a combined community/mental health site view. Second, to ensure that the 2020/21 digital plan is delivered, along with the improvements in the usage as requested by the Chief Clinical Informatics Officer (CCIO). Thirdly, provide a Three Year plan for digital services, providing a platform for the preparation for the new hospital and the repurposing of current sites, as well as significantly improving mobilisation within the community setting. Fourthly, provide the vision of how digital solutions can empower the patient.

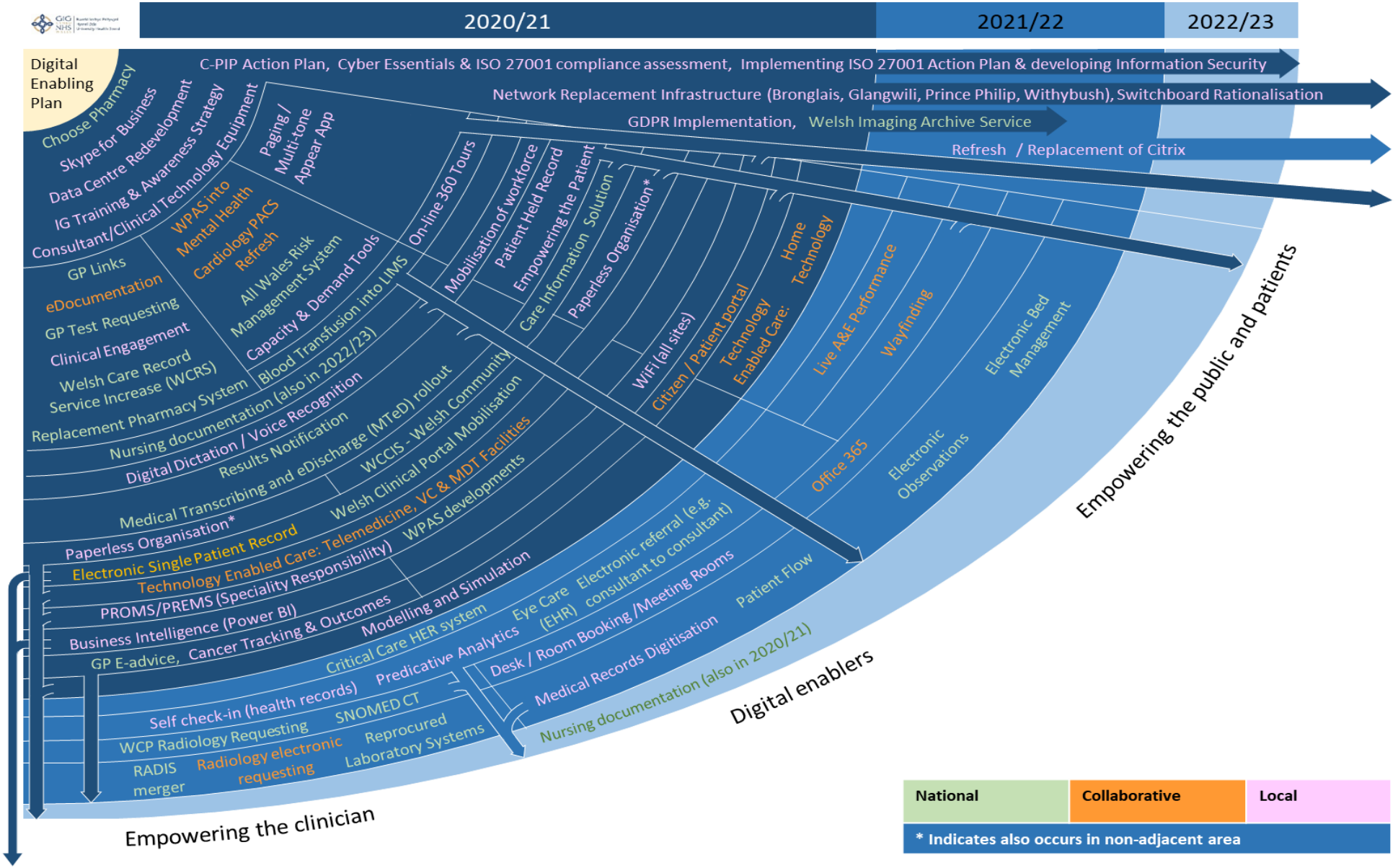


Digital is a way for all of us to get jobs done in a more efficient and effective way that will help address the many challenges in health, care and wellbeing that we all face. The resources required each year to take much of the digital plan forward (but not the new hospital PBC) is around £1.1m (this is included in local developments). The Board has agreed that we will need to identify sources of funds based on realising the cost benefits

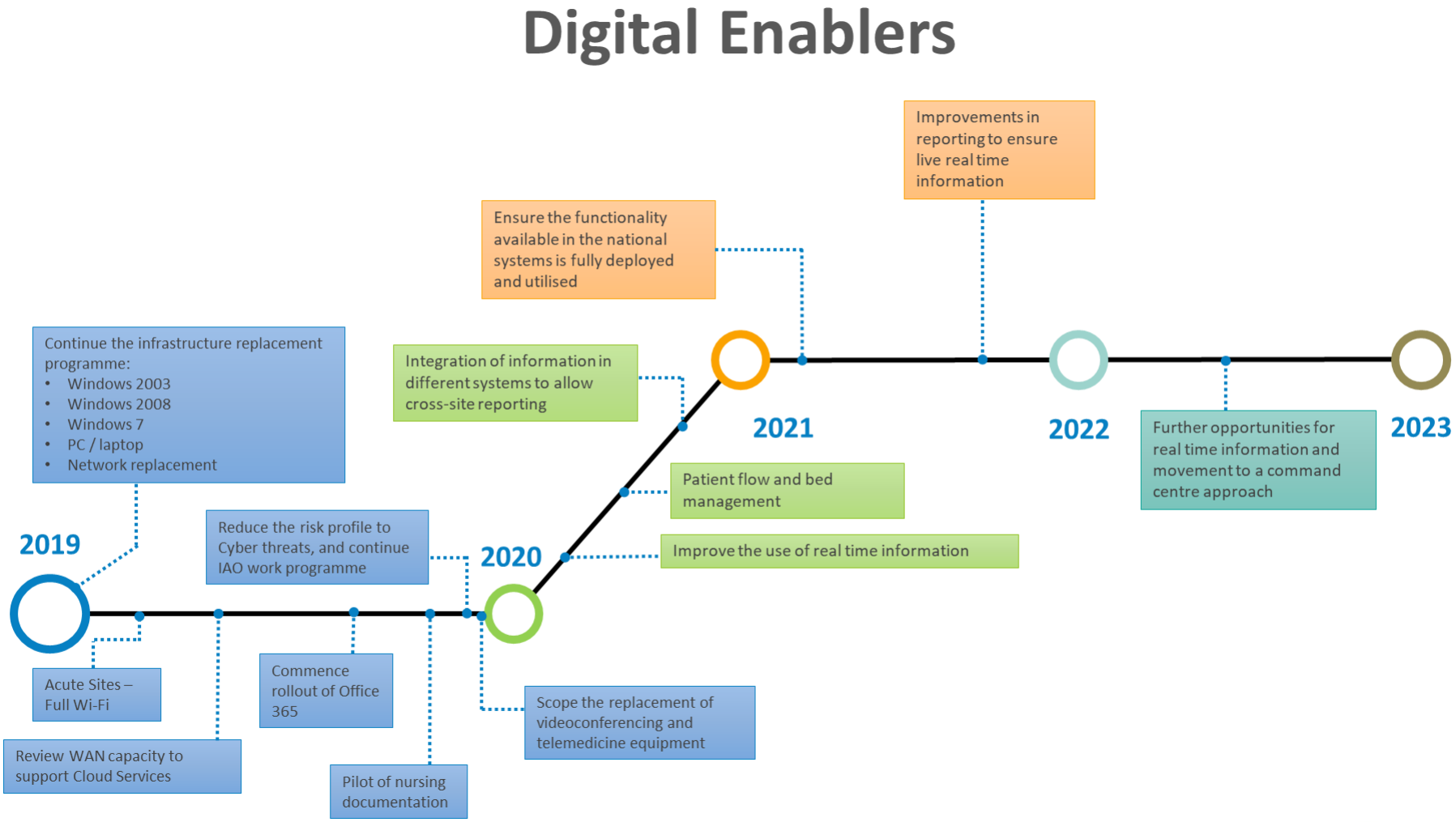
in cash and productivity terms to support each investment over the next 3 years which will deliver the following:

- Transforming Community / Mental Health - ICT New Build Team;
- Empowering the Public and Patients Improving patient experience (rollout of a patient portal, improved patient experience, PROMs and PREMs);
- Empowering the Clinician Enabling Integrated Care Models /Optimisation of National Products (such as Welsh Community Care Information System (WCCIS), Welsh Clinical Portal, Medicines Transcribing and electronic discharge, Welsh Clinical Communications Gateway);
- Supporting Agile Working and Mobilisation (Office 365, and development of a Clinical Technical pack);
- Reducing the Management Overheads (Digital Dictation, Secure Clinical Messaging, Power Business Intelligence);
- Eliminating Paper – Paper light - Journey to Electronic Patient Records (digitalisation of Health Records, Patient flow, nursing documentation, observation at bedside);
- To stand still we will also need £1.5m capital. To bring in developments such as WCCIS, this increases to £2.1m (tablets, laptops, phones);
- We also need to commence a business case for Theatre System;
- National Digital Business cases due in 2020/21 are:
  - WCCIS full business justification case for further roll out into either Pembrokeshire or Carmarthenshire, to support integrated and partnership working - capital £600k and revenue of £300k licence fees;
  - Eye Care Measures - staffing of £180k and revenue of circa £70k to roll out March – June 2020, capital anticipated from national programme;
  - Critical Care Electronic Patient Record – Likely implementation Quarter 4 – assuming central funding;
  - Replacement of Datix – unknown;
  - Pharmacy Replacement – November/December 2020 – we will need to pick up capital cost, revenue of £50 – 70k may be funded by Welsh Government;
  - Office 365 – only £50k funded by Welsh Government for staff, limited capital requirements anticipated.

Our Digital Plan for 2020/23, which supports national and local digital planning on a page is shown as follows:


2020/21
2021/22
2022/23
Digital Enabling Plan
C-PIP Action Plan, Cyber Essentials & ISO 27001 compliance assessment, Implementing ISO 27001 Action Plan & developing Information Security
Network Replacement Infrastructure (Bronglais, Glangwili, Prince Philip, Withybush), Switchboard Rationalisation
GDPR Implementation, Welsh Imaging Archive Service
Refresh / Replacement of Citrix
Choose Pharmacy
Skype for Business
Data Centre Redevelopment
IG Training & Awareness Strategy
Consultant/Clinical Technology Equipment
Paging / Multi-tone Appear App
GP Links
eDocumentation
GP Test Requesting
Clinical Engagement
Welsh Care Record Service Increase (WCRS)
Replacement Pharmacy System
WPAS into Mental Health
Cardiology PACS Refresh
All Wales Risk Management System
Capacity & Demand Tools
Blood Transfusion into LIMS
Nursing documentation (also in 2022/23)
Digital Dictation / Voice Recognition
Results Notification
Medical Transcribing and eDischarge (MTeD) rollout
WCCIS - Welsh Community
Welsh Clinical Portal Mobilisation
WPAS developments
Modelling and Simulation
Critical Care HER system
Predicative Analytics
Eye Care Electronic Referral (e.g. (EHR) consultant to consultant)
Desk / Room Booking /Meeting Rooms
Medical Records Digitisation
Patient Flow
Nursing documentation (also in 2020/21)
Self check-in (health records)
WCP Radiology Requesting
SNOMED CT
RADIS merger
Radiology electronic requesting
Reprocured Laboratory Systems
On-line 360 Tours
Mobilisation of workforce
Patient Held Record
Empowering the Patient
Care Information Solution
Paperless Organisation*
WiFi (all sites)
Citizen / Patient portal
Technology Enabled Care:
Home Technology
Live A&E Performance
Wayfinding
Electronic Bed Management
Office 365
Electronic Observations
Paperless Organisation*
Electronic Single Patient Record
Technology Enabled Care: Telemedicine, VC & MDT Facilities
PROMS/PREMS (Speciality Responsibility)
Business Intelligence (Power BI)
GP E-advice, Cancer Tracking & Outcomes
Empowering the public and patients
Digital enablers
Empowering the clinician
National
Collaborative
Local
* Indicates also occurs in non-adjacent area

Our plan for how digital will enable financial savings



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CHAPTER 13: Innovation and Research and Development

The detailed Innovation and Research and Development plan is provided here: Innovation/Research/Development plan

The need for innovation and research is clear to ensure that our patients receive new and innovative care, practitioners work to the best of their potential and the aims of our Health & Care Strategy are realised. Building on our successes of 2019/20, our priority areas are:

- Continuing to stretch R&D targets set by Health and Care Research Wales (HaCRW)
- Getting more professional and managerial groups research active (good progress in nursing, midwifery, and clinical psychology), and targeting primary care – evidenced by increased number of Chief Investigators and Principal Investigators
- Building research leadership sustainability into the function (e.g. job plans)
- Targeting an increased number of joint appointments in key areas, attracting and retaining staff where there is fragility
- Developing a joint public service research agenda, assisted by the Regional Partnership Board innovation hub funding

In developing these priorities, we have also identified a number of challenges we must resolve, including creating suitable space; creating time for research and understanding the evolving funding landscape, including the new funding formula (which presents particular challenges for smaller centres such as us). The following summarised actions to increase research and innovation activity aim to build upon the successes of 2019/20 (with all areas of improvement noted in our full R&D plan). They are restricted to a year to ensure they remain meaningful and align to the way in which R&D receives its income but each of the following actions is part of a longer term vision.

Actions we will take to increase research and innovation activity through 2020/21 are summarised as follows:

- Work with Bevan Commission to ensure research is an integral part of the Exemplars programme; and the Adopt and spread programme.
- Assess the feasibility of a Digital Health Technology centre, in partnership with other regional organisations, enabling the robust testing of digital and patient facing technology to defined quality and safety standards.
- Increase the number of Accelerate programme projects in the University Health Board
- Through the University Partnership Board, work with University Partners to identify and deliver a three year programme of research and innovation activity that aligns to the objectives of our Transformation Programme.
- Increase number of sponsored studies and submissions to the Sponsorship Review Panel
- Increase number of Clinical Research Portfolio (CRP) and Commercial studies in line with national targets
- Increase number of patients recruited into CRP and Commercial studies in line with national targets.
- Promote available grants to our research community through the Hwyl Innovation Hub and R&D internet/intranet pages.
- Establish a Value Based Health Care and Innovation Research Group, which aims to connect those with a VBHC research project idea, with the funding required to make it happen.

CHAPTER 14: Our approach to change

We have developed and agreed our continuous engagement framework. This is our commitment to involving our patients, carers, staff, public and stakeholders in shaping how our services will look in the future through a range of different methods. It is important we empower our public, patients, carers, staff and clinicians through the provision of training and support to embrace continuous engagement and develop services that are fit for the future.

Our Values Framework sets out our organisational values and provides the design principles for all that we do:

- Putting people at the heart of everything we do;
- Working together to be the best we can be;
- Striving to deliver and develop excellent service.

In moving forwards with our empowerment and engagement agenda, we will also need to be cognisant of the impending National Clinical Plan for Wales, the remit of which with regards to 'specialist health services' and 'setting out the strategic approach to delivering safe and high quality health services which meet the needs of people across Wales'.

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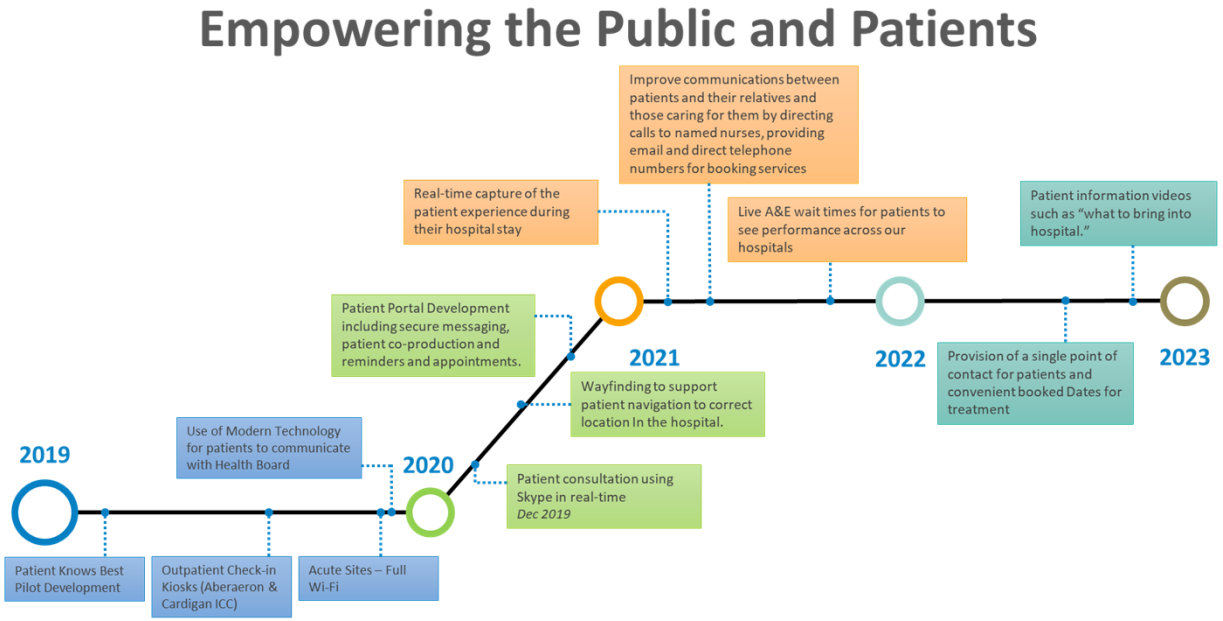
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Empowering the Public and Patients Improving patient experience (rollout of a patient portal, improved patient experience, Patient Related Outcome Measures and Patient Related Experience Measures)



Alun's sight has been deteriorating for a number of years, and he now finds it difficult to read anything but the largest text.

Mr. Jones now receives all of his communication about his GP and hospital appointments via text and e-mail. An app on his tablet reads these documents aloud to him. Through his tablet he can add appointments to his electronic diary that speaks to him to remind him when he needs to attend. He uses an app that reads his electronic communication aloud to him in his first language which is Welsh.

Mr. Jones sees his optometrist regularly to check the condition of his sight. If he is sufficiently concerned the optometrist is able to make an immediate electronic referral to the Ophthalmology team at the hospital for Alun.

Because of his failing sight Alun sometimes feels a bit down. Each day he records his mood on an app on his tablet that his GP told him about, via his own personalised health portal. This helps him track his mood, and if he feels low for an extended period he is able to recognise this and has been told to then contact the primary care mental health worker at the GP practice for advice and help.

On one occasion he was able to access an on-line Cognitive Behavioral Therapy course.

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Empowering our public

- **Through 2020/21 we will seek to continuously engage in a variety of ways including**:
  - Face to face through our localities on the implementation of all our plans and what that means to them - get people involved in shaping their local NHS and playing their part
  - One lead engagement expert embedded in county teams and working with community connectors and other team members to build local strength in continuous engagement
  - Link with Making Every Contact Count (MECC)
  - 10,000 wellbeing conversations to focus on self-care and community strength
  - Online – using a new stakeholder relationship management database we will become much more effective at targeted engagement
  - Implement an online engagement tools and system to ensure we can run and analyse our qualitative and quantitative data for future service changes
- **We will work collaboratively and proactively seek to hear different voices through the development of a Community of Practice for all public and third sector organisations in Mid and West Wales. This will:**
  - Co-ordinate our activity
  - Jointly engage where appropriate (children, social care, substance misuse and Mental Health)
  - One shared large scale “citizens panel” (a long term ambition to involve tens of thousands within our population)
  - Move from ‘representatives for ‘ to ‘representative of a community’
  - Specific focus on Children and Young People (bringing into reality the Equality Act, Human Rights Act and United Nations Convention on the Rights of the Child), embedding the voice of the child in many key places, including working with the Office of the Police and Crime Commissioner
  - Realign and refresh our focus group and membership pool (over 1500) to support the work of the three year plan
- **We will deliver training in order to share knowledge and experience across the organisation in order to:**
  - Enhance the impact of our small team of Experts in empowerment, engagement and consultation
  - Build capacity and share knowledge and skills to empower staff, patients and the public with our leaders and project managers
  - Deliver a new training programme essential for anyone leading a work-stream in the three year plan, focused on stills of empowerment, engagement, communication and equality, diversity and inclusion
  - No programme of work will start in the next 3 years without engagement being planned and embedded in the project plan throughout.
  - Ensure all our work will feel owned by our staff, our patients and our public – nothing will be a big surprise and we will have built in success, equality, fresh approaches and local ownership to all that we do.

Empowering our patients

Actions we will take to improve patient experience through 2020/21 include:

- Roll out of Envoy system (currently friends and family)
- Increase capacity within our patient experience function
- Patient Experience Ambassador Training
- Strengthen Provision of PALS - 8am – 8pm Monday to Friday, 9am – 5pm over weekends
- Develop plan for welcome host team (front reception volunteers and apprentices)
- Develop plan to improve patient information

Empowering our carers

The number of unpaid carers is increasing and supporting their continued health and well-being is a priority. Unpaid carers as are often considered the cornerstone of community care providing significant day-to-day support to family members with significant health and care needs. Our Carers Delivery Plan has been developed in conjunction with the West Wales Carers Development Group (WWCDG), which forms part of the governance arrangements of the RPB and responds to the Welsh Government priorities for Carers.

Actions we will take through 2020/21 are:

- Ensure commissioning of carers services supports the regional collaborative models, co-production of service specifications and tender requirements.
- Support the regional rollout of Employers for Carers to support employees who balance their work alongside a caring role.
- Establishment of a Community Development Fund to support the growth of community led initiatives.
- Delivery of Carer Awareness Training for staff working across the University Health Board.
- Support Carers to improve their physical, emotional and mental well-being.
- Improve the experience of Carers in relation to discharge from hospital planning and ensure the active provision of information and advice to Carers through the commissioning of third sector Carers Officers who will be based in each of our main hospital sites.
- Continued roll-out of the regional Investors in Carers scheme across a broad range of settings, teams and departments encouraging participants to progress through the three levels.
- Increase the identification of Carers in employment and provide proactive support to enable them to maintain employment alongside caring.

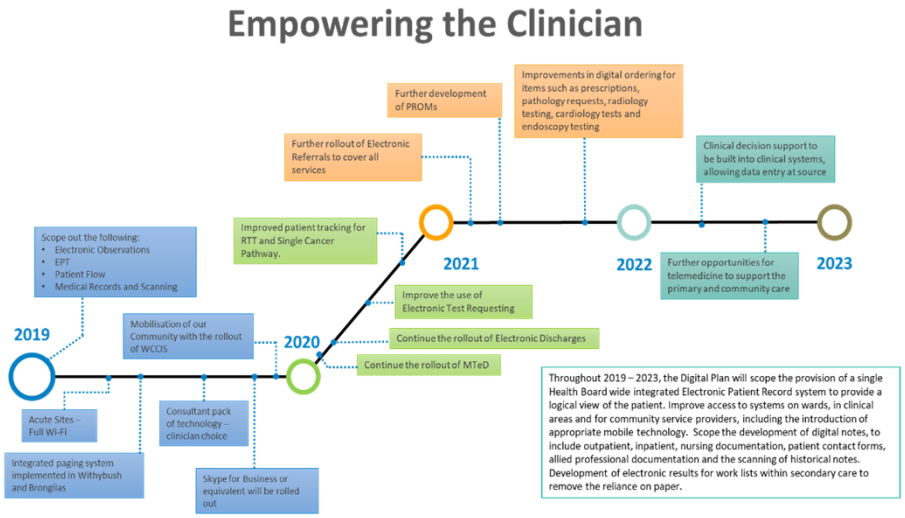
Our work to improve outcomes for unpaid carers forms part of a suite of work and plans including Homeless and Vulnerable Groups; Sensory Loss; Syrian Vulnerable Persons Resettlement Programme and the Armed Forces Covenant.

Empowering the Clinician Enabling Integrated Care Models /Optimisation of National Products (such as Welsh Community Care Information System (WCCIS), Welsh Clinical Portal, Medicines Transcribing and electronic discharge, Welsh Clinical Communications Gateway)

Leanne was admitted to Bronglais Hospital as an emergency. She is 19 and is 24 weeks pregnant.

Her Individual Health Record shows that she has been off work with pregnancy related problems, and that her son, Ben, was born prematurely. Her full hospital medical history was also available electronically as it had been scanned and linked to her records through her NHS number.

Leanne is being closely monitored in hospital and readings taken by a number of pieces of equipment on the ward are able to automatically update her electronic patient record through a Bluetooth / Wi-Fi connection. So when her temperature, blood pressure, blood sugar and respiratory measurements are taken these are automatically transferred electronically. These are presented as a dashboard of information that everyone looking after her are able to see at a glance, including at the bedside through the use of tablet devices.



Mari lives with her husband Alun and receives regular home visits from the Community Resource Team as she has developed mild dementia and has become increasingly frail.

The alarm system around her neck allows her to directly alert her family and neighbours in an emergency via text message. Her home is also equipped with sensors that can alert her family about out of the ordinary changes in her circumstances.

The professionals involved in her care update her care record through the Community Care Information System, and each one is alerted to any changes in her care or medication prescribed by her GP when they visit her electronic record.

Mrs. Jones became particularly unwell on one occasion, and her family took her to hospital. The hospital team could see her records and were able to electronically alert the community team that Mrs. Jones had been admitted to hospital.

Empowering our clinicians

Our Health & Care Strategy commits us not only to continuous engagement with the public, but also that the organisation is clinically-led. The best functioning organisations have the most empowered clinicians working for them and with them and our objective sets out this aim, timeline and plan for empowering clinicians throughout the organisation. Such an aim obviously links with many other workforce and digital plans but some of the ways in which we want to empower our clinicians are as follows:

- Information about practice of clinicians routinely shared at specialty / Directorate Level (e.g. Length of Stay, new / follow-up rates and volumes). Clinicians utilising PROMS, and, benchmarked information about their own practice, to change practice in line with improved performance/ patient outcome and activity data.
- To further develop and build on the successes of leadership programmes and scale to all Clinical disciplines
- Established and tested clinical leadership structures. Local ownership and decision making to improve patient and service outcomes.
- A review of working arrangements for clinicians that allow for staff attendance and involvement within the core work-streams of our Health & Care Strategy in 2020/21
- Clinical leadership of quality improvement (QI) projects to improve outcomes for patients and staff. To promote a 'spread & scale' culture for our clinicians and to work closely with QI colleagues to ensure ownership and potential benefits of service improvement are enabled. This includes alignment with the Enabling Quality Improvement in Practice / Value Based HealthCare programmes and supporting change projects

To do this, over the next 3 years we will follow our three D process of discover (2020/21), design (2021/22) and deliver (2022/23).

As part of the 'discover' phase we will undertake the following actions in 2020/21:

- Information about practice of clinicians routinely shared at specialty/Directorate Level
- Further develop and build on the successes of leadership programmes and scale to all Clinical disciplines. e.g. :
  - Medical Leadership Forum
  - Aspiring Medical Leaders Programme
  - Acute Hospitals Clinical Directors Leadership group
  - Senior Leadership Team
  - Senior Leadership Improvement Programme
- Review job plans/working arrangements for clinicians that allow for staff attendance and involvement within the core work streams
- Understand the shortfalls in digital requirements, including hardware and software, in ward/clinic areas to support clinical decision-making. e.g. the number of available PCs in ward areas
- Promote a quality improvement / 'Spread & Scale' culture for our clinicians and to work closely with quality improvement colleagues to ensure ownership and potential benefits of service improvement is enabled. This includes alignment with the EQIIP/VBHC programmes and supporting change projects.

Effective Clinical Practice Programme

We seek to ensure the provision of safe and effective services through clear and robust governance and scrutiny processes.

Our actions for 2020/21 are:

- Mortality and mortality reviews:
  - Agreed and embedded process for stage 1 & 2 mortality reviews across the Organisation
  - Maintain crude mortality performance below 0.75%
  - Adoption of National Medical Examiners 4 District General Hospitals community Hospitals and Primary Care
  - Universal Mortality Review performance meeting the 95% national target
- NICE and national guidance:
  - Delivery and dissemination of flowcharts for NICE / National Guidance (NG) Implementation for both University Health Board wide and specialty specific publications.
  - An agreed position statement on Duty of Candour and its function within Effective Clinical Practice
- Clinical Audit/Clinical Audit Scrutiny Panel:
  - Audit Scrutiny Panel to review all national audits produced within a 12 month period.
  - A Trauma Audit and Research Network co-ordinator and, duly, TARN data available for Major Trauma audit and management of the Major Trauma Pathway
  - All WHAMs to be coordinated on the same day University Health Board wide
  - Increase compliance and participation with the National Clinical Audit and Outcome Review Programme
- Blood transfusion group:
  - Traceability on blood products to be 100% on all sites
  - Adoption of the new Laboratory Information Management Systems (LIMS), maintaining Telepath over the next 3 years
  - Increase safeguards against the use of counterfeit medicines and blood products through adoption of the Falsified Medicine Directive (FMD)
- Clinical written control documentation:
  - Appointment of medical representative to the Clinical Written Control Documentation (WCD) Group
  - Strengthen the arrangements to ensure clinical WCD are based upon the most relevant and current evidence available
  - Review Policy 190 – Written Control Documentation

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Additional Learning Needs and Professional Frameworks

The Additional Learning Needs and Education Tribunal Act introduces new statutory duties, to be enacted from September 2021. The implementation of the Act impacts on all clinical services which deliver health care to children and young people (up to 25), as well as non-clinical services such as improving experience, communication, Welsh language. Key deliverables for the next 2 to 3 years are:

- Individual services (both clinical and non-clinical) to self-assess their readiness for the implementation, identify risks, and develop an action plan which will inform their respective 3 year plans.
- All relevant staff to have the level of awareness, understanding responsibilities and knowledge of the Act as relevant to their job role
- Ensure the Board receives the required assurance of the organisation fulfilling its statutory duties under the Act.

With respect to the Healthcare Science in Wales: Looking Forward Framework (2018) and the Allied Health Professions Framework for Wales: looking Forward (2019), these together provide consistent, programme based, national approach's where by these professions will be harnessed to maximise their input into system change and the rapid implementation of evidenced based best practice to improve patient experience and outcomes. We are working to implement many areas of these frameworks, for example through the development of first contact Allied Health Practitioners in primary care and by addressing staffing and service challenges in Laboratory and Imaging services through regional collaboration.

Prudent and Value Based Healthcare

The Hywel Dda Value Based Healthcare Programme has been set up to help transform pathways by understanding the outcomes that matter to our patients and to align our resources to deliver better outcomes. This work builds upon the principles of Prudent Healthcare and will routinely engage with our patients to capture the outcomes that that matter to them and to use this information to guide how we use our resources. It is this patient focused and data driven approach that forms the fundamental premise of Value Based Healthcare.

We will ensure that there is a coherent programme structure in place, with a team that has the capability and capacity to progress the agreed priority areas, and which has strong links with research and industry partners to ensure that innovation is nurtured and developed to provide robust research projects to drive service change. Strategically, our Value Based Healthcare Programme is closely aligned with the national Value Based Healthcare Programme and is working regionally on a number of projects for which a structured '3D' Discover/Design/Deliver approach will be undertaken. In addition to the areas of national and local focus, further work is being undertaken in key areas throughout the Health Board based upon alignment with strategic objectives, service need and fragility, and engagement with clinical and operational teams.

Supporting the portfolio of Value Based Healthcare projects are five pillars. These are Informatics; Education and Training; Communications and Engagement; Research and Innovation; and Resources and Governance. Our principal objectives, which are closely aligned with the national Value Based Healthcare objectives are as follows:

Goal	Our actions for 2020/21:
Working with patients	• 2 case reviews to be undertaken per quarter, informed by patient views • Review of the efficacy and development of Family Recorded Outcome Measures (FROM) in key priority areas • Intranet updates on VBHC to be provided on a monthly basis • Newsletter to be circulated on monthly basis • Briefing paper to be produced for dissemination • VBHC workshops to be provided for staff • Communication documentation to be available through the Hywl Hub site
Health informatics and analytics	• PROMs capture in lung cancer, heart failure, hips & knees, dermatology, colorectal cancer and chronic pain • PROMs/FROMs capture in stroke • Time Driven Activity Based Costing (TDABC) review in lung cancer • TDABC costing reviews in heart failure, dermatology, colorectal cancer, stroke, hips & knees, chronic pain and ambulatory care • Deployment of PROMs visualisation tools for clinicians • Integration of PROMs tools into Welsh Clinical Portal • Access to national PROMs dashboards
Outcome measurement	• Implementation of National PROMs solution • Review of third party solutions • Development of scalable PROMs collection approach • Integration of PROMS collection data into National Data Repository • Development of PROMs dashboards • Ongoing identification and capture of PROMs data in specialties using ICHOM tools where available
Resource and policy	• Programme governance arrangements put in place for our VBHC Programme • VBHC team appointed
Research and industry	• Review of longitudinal outcomes following total hip replacement • Development of advanced analytics to model demand • Review of the impact of digitising the chronic pain service • Review of progress in implementing TDABC • Understand the digital capture of PROMs and usage of data within the Respiratory service • Contribution to development of all Wales contracting resource that place outcomes delivered at the core of contracting activity.

The full plan can be found here: Value Based and Prudent Healthcare Plan

Equality, Diversity and Inclusion

We will publish our Strategic Equality Plan (SEP) and Objectives 2020/24 in April 2020 which will set out our commitments to meeting the Public Sector Equality Duties. Our Strategic Equality Objectives are focused around four key corporate actions - Leadership by All; Working together; Improving health and well-being for all; and, Being an employer of choice

Welsh Government will commence the Socio-economic duty under the Equality Act 2010 from 1st April 2020 and this put tackling inequality at the heart of strategic decision-making, and will strengthen social partnership arrangements. All teams, services and departments play a role in contributing to the achievement of our Strategic Equality Objectives and have responsibility for promoting equality, diversity and inclusion.

Our equality, diversity and inclusion team will support the organisation through 2020/21 to ensure:

- Leadership by all – staff at all levels actively promote and facilitate a culture of inclusion and well-being across the organisation.
- Working together – working with our population, staff and partners to shape the design and delivery of services.
- Improving health and well-being for all – our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities.
- Being an employer of choice – we will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.

Welsh Language

We will ensure we encompass *The Well-being of Future Generations (Wales) Act 2015* to deliver A Wales: a vibrant culture and thriving Welsh language in everything we do

Our measures of success through 2020/21 will be:

- Welsh Language considerations are visibly integral to the way we work.
- Evidence captured within the various annual reporting mechanisms to Welsh Language Commissioner and Welsh Government and IMTP quarterly reporting.
- Greater ownership of Welsh Language planning across University Health Board.
- Improved feedback from patients who traditionally face barriers and have poor experiences.
- Positive staff feedback from national survey in relation to being able to provide a bilingual service.
- Responding to all internal translation requests and Ensuring that 90% of translation requests are delivered to agreed timescales

CHAPTER 15: Governance, Communication & Engagement Plan

How We Make This Plan Happen – Governance and Risk

Whilst the development of our Plan for 2020/23 is informed by risks, it is not possible to address every risk. The Board will receive assurance on the achievement of our strategy through the Board Assurance Framework and our plans are:

To review corporate and local Quality and Safety governance arrangements (April 20) and to standardise our approach by:

- improving information flow from ward/committees to Board
- improving consistency across directorates
- improving shared learning
- improving use of staff time and reducing duplication of meetings
- improving effectiveness of meetings
- reducing duplication with Executive Team Performance Reviews
- increasing multi-disciplinary focus

We will do this by:

- Aligning committees with the governance framework
- Rolling out directorate based Quality & Safety dashboards
- Increasing independent member and executive director visibility across

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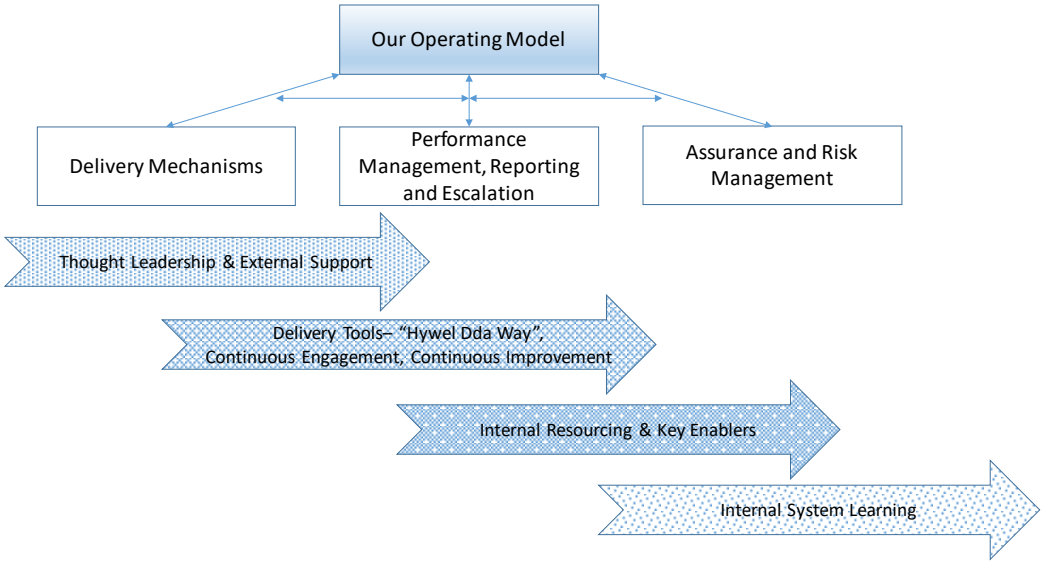
Corporate Governance

The operating model will be refreshed in year 1 2020/21 in order to effectively deliver the plan. The principles and purpose of our revised operating model are as follows:

- To make best use of the corporate resources and skills available
- To improve links and alignment to wider reporting to the Board and Welsh Government
- To ensure our operating model supports the full range of new work and additional actions we are undertaking, represented in the plan, as well as our “Business as Usual” activities
- To refresh the turnaround / Holding to Account process
- To define a hierarchy for our performance management to push accountability “down” into our teams
- To set out clear Executive responsibility and accountability all elements of the plan
- To agree clearly defined consequences for non-delivery

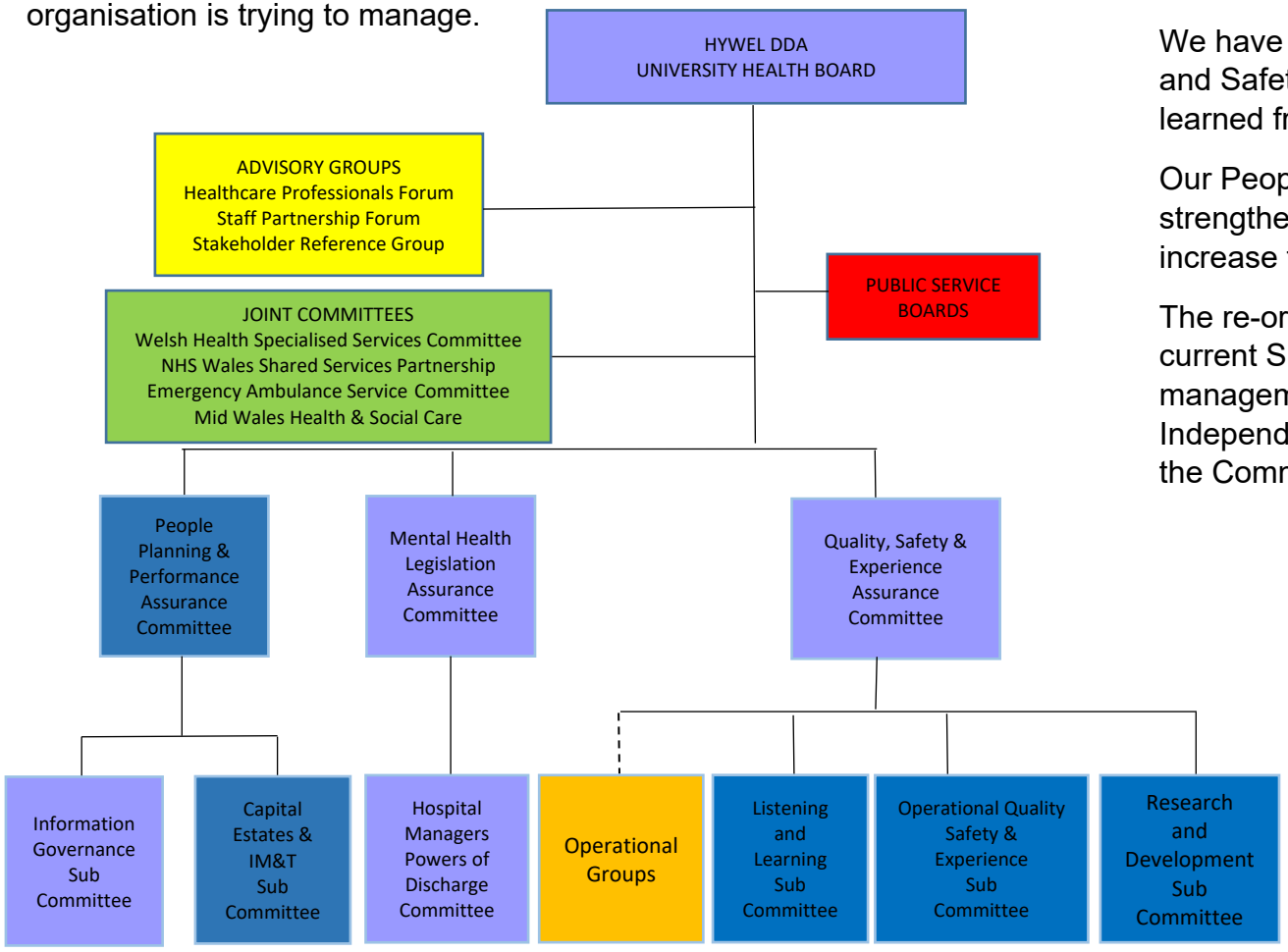


There are a number of key delivery tools and enablers that underpin the development of a successful operating model for the organisation:

- The Hywel Dda Way – consistent approach to managing and documenting change across the organisation, incorporating the Teulu Jones lens, continuous engagement, continuous improvement and a check and challenge process
- Thought Leadership and external support – establishing local, national and international networks of expertise across sectors, including commissioned strategic partner support from the Advisory Board Company and Price Waterhouse Cooper
- Internal resourcing and key enablers – developing our leadership academy, reverse mentoring, learning from performance management cycles and the Listening and Learning Sub Committee
- Internal resourcing & key enablers – the Strategic Enabling Group co-ordinates the work plan for all key enabling pieces of work to deliver our plan; additional corporate resource capacity in project management, analytics, improvement and finance business partnering

Whilst risks to delivering agreed objectives in the Annual Plan are assessed and monitored through the year by the Board and its Committees through the Corporate Risk Register and Board Assurance Framework, we need to continue to demonstrate that we are trying to address our key risks through the planning process. In 2020/21, we will be reiterating to services that risks in respect of achieving objectives, safe delivery of day-to-day services and compliance with standards and legislation must be assessed and included on service risk registers, as future plans will need to clearly demonstrate how and to what extent they will address these risks, as well as being clear about the risks that the Health Board does not have the capacity to address within our current resources. This will provide assurance to our stakeholders that as a Health Board, our planning and priorisation of resources is based on clear decision-making informed by our highest and most significant risks.

Whilst the development of our Plan for 2020/21 is informed by the risks facing the organisation, it is not possible to address every risk it has and bring them within our risk appetite and tolerance. Therefore, we have prioritised significant areas of concern such as unscheduled care within the plan, whilst also progressing the delivery of its Health & Care Strategy, which will, in time, aim to address many of the challenging risks that the organisation is trying to manage.



We have re-organised and strengthened our operational Quality and Safety governance arrangements and have triangulated and learned from different sources to support organisational learning.

Our People, Planning & Performance Assurance Committee will strengthen oversight and scrutiny of planning and in addition, will increase focus and take assurance on workforce and OD.

The re-organisation ensures that where appropriate, the work of current Sub-Committees will be undertaken by operational or management groups and avoids any conflicts of interest of those Independent Members who serve on Sub-Committees as well as the Committee's they report to.

Key
Lilac – Statutory
Blue – Established by HDUHB
Red – Groups with wider representation than HDUHB
Green – Joint Committees established by the 7 Welsh HBs
Yellow – Statutory Advisory Groups
Amber – Groups reporting in on their work programme to QSEAC

The Board will receive assurance on the achievement of its strategy through the Board Assurance Framework, which will be updated to reflect the new objectives with associated risks and assurance mechanisms. The Corporate Risk Register will inform the Board of risks to the delivery of the annual plan, and how they managed and mitigated, along with significant compliance and operational risks that pose a threat to the delivery of safe, quality care and business continuity and which could result in the loss of confidence from stakeholders.

Our plans are to review corporate and local Quality and Safety governance and wider governance arrangements (April 2020). Specifically we will look to standardise approach to our local governance arrangements by:

- improving information flow from ward/committees to Board
- improving consistency across directorates
- improving shared learning
- improving use of staff time and reducing duplication of meetings
- effectively using of limited corporate team resources
- improving effectiveness of meetings
- reducing duplication with Executive Team Performance Reviews
- increasing multi-disciplinary focus
- improving whole system focus on quality and safety

We will do this by:

- Aligning committees with the governance framework
- Rolling out directorate based Quality & Safety dashboards
- Increasing independent member and executive director visibility across sites

Strengthening our Board assurance process

In 2020/21 we will:

- Align the Board Assurance Framework (BAF) to agreed organisational objectives
- Ensure our corporate risk register includes all of our principal and other significant risks

Communications

Our vision is to have effective communication with our communities to support and improve their health and well-being and to empower our staff and clinicians, our patients and our public. We will work towards this purpose by:

- providing accurate, useful information which people trust, so they can make choices on their health and well-being or the support and services that best meet their need
- being open about the challenges we face and explaining what we are doing to address issues or failings
- having mechanisms in place to speak with staff first whenever possible and feed staff comments we receive back into the organisation
- supporting continuous engagement with our communities so they can influence the health service
- speaking with people through the means they already use (from face-to-face to written and digital)
- fulfilling statutory requirements for communications, as determined by the Board
- providing specialist communications advice on issues such as copyright and media law to protect our patients and the organisation
- helping to keep people safe by warning and informing the public in the incidence of a major incidence, in line with our duties under the Civil Contingencies Act and through the Local Resilience Forum

Our principles for communication are in line with our organisational values, and for 2020/21, we will:

- **put people at the heart of everything we do** by providing trusted information which is useful and helpful for people's health and well-being; and providing insight from people to the organisation
- **work together to be the best we can be** by involving people in how we communicate, celebrating good news to value our staff and communities, encouraging continuous improvement and good health, and working with partners and people on communicating together the wider determinants of health
- **Strive to deliver and develop excellent services** by being focused on our communities needs and adapting to new opportunities and ways of communicating.

The difference we intend to make for people will be measured in various ways, including:

- reaching wider audiences and keeping them interested and engaged
- increasing engagement rates in events, membership schemes or online
- behavioural change/or take up of a 'call to arms'
- improved reputation and trust in organisation during the long term

Our engagement approach

Our vision and purpose is to work together every step of the way. Our commitment is to involve staff, stakeholders, patients, carers and citizens when we are designing, developing, reviewing or changing services by:

- embedding continuous engagement into project and programme management structures
- ensuring stakeholders are visible, active and influential throughout projects and programmes of work
- delivering meaningful engagement with the right people e.g. seldom heard voices, staff etc. at the right time to inform and influence services together with our Diversity and Inclusion Team
- working closely with the Patient Experience Team to ensure the lived experience influences our work
- supporting the organisation to deliver continuous engagement:
    - within the seven localities, covering local issues including local services, primary care and capital projects
    - when developing service pathways across the organisation or wider
    - as part of the development of a new hospital
- developing robust systems and processes to support engagement for us and with our public services partners, including:
    - developing effective engagement plans
    - facilitating the Stakeholder Reference Group
    - developing a robust structure for locality engagement
    - providing effective and innovative digital and non-digital engagement opportunities
    - implementing an online engagement system and a stakeholder management system

- providing expert advice around engagement and consultation locally, regionally and nationally.

Our principles for engagement are in line with our organisational values. We will:

- **put people at the heart of everything we do** by designing or creating service that work better and are built on the principle that those who receive and/or deliver services are in the best place to help design them
- **work together to be the best we can be** by improving services to meet needs and give better outcomes, making better use of resources
- **strive to deliver and develop excellent services** by delivering engagement where people are listened to, influence and co-design health, care and well-being services; including embedding our strategic duties around the Wellbeing of Future Generations Act, A Healthier Wales and the Social Services and Wellbeing Act.

- Our measures of success are:
- people will recognise their own voice and contribution
- people will feel they are working together with their clinicians to develop and deliver better services
- continuous engagement will be embedded across all levels of the organisation
- continuous engagement / conversations take place on different themes/services at different levels and stages across the organisation
- people understand “This is the way we work at Hywel Dda”

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Glossary of Terms

A&E	Accident and Emergency	NICE	National Institute for Health and Care Excellence
ADHD	Attention Deficit Hyperactivity Disorder	NPI	National Prescribing Indicators
ALOS	Average Length of Stay	NUSC	Non Urgent Suspected Cancer
AOS	Acute Oncology Service	NWIS	NHS Wales Informatics Service
ARCH	A Regional Collaborative for Health	OBC	Outline Business Case
ART	Acute Response Team	OD	Organisational Development
ASD	Autistic Spectrum Disorder	OOH	Out of Hours
AWCP	All Wales Capital Programme	OT	Occupational Therapy
BAF	Board Assurance Framework	PADR	Performance Appraisal and Development Review
BJC	Business Justification Case	PoS	Point of Suspicion
C. Diff	Clostridium difficile Infection	PPBC	Pre Programme Business Case
CAMHS	Childhood and Adolescent Mental Health Services	PREMs	Patient Reported Experience Measures
CAU	Central Assessment Unit	PROMs	Patient Reported Outcome Measures
CCIO	Chief Clinical Informatics Officer	PSBs	Public Service Boards
CLDT	Community Learning Disability Team	QALY	Quality Adjusted Life Year
CMHC	Community Mental Health Centres	QIST	Quality Improvement and Service Transformation
CTU	Central Transport Unit	R&D (and I)	Research and Development (and Innovation)
DCP	Discretionary Capital Programme	RPBs	Regional Partnership Boards
DCW	Domiciliary Care Worker	RTT	Referral to Treatment
DN	District Nurse	S aureus	Staphylococcus aureus
E. Coli	Escherichia coli	SARC	Sexual Assault and Rape Centre
ED	Emergency Department	SBUHB	Swansea Bay University Health Board
EDQDF	Emergency Department Quality & Delivery Framework	S-CAMHS	Specialist Child and Adolescent Mental Health Services
EQuIP	Enabling Quality Improvement in Practice	SCP	Single Cancer Pathway
FBC	Full Business Case	SEP	Strategic Equality Plan
FROMs	Family Reported Outcome Measures	SPoC	Single Point of Contact
FTE	Full Time Equivalent	TCS	Transforming Clinical Services
GA	General Anaesthetic	TDABC	Time Driven Activity Based Costing
GMS	General Medical Service	TEC	Technology Enabled Care
GP	General Practice	TF	Transformation Fund
HaCRW	Health and Care Research Wales	TMH	Transforming Mental Health
HARP	Healthcare Associated Infection & Antimicrobial Resistance Programme	UHB	University Health Board
HASU	Hyper Acute Stroke Unit	USC	Unscheduled Care
HCAI	Healthcare Acquired Infection	USCa	Urgent Suspected Cancer

HCSW	Healthcare Support Worker	VBHC	Value Based Healthcare
HDdUHB	Hywel Dda University Health Board	WAO	Welsh Audit Office
HEIW	Health Education and Improvement Wales	WAST	Welsh Ambulance Services NHS Trust
ICC	Integrated Care Centre	WCCIS	Welsh Community Care Information System
ICF	Integrated Care Fund	WCN	Wales Cancer Network
ICN	Integrated Care Network	WHAM	Whole Hospital Audit Meeting
ICT	Information and Communication Technology	WHSSC	Welsh Health Specialist Services Committee
IM&T	Information Management and Technology	WLI	Waiting List Initiative
IP	Independent Prescribers	WNWRS	Wales National Workforce Reporting System
JRPDC	Joint Regional Planning and Delivery Committee	WTE	Whole Time Equivalent
LD	Learning Disabilities	WWCDG	West Wales Carers Development Group
LOS	Length of Stay	WWCP	West Wales Care Partnership
MDT	Multidisciplinary Team		
MECC	Making Every Contact Count		
MHLD	Mental Health and Learning Disabilities		
MIU	Minor Injuries Unit		
MMR	Measles Mumps and Rubella		
MTeD	Medical Transcribing for early Discharge		
MTN	Major Trauma Network		

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hywel Dda University Health Board Strategic Equality Plan and Objectives 2020-2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings – Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird – Head of Strategic Partnerships, Diversity and Inclusion Jackie Hooper – Senior Diversity and Inclusion Officer

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 Equality Plan (SEP) and Objectives for Hywel Dda University Health Board (HDdUHB) have been reviewed and revised in line with the Public Sector Equality Duty (PSED).

The attached SEP and Objectives for the period 1st April 2020–31st March 2024, which is being presented for ratification by Board, builds on previous equality objectives set. Comments were sought from members of the Staff Partnership Forum and Workforce and Organisational Development Sub-Committee before being considered at the Quality, Safety and Experience Assurance Committee (QSEAC) meeting on 4th February 2020. Comments received from all committees have been incorporated in to the final version.

Cefndir / Background

Equality is a core principle underpinning the values of the NHS and, combined with a Human Rights approach, is interwoven through the Health and Care Standards in Wales. It is also incorporated into the Well-Being of Future Generations (Wales) Act 2015. The Equality and Human Rights Commission provides advice on setting equality objectives which includes the following:

- Many of the barriers facing people with protected characteristics are long-standing and entrenched and it will take some time to fully address these. To achieve long-term fundamental change it may be necessary to maintain the same objective for a significant period.
- To achieve the aims of the general duty, the objectives need to focus on the most significant equality issues and be sufficiently wide in scope. The objectives must be based on adequate information and on proper engagement.
- A key purpose of setting equality objectives is to drive better outcomes for people with protected characteristics. It is important that care is taken to ensure that objectives are drafted to be specific, measurable, realistic and achievable within a clear timeframe.

Asesiad / Assessment

HDdUHB worked collaboratively with other public sector bodies and the third sector across Dyfed Powys to involve protected groups and the general public in developing its equality objectives for the next four years. This included a joint public and staff questionnaire produced for HDdUHB, Powys Teaching Health Board, Dyfed Powys Police, Mid and West Wales Fire and Rescue Service, Wales Ambulance Services Trust, National Parks and the Local Authorities within Carmarthenshire, Ceredigion, Pembrokeshire and Powys.

Views were sought from protected groups and the general public on the fairness of public services across the counties and suggested ways to improve. The survey also gathered views on how people from different backgrounds experience six major areas of life, reflecting the areas considered in "Is Wales Fairer?" 2018:

- Education
- Work
- Living Standards
- Health
- Justice and Personal Security
- Participation

Engagement activities facilitated on behalf of public sector bodies by Carmarthenshire People's First and Pembrokeshire Community Voice Project (co-ordinated by Pembrokeshire Association for Voluntary Services) were held in Carmarthenshire, Ceredigion and Pembrokeshire and Powys. The survey and engagement work took place between April and August 2019.

In addition to the survey and engagement work, a workshop was held for Executive Directors and Independent Members who have an important leadership role in refreshing HDdUHB's equality objectives. The workshop held in October 2019 considered evidence drawn from national, regional and local levels including:

- Well-being of Future Generations (Wales) Act 2015 National Well-being Goals and HDdUHB's local Well-being objectives
- Welsh Government Draft equality objectives
- Results of Equality and Human Rights Report "Is Wales Fairer?" 2018
- Results of joint Mid and West Wales multi-agency public sector collaborative survey and engagement activities
- Links to the draft Patient's Charter commitments that are currently being developed for HDdUHB.

As a result of the engagement activities, four overarching strategic equality objectives were developed for 2020-2024, as outlined below:-

Theme	Objective	Anticipated Outcome
Leadership by All	Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation.	Staff, including Board members, will be motivated to use their lived experiences and act as role models to create positive experiences for colleagues and service users, to identify where improvements can be made and will be supported to put their ideas into practice as appropriate.

Working Together	Working with our population, staff, stakeholders, particularly those identified as having worse experiences, and partners will shape the design and delivery of services.	We will use our mechanism of continuous engagement to ensure equal opportunities across all groups, particularly those who traditionally face barriers, to contribute to and influence the design and delivery of services.
Improving health and well-being for all	Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities.	Staff have access to training and development opportunities to enable feedback received from our continuous engagement activity to be used to improve patient access and experience with due regard to individual needs within a values based approach.
Being an employer of choice	We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.	Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being. Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.

The refreshed objectives are intended to reflect a drive towards considering the wider determinants of health and well-being, seeing people in the context of their own lives and taking account of what matters to them, reflecting the Director of Public Health's Annual Report 2018/19.

As HDdUHB moves to implement its 20 year health and care strategy, 'A Healthier Mid and West Wales', our refreshed equality objectives align with these aspirations; working to adopt a "social model" of service delivery, focusing on care closer to home, and delivering care that is safe, sustainable, accessible and kind, with a values-based, person-centred approach.

The refreshed objectives remain high level and broad-ranging to enable actions to be identified that drive better outcomes for people with protected characteristics, whether staff, patients or our wider population. It will be the responsibility of each service area and department within the organisation to take account of the objectives and establish action plans to progress achievement of the objectives as appropriate to their service. This is essential to embedding the responsibility for equality, diversity and inclusion and living HDdUHB values.

Argymhelliad / Recommendation

The Board is requested to ratify the revised Strategic Equality Plan and Objectives 2020-2024.

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	All Health & Care Standards Apply

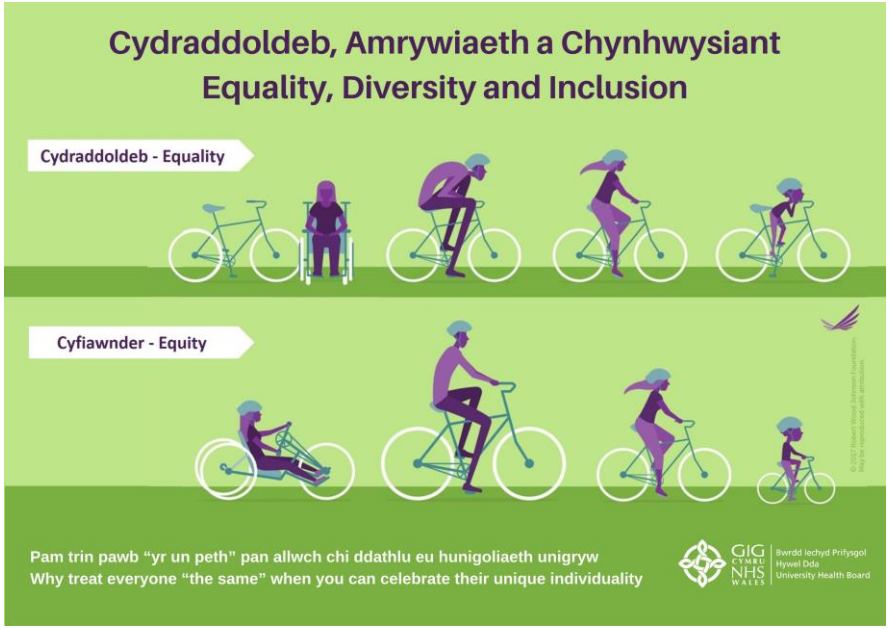
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Develop a sustainable skilled workforce Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Equality Act 2010 Public Sector Equality Duties (Wales) 2011 Mid and West Wales Strategic Equality Objectives Review Collaborative public and staff survey results. Equality and Human Rights Commission report "Is Wales Fairer?" 2018 Welsh Government Draft Equality Objectives 2020-2024
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:	Staff Partnership Forum Workforce and Organisational Development Sub-Committee members Quality, Safety and Experience Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial resources to facilitate progress towards achieving set equality objectives will need to be an ongoing consideration.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is evidence to show that generally, protected groups are disadvantaged at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the population as a whole.
Gweithlu: Workforce:	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in the workplace. Embedding equality into core functions and the Health Board's value base, setting objectives which engender the

	recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
Risg: **Risk:**	Challenges from staff or the public in relation to equality and human rights can result in financial and reputational damage to the Health Board.
Cyfreithiol: **Legal:**	Non-compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance issued by the Equality and Human Rights Commission.
Enw Da: **Reputational:**	The SEP Objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Reviewing the SEP and Objectives on at least a four yearly basis is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation.
Gyfrinachedd: **Privacy:**	There is no potential for data breaches within the SEP and Objectives 2020-2024.
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No This paper presents the equality objectives for HDdUHB for 2020-2024. Actions taken to engage around developing revised equality objectives specifically targeted protected groups. The Objectives are broad ranging and intended to include all protected groups. Specific actions required to meet the objectives in relation to each protected group will vary and there will be variations on how they apply across different departments, wards and areas across the three counties. Corporate action plans will reflect this. Action plans developed at service level will be tailored to meet the needs of staff and service users as appropriate. Any actions taken as a result of set objectives will be subject to equality impact assessment as appropriate. Annual reports will be produced on progress against set objectives. The SEP Objectives and any future revised objectives specifically aim to meet the PSED and work towards eliminating discrimination, advancing equality of opportunity and fostering good relations between people who share a protected characteristic and those who do not. This paper updates the original objectives set for the period 2012-2016 and subsequently for the period 2016-2020 in line with PSED requirements.

Hywel Dda University Health Board
Draft Strategic Equality Plan and Objectives 2020-2024



"... Making a difference...We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them."

First Section

What will this Strategic Equality Plan tell you?

This plan sets out the context in which our strategic equality objectives sit and outlines what we intend to do to meet our duties under the Equality Act 2010 over the next four years.

How to contact us

If you require this publication, or any of our other publications in printed or alternative formats and/or languages please contact us using the details below:

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Facebook: www.Facebook.com/HywelDdaHealthBoard / www.Facebook.com/BwrddIechydHywelDda

Email: Inclusion.Hdd@wales.nhs.uk

Next Section

Foreword

We are delighted to publish our refreshed Strategic Equality Plan and Objectives 2020-2024 which sets out our intended direction of travel over the next four years to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as in the way in which we provide services to patients, families, carers and our wider population.

Through a values based approach, we aim to deliver services which are safe, sustainable and kind for all and to offer an inclusive and nurturing working environment for all our staff. Within the suggested objectives, the words “culture”, “inclusion” and “well-being” are used in their broadest terms to encompass considerations in relation to Welsh Language and socio-economic influences.

Continued

We are committed to working to continuously engage and involve our communities in supporting equal opportunities for our population and in promoting their health and wellbeing. We are grateful, therefore, to everyone who took part in our staff and public survey and stakeholder discussions over the course of 2019, which helped develop our refreshed objectives.

This Plan is an evolving document and we will continue to review it annually, to ensure it remains fit for purpose. Within our Health Board, setting and meeting objectives is not just a matter of compliance, but something that staff at all levels can be actively involved in.

The responsibility for implementing the plan and objectives falls to all employees. This includes our Board members, staff and volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB. Whilst some action will be taken corporately, it is expected that all service areas within the Health Board will develop action plans aligned with the Health Board's overarching strategic objectives. We know that creating a fair and inclusive environment often involves changing cultures, challenging long held practices and breaking down barriers. We will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all.

Steve Moore, Chief Executive

Maria Battle, Chair

What we do

Hywel Dda University Health Board (the Health Board) plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 11,000 members of staff and volunteers provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector organisations. More details can be found in the Health Board's Annual Report 2018/19

Our communities

The following info-graphic table provides a broad over-view of protected characteristics across our three counties based on results of the 2011 Census. It is based on shrinking each county's population to a village of approximately 100 people, with all of the existing human rations remaining the same, and provides an overview of protected characteristics for each county.

It is acknowledged that changes in population will have occurred over time and that "sensitive" equality monitoring information around sexual orientation, religion and belief may not be reliable so may not give a complete and true picture of the county demographics. Population Demographics for the Hywel Dda region are available on the ONS website www.ons.gov.uk. Information on health and socio-economic factors across the three counties is available here http://www.wales.nhs.uk/sitesplus/922/home and here www.daffodilcymru.org.uk

Continued

Data Source		Carmarthenshire	Ceredigion	Pembrokeshire
	2011 Census	49 Males and 51 females	50 Males and 50 females	49 Males and 51 females
	2011 census	18 children aged under 16	15 children aged under 16	18 children aged under 16
	2011 census	61 people of working age	63 people of working age	60 people of working age
	2011 census	21 people of pensionable age	23 people of pensionable age	22 people of pensionable age
	2011 census	44 people able to speak welsh	47 people able to speak welsh	19 people able to speak welsh
	2011 census	98 people from a white background and 2 from a non white background	97 people from a white background and 3 from a non white background	98 people from a white background and 2 from a non white background
	Stonewall Cymru	6-9 people would be Lesbian, Gay or bisexual	5-7 people would be Lesbian, Gay or bisexual	6-9 people would be Lesbian, Gay or bisexual

Previous

Continued

Data Source		Carmarthenshire	Ceredigion	Pembrokeshire
	2011 census	38 with a limiting long term illness or disability	21 people with a limiting long term illness or disability	11 with a limiting long term illness or disability
	2011 census	13 people would be providing unpaid care	11 people would be providing unpaid care	12 people would be providing unpaid care
	2011 census	62 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion)	58 people who were Christian, 2 person would be of other religion and 31 would have no religion (9 would prefer not to state their religion)	63 people who were Christian, 2 person would be of other religion and 27 would have no religion (8 would prefer not to state their religion)
	CACI Paycheck 2013	17 households would be earning less than £10,000 per year & 5 households would be earning over £80,000 per year	16 households would be earning less than £10,000 per year & 5 households would be earning over £80,000 per year	16 households would be earning less than £10,000 per year & 5 households would be earning over £80,000 per year
	DWP Stats May 2013	31 people from the total population claiming key Department of Work and Pension benefits	14 people from the total population claiming key Department of Work and Pension benefits	14 people from the total population claiming key Department of Work and Pension benefits
		18 lone parents	5 lone parents	12 lone parents

Strategic Context

The Equality Act 2010 came into force in October 2010 and places an equality duty on public bodies such as the Health Board. The Equality Act 2010 sets out nine protected characteristic groups: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. Public bodies are required to consider the needs of protected groups when designing and delivering public services.

The health board must, in our policies and practices, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

When thinking about how to advance equality of opportunity, we also need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic and are connected to that characteristic;
- Meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- Encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- Consider how we will tackle prejudice and understanding.

Continued

We are mindful that the Welsh Government is considering introducing a specific duty in relation to Socio-Economic considerations in 2020 and have incorporated this in to our thinking as we developed our equality objectives for 2020-2024. Socio-economic considerations are fundamental to our overarching Health and Wellbeing Strategy, "A Healthier Mid and West Wales".

Meeting the duties of the Equality Act 2010 and providing services tailored to meet the needs of our communities involves a whole organisation approach. Everyone throughout the organisation is expected to be mindful of:

- how they can contribute to providing equitable services, with dignity and respect; and
- how they can contribute to making the working environment inclusive and a place where all staff feel free to be themselves and can fulfil their potential.

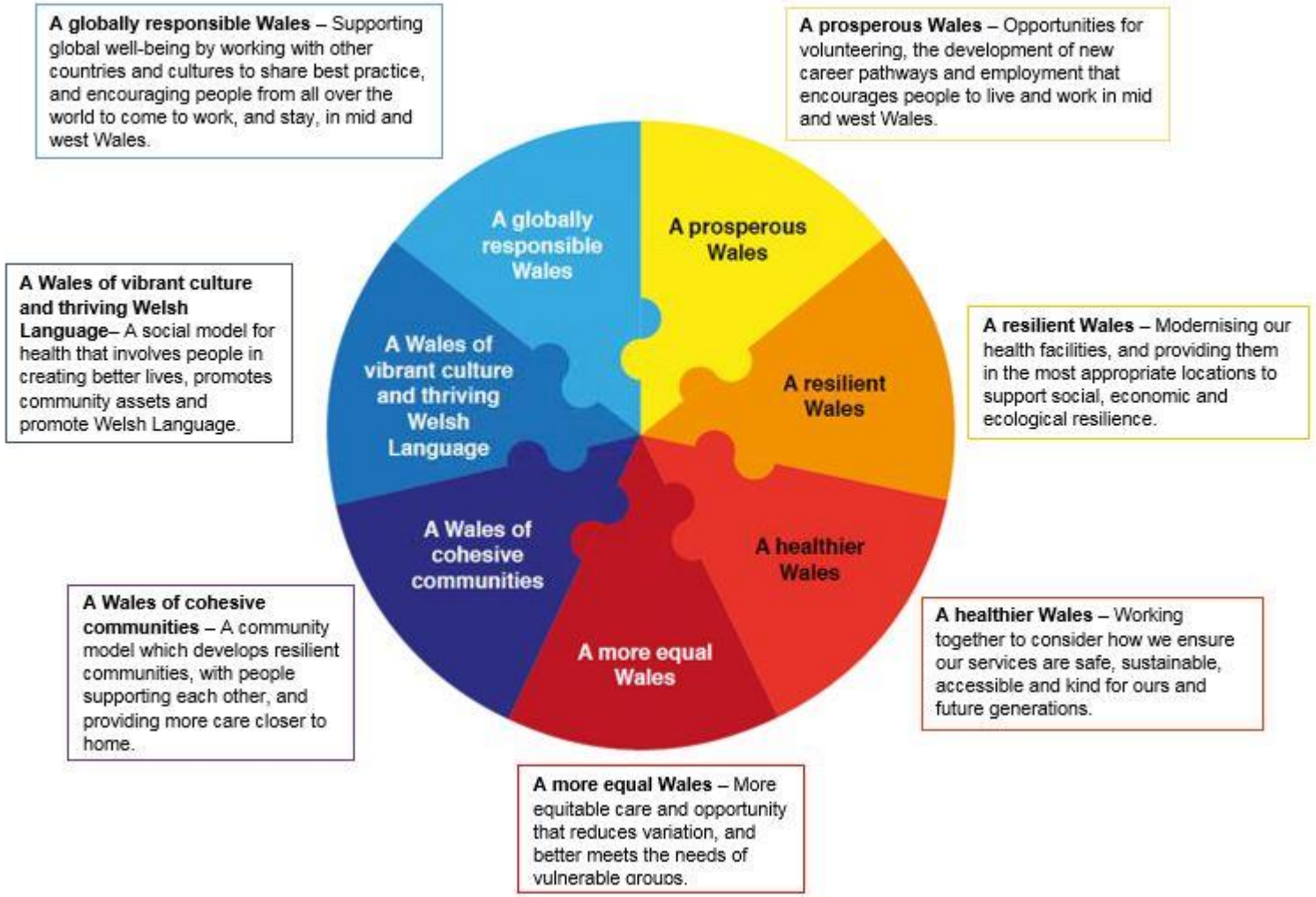
Whilst our Strategic Equality Plan and Objectives is based around the duties of the Equality Act 2010, it does not sit in isolation, but is embedded in a national, regional and local context. Our work to progress the equality agenda is inter-linked with our work around the Well-being of Future Generations (Wales) Act 2015 (WFGA) and the Social Services and Wellbeing (Wales) Act 2014. The WFGA sets out 7 national well-being goals and five ways of working and delivering our strategic equality objectives will help to address a number of the national well-being goals, in particular:

- A more equal Wales
- A Wales of cohesive Communities
- A Prosperous Wales
- A Healthier Wales

Delivering our health and care strategy, “A Healthier Mid & West Wales: Our Future Generations Living Well will also contribute to our commitment to achieving the seven national well-being goals as set out in the Well-being of Future Generations (Wales) Act, 2015. This vision was developed from the shared ambitions of our partners as set out in the well-being plans of Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards and seeks to empower communities to work together in areas they care about, and feel enabled to contribute to.

Based around a social model for health, our 20 year health and wellbeing strategy presents enormous opportunities for us to think and act differently in the way we deliver health and care services in collaboration with key partners, including our staff and service users and others who live and work in the Health Board area. Adopting the social model of health means that when developing and reviewing our services, we will considers a broader range of factors that influence health and wellbeing, including environmental, economic, social and cultural issues.

We envisage that our strategy will support the delivery of equality, diversity and inclusion, and impact on the national well-being goals in the following ways:



Our Director of Public Health's Annual Report 2018/19 recognises that in order for us to meet our aims, people need access to support and advice to improve their health, including advice on smoking, nutrition, alcohol as well as other things that may be affecting their health like housing, debt and caring responsibilities.

Conversations with patients about their health as a whole person and about their well-being is a way of combining the expertise of clinicians with the expertise that people have about their lives and what matters to them. A new relationship of 'working with' rather than 'doing to' puts more power into the hands of patients and service users and can be the catalyst for people to make positive changes in their lives and communities. This cannot be done without considering the needs of our populations from an equality and human rights perspective, breaking down the barriers that exist in our communities.

How we developed our refreshed strategic equality objectives

Evidence to inform our equality objectives for the next four years has been collected from national and local reports, as well as from engagement activities with staff, service users and the wider population.

How we engaged and what we learned

We undertook a 6 week multi-agency engagement exercise with other public sector organisations in the Dyfed Powys area. We worked collaboratively with Dyfed Powys Police, Mid and West Wales Fire and Rescue Service, Local Authorities from Carmarthenshire, Ceredigion, and Pembrokeshire, Powys Teaching Health Board, Pembrokeshire Coast National Park and Brecon Beacons National Park.
Engagement activities included an on-line survey available to staff and the general public in a variety of alternative formats. The survey gathered views on how people from different backgrounds experience six major areas of life:

- Education
- Work
- Living Standards
- Health
- Justice and Personal Security
- Participation

A series of engagement events held in the three counties facilitated by Carmarthenshire People First (Carmarthenshire and Ceredigion) and Pembrokeshire Voices for Equality (Pembrokeshire), on behalf of the Mid and West Wales Collaborative group. Meetings with specific community groups reflecting the protected characteristics were also undertaken across our three counties.

Continued

The information and feedback gained from the engagement activities has been used to help us define our revised equality objectives. The reports produced following this engagement, together with information gathered from our continuous engagement activities facilitated by our Engagement Team, will be used to help inform the way in which we plan, develop and deliver services on an ongoing basis.

Findings from our engagement

Across our three counties, and in Powys, different demographic groups were perceived as having broadly similar experiences in respect to health in comparison to the wider population. Most protected groups (apart from those who were pregnant or who had recently given birth) were perceived to have worse experiences of health than the population as a whole. Each group also considered that they had worse experiences of health in comparison to the population as a whole, apart from single people, who said they have similar negative experiences compared to the population.

The top 4 groups rated as having worse experiences of health than the population as a whole were:

- Disabled people
- Older people
- Transgender people
- BME people

The majority of topics and themes reported as worse experiences were in relation to:

- Access
- Communication
- Engagement and involvement
- Training
- Employment

Whilst we have identified the top 4 groups rated as having worse experience of health than the population as a whole, we realise that efforts also need to be made to improve the experience of all protected groups when accessing our services. It will be the responsibility of each service to identify where their focus should be in addressing issues of inequality or introducing positive initiatives aligned to meeting the Health Board's strategic equality objectives.

Wider Considerations

We recognise that all the domains explored within the regional engagement survey can impact on health and well-being and that we also have a duty to be a fair and inclusive employer. Wider considerations include:

- Education - Disabled people and transgender people were perceived to have the worst experiences of education. People who are pregnant or recently given birth, older people, BME and LGB were all believed to have negative experiences of education. Younger people and Welsh speakers were seen to have the best experiences of education. All other groups were believed to have a generally neutral experience of education.

- Employment - Being disabled, an older person, BME or being pregnant or recently given birth were seen to have the worst experiences of employment. The survey also found that being transgender, a younger person or female also have negative experiences of work. Being a Welsh speaker or being male were perceived to have better experiences of work.

- Social Care - Other groups were perceived to have a neutral experience or a small negative experience of accessing social care services.

- Housing - Younger people were seen to have the worst experiences of housing, reflecting the difficulties of young people finding affordable housing. Disabled people, single people and older people were all seen to have worse experiences of housing, which may be due to the lack of accessible and suitably sized properties. Other groups were seen to have an approximately neutral experience of housing.

- Transport - Disabled people were rated as having a significantly worse experience of transport, with all other groups having a more or less neutral experience.

- Leisure and access to coast and countryside - Disabled people were believed to have a much worse experience of leisure and access to coast and countryside. Older people and or those who are pregnant or have recently given birth were perceived to be slightly worse off than the population as a whole. All other groups were seen to have a neutral experience.

- Accessing information and digital services - Younger people were perceived to have a much greater positive experience of accessing information and digital services. Other groups were perceived to have a broadly neutral experience.

- Community cohesion - Being disabled, transgender, BME or LGB were seen to have the worst experiences of getting on well together in a community. Welsh speakers were believed to have the best experiences of getting on well together in a community. The other protected characteristics were perceived to have a broadly neutral experience of getting on well together.

- Influencing decisions - Younger people, disabled people or people who are BME were seen to have the worst experiences of influencing decisions. Only people who are male or people who speak Welsh were perceived to have better experiences in influencing decisions than the population as a whole.

National reports

The Equality and Human and Human Rights Commission (EHRC) published a report called 'Is Wales Fairer 2018?' and we have used the key findings to inform our thinking as we developed our refreshed strategic equality objectives. The EHRC report highlighted three themed areas in relation to Health:

Access to healthcare:

- Gypsy, Roma and Traveller families continue to experience difficulties in accessing quality health services.
- There are concerns about the quality of translation and interpretation services for migrants, refugees and asylum seekers, which may act as a further barrier to accessing health services.
- There is a need to develop access to, and the quality of, specialist healthcare for transgender people in Wales.
- The majority of people with learning disabilities in Wales do not receive an annual health check and the uptake rates vary considerably across the country.

Health outcomes:

- Disabled children report good health less frequently than non-disabled children.
- In 2016, men in Wales were over four times more likely than women to die by suicide.
- Although life expectancy is increasing, there are significant gaps between and within local authorities; and adults – particularly men – living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.

Mental health

- Despite an increase in funding, mental health provision in Wales is not meeting demand. The number of people waiting for mental health treatment has doubled in the past six years.
- The number of children and young people referred to, and waiting for treatment from, child and adolescent mental health services continues to increase.

- Concerns remain about the level of specialist perinatal mental health services in Wales and up to one in five women in Wales is affected by perinatal mental illness. Compared with the UK average of 40%, 70% of people in Wales have no access to specialist perinatal mental health services.
- Inconsistent monitoring of protected characteristics and at-risk groups makes it difficult to assess their access to health services and determine their health outcomes.
- Access to mental health service provision is particularly poor for refugees and asylum seekers.
- Poor access to health provision, combined with mistrust and reluctant uptake of health services, has a negative impact on Gypsy, Roma and Traveller health.

The “Is Wales Fairer? 2018” report also highlighted the following key findings in relation to the wider context of health and well-being:

- Insecure employment is twice as high on average for those aged 16-24
- Disabled people’s employment rate is less than half that of non-disabled people
- Seven out of ten mothers have had a negative or discriminatory experience during pregnancy, maternity or returning to work. Sexual harassment remains widespread in the workplace
- Apprenticeships remain strongly gender segregated with under-representation from ethnic minorities and disabled people
- A gender pay gap exists in Wales.

In developing our equality objectives for the next four years (2020-2024), we took into account the findings of our collaborative survey, together with the findings of the Equality and Human Rights Commission “Is Wales Fairer? 2018” report. We also took account of the Welsh Government equality objectives and the need to take an underpinning human rights based approach, as agreed across the Mid and West Wales multi-agency SEP Collaborative. We involved representatives of our Board across a wide range of disciplines at the early stage of developing our objectives and held a workshop on 11 October 2019 to refine our objectives and undertook our own public engagement survey during November and December to test out our proposed strategic equality objectives prior to submission for approval.

Our Equality Objectives

We have developed four overarching strategic equality objectives which are set out in the tables below.

Theme	Objective	Anticipated outcome
Leadership by All	Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation	Staff, including Board members, will be motivated to use their lived experiences and act as role models to create positive experiences for colleagues and service users, to identify where improvements can be made and will be supported to put their ideas into practice as appropriate.

Each new member of staff within the Health Board attends a corporate Induction course which includes a “Person-Centred Care” session. This session emphasises the importance of considering service users and colleagues as individuals and affording them due dignity and respect in accordance with the Health Board Values. It also raises awareness of unconscious bias and how it may be mitigated. Health Board staff also complete the All Wales “Treat Me Fairly” mandatory e-learning package developed by the NHS Centre for Equality and Human Rights, both as new starters and as refresher training every three years. Additional training is also available for staff to attend or complete according to their needs. Bespoke training on a one-to-one or group basis is also offered in relation to Equality Impact Assessment and can be arranged for a variety of subjects according to identified needs on request.

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Each member of staff, including Board members, is expected to be mindful of how they can contribute to providing equitable services and treat colleagues in accordance with Health Board values. We expect that this would be demonstrated in a number of ways, for example:

Independent Members, Chair, Vice Chair, Chief Executive and Executive Directors – the way in which they set strategic direction, review performance and ensure good governance of the organisation.

Service, Departmental and Team Managers – building equality considerations into all aspects of work including the way in which they oversee the planning, design, development, delivery, quality and effectiveness of services.

Corporate Equality and Diversity staff – in raising awareness and building capacity around the general and specific duties within the organisation, supporting staff to deliver on their responsibilities and acting as agents for change to drive the equality agenda forward.

Workforce and Recruitment staff – in building equality consideration into employment policies and procedures to provide a supportive environment for staff, helping to develop the culture of the organisation and working towards building a diverse workforce.

Organisational Development staff – in ensuring fair and equal access to training and development opportunities, and that diversity and inclusion is embedded into content of training and organisational development programmes.

Communications and Engagement staff – in finding ways to effectively engage with service users and ensuring that information is available and accessible to staff and service users.

Procurement and Commissioning staff – in building equality considerations into the commissioning and procurement of goods and services.

All staff – in how we provide equitable, person-centred, individualised care and demonstrate the Health Board values in all our interactions with patients, family members, colleagues and the public.

Theme	Objective	Anticipated outcome
Working Together	Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services.	We will use our mechanism of continuous engagement to ensure equal opportunities across all groups, particularly those who traditionally face barriers, to contribute to and influence the design and delivery of services.

Working closely with the Community Health Council we have developed the Health Board's Framework for Continuous Engagement. The benefits of a continuous engagement approach mean patients, carers, service users, citizens, staff and partners work together to design services that better meet the individual and community needs and utilise resources effectively. This approach reinforces the commitments within our Patient's Charter and recognises the diversity in experiences amongst our population. Our approach to continuous engagement must be flexible and accessible for people with protected characteristics and whose first language is not Welsh or English. We will sometimes need to listen and have conversations with particular communities about specific services or around what is important to them. We will need to make it easier for people to have conversations with us in their language of choice, as well as supporting staff to exercise their right to converse in Welsh. When considering changes which have an impact on communities, we will base this engagement on our seven geographical localities. This will 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.

The creation of active working groups committed to identifying adverse trends, the causes of inequality and poor patient and staff experience will assist in breaking down cultural and organisational barriers that hinder progress towards our strategic equality objectives.

Previous Objective

Next Objective

Theme	Objective	Anticipated outcome
Improving health and well-being for all	Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities.	Staff have access to training and development opportunities to enable feedback received from our continuous engagement activity to be used to improve patient access and experience with due regard to individual needs within a values based approach.

Our practice of continuous engagement helps to inform our Equality Impact Assessments (EqIAs). These help us to identify potential negative impacts at the earliest opportunity, so that arrangements can be made to eliminate or mitigate disadvantage as soon as possible in the design, development and review of and services and service delivery. It also enables us to find opportunities where positive impacts may be enhanced for the benefit of all. Results of EqIAs are published alongside relevant policies and within documentation relating to service change. Bespoke training in relation to equality impact assessment is available from the Partnerships, Diversity and Inclusion Team on a one-to-one or group basis.

We have a “Quality Assurance Framework”, designed to ensure high quality services are delivered throughout the Health Board. It is focused on engaging and enabling the whole workforce to understand and deliver high quality Patient Centred Care. Arrangements for the EqIA process for each service change from engagement through to action plans and monitoring is scrutinized within this process through our usual governance channels.

Patient experiences may differ across different services, and between protected groups. It will be the responsibility of each service to identify where action needs to be taken to reduce inequalities between different groups.

Theme	Draft Objective	Anticipated outcome
Being an employer of choice	We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.	Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being. Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.

The Workforce and Organisational Development Department and Strategic Partnerships, Diversity and Inclusion Team will work closely to identify and resolve issues and will work collaboratively to create a fair and inclusive working environment. Within the theme of being employer of choice and the associated objective, we will include actions to identify and address Gender Pay Gap issues. Over time, we will also seek to identify and address pay gap issues relating to additional single or multiple protected characteristics where they might exist.

Whilst pay systems are one method of determining pay equity, we know there are a number of additional issues that are relevant to determining what staff from different protected groups are paid. These include occupational segregation, availability of full/part time work in different occupational groups, availability of family friendly policies, managerial support for flexible working and organisational culture. We will work on each of these factors to assist in reducing/ closing pay gaps where they exist. We will ensure that all our staff (including medical staff) will receive an annual Performance Development Review where training needs will be identified and opportunities for development discussed.

Conclusion

The Health Board approved its Health and Care strategy in November 2018 setting out a 20 year vision for services fit for current and future generations, in line with our duties under the Wellbeing of Future Generations (Wales) Act 2015. This has coincided well with the requirement under the Equality Act 2010 to review of our strategic equality objectives as it has helped us to view our equality ambitions from a fresh perspective.

Health and care services are only part of a complex system that needs to work better together to improve health and well-being outcomes for our population, enabling all to live healthy, fulfilled and prosperous lives. Our vision has been developed from the shared ambitions of our partners as set out in the well-being plans of Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards. Our Strategy seeks to empower communities to work together in areas they care about, and feel enabled to contribute to each other. None of this can be achieved without viewing through an equality lens to ensure we work towards breaking down barriers that exist for many in our communities just because of who they are.

We recognise the unique assets, barriers and goals of seldom heard groups and we will adapt our continuous engagement process to meet their needs, to ensure they can make a valuable contribution to helping us meet our objectives. We aim not just to reduce inequalities and improve experiences for both service users and staff, but to identify and eliminate the root causes of inequality and poor experience. There are many milestones in our 20 year journey; however, we must first develop the building blocks for success. Our refreshed equality objectives will provide the foundations for our future action, creating a movement for change through continuous involvement of our staff, patients, patients, people in our communities and key partners.

> “Before we change the way we do things, we have to change our beliefs about ourselves, about others and about what is possible. Hidden within the challenges is great opportunity – to innovate and to involve us all in a movement for health and wellbeing.”

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Improving Experience Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Louise O'Connor, Assistant Director (Legal Services / Patient Experience)

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 attached report provides a summary of patient experience feedback and activity for the period 1st July to 31st December 2019.

The University Health Board (UHB) is committed to improving the patient experience and welcomes feedback to continually improve outcomes and experiences for our patients.

The Board is asked to note the higher number of concerns reported, due to changes made to the concerns management system, following completion of the 'Once for Wales' Concerns Management Project.

Asesiad / Assessment

The attached report shares two patient stories, which can be heard by clicking on the photographs or images. The first is Phoebe's story, as told by her Mother. When Phoebe became unwell recently, she felt that a number of clinicians were dismissive of Phoebe and not understanding of her autism spectrum disorder.

Mr Hughes tells his very positive experience of accessing the Home Care Support Team.

Patient and service user feedback is received into the UHB through a variety of routes: Friend and Family Test; compliments (formal letters and the Big Thank You); formal concerns, informal concerns; Patient Advice and Liaison Service (PALS) feedback; local surveys; focus groups, on line feedback through the Friends and Family Test (FFT); the all Wales NHS survey and via social media. A revised system and process for capturing experiences and for the way in which we use feedback is now being implemented. Progress with rolling this out to services across the Health Board is detailed below.

The Improving Patient Experience Charter was approved by the Board in January 2020, and is currently being finalised, translated and produced in a range of formats. The Charter will be formally launched during **Experience of Care Week**, commencing on **27th April 2020**.

The number of compliments reported is significantly reduced due to a change in the reporting method. Currently, the Patient Experience Team is only able to report on compliments formally reported to the Team or to the Chief Executive/Chair. It is intended that the new Envoy patient experience system will be used to capture all compliments, which will provide a better picture of the range of compliments received and can be measured against the range of other feedback received. This will be piloted in a number of services over the coming weeks.

For the responses to the Friends and Family Test Survey, **89.13% of the responses said that they would recommend the service** to family or friends. An example of both voice and text responses are contained within the report. This feedback is being monitored by the departments to ensure that service changes can be made where required. The reporting format is being developed as part of the implementation, and will focus on themes and actions for future reports. This information will also be published and shared with staff, patients and members of the public.

The main areas of activity for the Patient Experience Team is also summarised, which highlights the positive work undertaken to improve experiences and promote a positive culture for encouraging and sharing feedback. The Team is particularly keen to introduce the work being undertaken by our new patient experience apprentices and the positive influence that they are having on the patient experience across our Health Board.

For this period, a total of **1600 Complaints** were managed by the Patient Support Team. **76% of concerns were responded to within 30 working days;** however the Team is working hard to continually improve on the timeliness of concern responses and achieving a positive resolution as quickly as possible. Areas for improvement continue to be associated with appointments, waiting times and delays in diagnosis.

Public Services Ombudsman – As at 31st December 2019, **20 cases had proceeded to formal investigation.** No concerns are raised in relation to compliance with timescales and agreed actions at this time.

To maintain support for a learning culture in the organisation, a variety of learning and improvement initiatives continue to be undertaken, these are as follows:

- Patient Safety Awareness Day
- Quality & Safety Newsletters
- Establishment of patient forums
- Learning from Events Flyers
- Case Study presentations
- Improvement workshops
- Patient Participation Groups

Argymhelliad / Recommendation

The Board is asked to receive 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	6. (ref 581) Health Board wide risk not learning from events in a timely manner (current score 8).
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	6.3 Listening and Learning from Feedback
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. 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 efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS (Concerns, Complaints and Redress Arrangements) (Wales) 2011
Rhestr Termau: Glossary of Terms:	Included in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Improving Experience Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following his review of a concern.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Information from concerns raised highlights a number of clinical and service risks which should be reflected in directorate and corporate risk registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.

Gweithlu: **Workforce:**	Improving the patient experience and outcomes for patients is a key priority for the UHB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures. Information from concerns raised highlights a number of clinical and service risks which should be reflected in directorate risk registers. All directorates are required to have in place arrangements for ensuring lessons are learnt as a result of investigation findings on concerns and that appropriate action is taken to improve patient care.
Risg: **Risk:**	The putting things right process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and being open arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
Cyfreithiol: **Legal:**	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
Enw Da: **Reputational:**	There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.
Gyfrinachedd: **Privacy:**	Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with people relevant to the investigation process.
Cydraddoldeb: **Equality:**	The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs. Advocacy is offered in the form of Community Health Council (CHC) advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of mental health, learning disability or children/young people's services. Concerns literature is accessible in a range of languages and formats and translation services are available, when required.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

IMPROVING PATIENT EXPERIENCE REPORT

July 2019 to January 2020

1. Introduction

The Health Board welcomes and captures service user feedback in a variety of ways.

The following report provides an overview of the feedback received. Examples of the various methods include: surveys in clinical and ward areas, friends and family test; on line surveys, the Big Thank You (an online facility to report compliments), as well receiving feedback in the form of complaints and early resolution.

This report covers the period July to December 2019. However, the feedback in relation to the friends and family test refers to January and February 2020 due to the recent implementation and expansion of this facility.

2. Patient Story Feedback

Phoebe's Story

Phoebe is 9 years old and her story is told through her mum Catrin. Phoebe was diagnosed as being on the autism spectrum along with sensory disorders. Phoebe had been poorly for a few days and had a high temperature. Cartrin tried to seek medical assistance. To her dismay she felt that a number of doctors were dismissive of her and would not take the time to make Catrin feel comfortable so she could be examined. She feels doctors should allow more time for patients with autism. (Click on the photograph of People below to hear her story).

Mr Hughes Story

Mr Hughes is a patient that had assistance from the Home Care Support Team (HCST). Mr Hughes is a retired gentleman who suffers with Parkinson's disease. In 2019 he fell and fractured his hip. After spending some time in hospital and despite the initial prognosis, he has now made a full recovery and is able to walk again. When he was discharged from Withybush hospital, the HCST visited him on a number of occasions. Mr Hughes describes how this helped him adjusting to being at home and the how valuable the continuation of care was to him. (Please click on image below to listen to Mr Hughes' story).

The Patient Experience Team has two trained patient story facilitators. Both have undertaken the course run by The George Ewart Evans Centre for Storytelling at the University of South Wales in conjunction with Swansea Bay Health Board. The course teaches how to form and guide a story, recording a digital audio file which can be used to create a short film with images and photographs – a digital patient story. The Team is building a portfolio of stories which will be available on the share-point database as a library of valuable resources for staff to utilise in listening to feedback and developing their services.

3. Friends and Family Test (FFT)

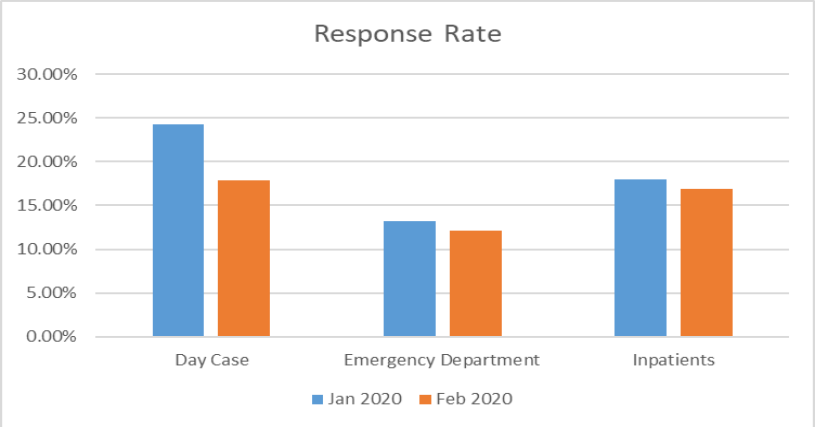
Following on from the implementation of FFT in A&E and minor injury areas, as part of the roll-out of the project to all services of the Health Board, the FFT survey is now available in the following areas:

Inpatients	Day Case
Glangwili General Hospital Coronary Care Unit	Amman Valley Hospital Day Ward
Glangwili General Hospital Derwen Ward	Amman Valley Hospital Day Ward (Cataract)
Glangwili General Hospital Merlin Ward	Glangwili General Hospital Merlin Ward
Glangwili General Hospital Picton Ward	Glangwili General Hospital Tysul Ward
Glangwili General Hospital Preseli Ward	Prince Philip Hospital Gerontology Day Hospital
Glangwili General Hospital Teifi Ward	Prince Philip Hospital Ward 6
Glangwili General Hospital Towy Ward	
Glangwili General Hospital Tysul Ward	
Prince Philip Hospital Ward 4	
Prince Philip Hospital Ward 6	
Withybush General Hospital Ward 1	
Withybush General Hospital Ward 3	
Withybush General Hospital Ward 7	
Withybush General Hospital Ward 8	

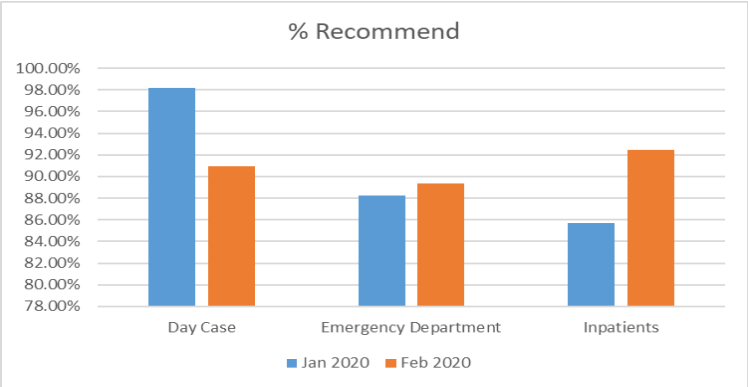
The next areas which were implemented this week are the outpatient areas at Prince Phillip Hospital and the paediatric areas of Glangwili General Hospital and Withybush General Hospital.

During the period January to February 2020, 16,400 surveys have been sent to patients and overall a 13.2% response rate was achieved. As anticipated, the response rate of the newly added inpatient and day case areas is higher than the response to the emergency departments survey, and as the volume increases in these areas so will our overall response rate.

A total overall response is provided for the purposes of this report; however when further detail becomes available as the project progresses, a more detailed analysis will be provided of the information.



Overall for the period 89.13% of responses gave a positive rating.



The implementation of the system across departments is ongoing, training ward sisters, senior nurses, health care assistants and administration staff on how to access the feedback systems and its many features. As the implementation is still in the early phase, the reporting and feedback process is being developed and will feature heavily in future reports. Feedback data and actions taken will be published on the website and throughout Health Board premises.

Examples of some of the feedback received to date via voice and text is available below: *click the orange buttons below to hear the feedback.*

GGH Tysul | Merlin ENT | PPH T&O

"The nurses and doctors could not do enough for us to make sure our time in A&E was as settling as possible! Could not fault them"

Glangwili A&E

"Excellent care and consideration under trying circumstances"

Withybush Ward 8

"Good reception. Excellent, empathetic doctor, good service overall. Appreciate it was not full but still excellent service. Thank the staff at Bronglais. Very grateful."

Bronglais A&E

"Fabulous service from lovely staff - from the reception to the doctor they were all friendly efficient and professional. A relief that I was able to get treatment even though I was just in the area for the week. Thank you."

PPH MIU

"Was reassured. Felt in safe hands. Knew I'd be given the right and best treatment. Was confident leaving there after the treatment and advice I was given."

Bronglais A&E

"Was put at ease with very friendly nursing staff. Everything was explained to me regarding my cataract operation, with excellent results. This was my second cataract procedure, at this hospital. Thank you"

Amman Valley Day Ward

"All the staff were wonderful, friendly and polite and very efficient."

Amman Valley Day Ward

"Very efficient service and staff were very pleasant. Easy for us to get to and plenty of parking when we arrived at 8.00am."

Amman Valley Day Ward

"Because I was happy with the whole experience. It was easy and I did not have to wait too long. The nurse was also very helpful."

Tenby MIU

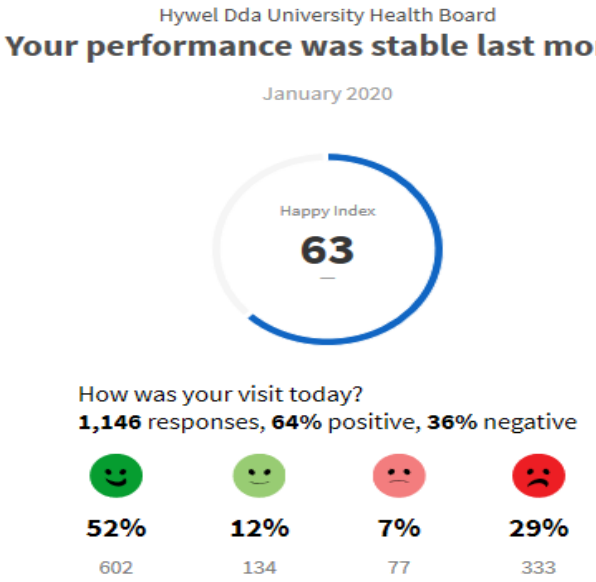
4. Happy or Not Terminals

The Happy or Not terminals were introduced to all emergency departments across Wales in January 2020 as a result of a Welsh Government initiative. This exciting initiative allows patients and visitors to provide real time feedback, which can then be utilised to improve our services. These can also be monitored in real time to enable Senior Staff to identify any problem areas. Staff in all emergency departments have been given access to the real time feedback for the whole of the Health Board. The feedback that is gathered is collated into reports that are circulated each week.

In the month of January there where 1,139 responses collected from across our three emergency departments. The data also shows the amount of positive and negative feedback given. For example, the number of responses for the happiest face was 601 this was 53% of the total responses.

In addition, the total number of responses for the most negative face was 331 which is 29% of the total responses. There were a lot of positive responses provided; however there are areas which require improvement.

Below is an example of the report that is sent out monthly:



Feedback includes:

- Cleaning needs to be improved ie bottles and other rubbish still under seats after staff had cleaned
- The nurses, doctors and consultant were fantastic and did their best to get us seen and sent home as quickly as possible. Very kind people! Understandably the waiting times were long which is unavoidable.
- Thorough. Efficient. Friendly.
- Very happy how quick I was seen

Feedback is viewed by the senior sisters to ensure appropriate action and the patient Experience team also pass on the information to the relevant teams for action– for example Hotel Services regarding cleaning issues. Feedback from the terminals will also be used to produce 'You Said – We did' posters both locally and nationally. This feedback will also be correlated with the Friends and Family Test Feedback.

During March there will be a series of activities to promote this in Welsh Government initiative both nationally and locally within the Health Board.

5. All Wales Experience questionnaire

During January and February we have captured over 300 surveys and we will soon be inputting the data into our electronic patient experience system (Envoy). Envoy is securely hosted which allows a clearer view of the data received and grouping of data to identify trends and themes.

The all Wales Survey is about capturing the patients NHS Wales Experience. The questions in the survey are based on the things that patients have said matter most. The outcome of this survey is to improve the most common concerns and to promote what is working well.

There are a number of open questions which allow the respondent the option to share their thoughts, such as "Was there anything particularly good about your experience that you would like to tell us about?" "Was there anything that we could change to improve your experience?"

Here are some responses:

The current method used to capture this feedback is paper based; however this will shortly be migrated to an online version using our Envoy system which will allow triangulation of responses and better analysis of the data captured.

6. Compliments

Compliments are received into the department via direct patient contact on the wards and via letters and emails. We currently only capture compliments that are formally received by letters and emails. A pilot project using the Envoy patient experience system to capture compliments will be undertaken over the next few months, so that the significant volume of compliments received direct to services can also be reported and the good practice promoted across the organisation.

Some examples of compliments received:

- Mrs C was admitted to A+E after falling on the ferry. She has said that she received fantastic treatment from all the medical and administrative staff. **[A+E Withybush]**

- The parent would like to thank all the team in the day surgery unit for the amazing care her son received from the surgeon, nurses, and anaesthetists. She explains how they went above and beyond to put her son at ease during the time that they were there. **[Day Surgery / Glangwili]**

- The patient has stated that the care and support received after the operation was appreciated. The patient also mentions that the physiotherapy received was excellent. The patient was also given a 'Patient Guide for Hips' booklet which they saw as helpful and reassuring. The exercise routine which was given was very clear and easy to understand. The patient is most grateful for the assistance before and after the operation. **[Theatre / Prince Phillip]**

- The patient would like to thank the whole team this includes, porters, reception staff, and nurses. They were delightful and wonderful and do a great job. The patient also adds that she found the parking difficult. **[Ophthalmology Dept/ Glangwili]**

- The person would like to thank all the staff that attended to his uncle he also says that the initial assessment, he was also 'grateful' for the 'conviviality, patience and informative discussion and advice'. **[Minor Injuries Unit/ Prince Phillip]**

- A card was received thanking the team as they helped the patient by keeping her mind at ease and the patient also stated that they're all doing a fantastic job. **[Colposcopy Dept/ Glangwili]**

- The patient attended for an appointment with orthopaedics and stated "Seen promptly according to the appointment time and staff were friendly and helpful. Patient states she is a nurse and works for different health boards and has always found Prince Phillip hospital and it's staff very friendly and efficient, thank you" [**Orthopaedics/ Prince Phillip]**

7. Complaints

As reported previously, due to the expected change in recording and measuring the concerns data for the new financial year, an increase in the number of formal complaints is reported.

For the period 1st July 2019 to 31st December 2019, 1,600 complaints were received and recorded.

During the same time period, 1,459 complaints were closed with 1,097 complaints having been 'Managed through Putting Things Right' and 371 complaints managed via Early Resolution (within 2 working days). 332 complaints (23% of complaints

received) required a full investigation in accordance with ‘Putting Things Right’ before the complaint could be responded to.

To date, for this financial year, 74% of complaints were closed within 30 working days.

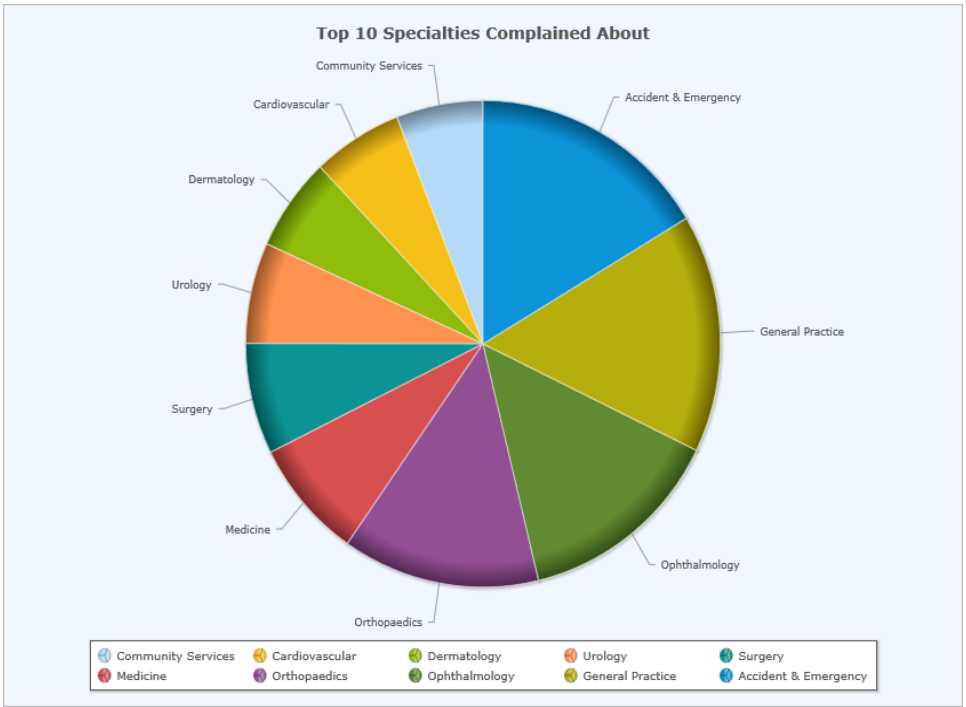
Of those closed cases which required a formal investigation, less than 2% of complaints being ‘Managed Through Putting Things Right’ were recorded as ‘Major/Grade 4’ (serious harm) with no complaints being recorded as Grade 5 (catastrophic harm). From Quarter 2 of this financial year, the grading of serious complaints is reviewed and adjusted on closure, depending on the outcome of the investigation. Work to date has evidenced that the majority of complaints initially graded as Grade 4 or 5 on receipt of the complaint have been downgraded on closure.

13 cases were re-opened following closure (as additional information had been made available by the person raising concerns) between July and December 2019. Any cases re-opened are reviewed by the Concerns Manager and the Senior Investigation Team to identify any lessons which can be learned from the investigation or from the handling of the complaint and these are then used to implement change and drive forward improvements. Examples to date include newly implemented monthly audits of ‘updates to client’ (ensuring that clients are kept fully informed during the investigation process) and newly created fields on the Datix complaints module to capture the data of the ‘Post Investigation’ process.

Complaints workshops are planned from April onwards to strengthen existing knowledge of Putting Things Right and the investigation and complaints management processes.

The Patient Support Services Contact Centre created Datix complaints files for 1600 opened complaints, in addition to responding to 61% of the cases received via telephone/email/text/letter.

The following table shows the Top 10 Specialties which have received the highest number of complaints for this period:-



The top 3 specialities complained about for this period remains unchanged from the previous report - Accident and Emergency, General Practice and Ophthalmology, with Appointments, Clinical Care/Assessment and Patient Care being the subjects most complained about within these specialties.

Work is ongoing within these specialties to address the lessons learnt.

The highest number of complaints received by 'Subject' across all areas, remains Appointments and Clinical Treatment/Assessment and this is consistent for the financial year to date.

As at 31st December 2019, 20 cases had proceeded to formal investigation to the Public Services Ombudsman. No recommendations had exceeded the timescales set by the Ombudsman or any compliance concerns reported.

8. **You Said – We Did**

The table below provides a snapshot of some of the recent cases where the PALS (Patient Advice and Liaison Service) has assisted patients and/or families with concerns/queries:

You said	We did
Patient reported very cold environment in Glangwili A&E.	PALS team reported issue to estates department who visited the area and rectified an issue with over sensitivity of the entrance door.
Patient's relative unhappy with personal care given to their parent.	PALS team discussed the patient's care with senior staff on the ward and the issue was resolved quickly without further escalation.
Patient's relative reported dissatisfaction with their parent's fluid intake.	PALS team liaised with ward staff to ensure patient's fluid preference (Lemonade) was known and that patient is hard of hearing. Relative left feeling happy about the care given to their parent at the ward.
Patient reported TV on ward as faulty which is was becoming very frustrating as he wanted to watch six nations Rugby on the weekend.	PALS team reported issue to Estates and TV has been fixed before the weekend.
Patient waiting for transfer to another site and found out they were not on the waiting list and so felt like they were 'bed blocking' and were frustrated.	PALS team visited ward where nurses made telephone arrangements to transfer the patient.
Patient wanted to give compliment to the team who cared for them.	PALS team fed compliment back to the relevant staff.
Patient waiting over night for treatment.	PALS team spoke with the patient and staff and explained the delay, they were happy to continue waiting.

Patient reported a lack of pillows on the ward.	Ward staff were busy so the PALS team went over to laundry and obtained a stock of pillows for the ward.
Patient was very happy with the care they received by a particular doctor but were deflated because they would not be able to continue seeing this doctor	PALS team raised feedback to medical directorate and arrangements were made so that the doctor would be able to see the patient concerned.

Learning from Events

The key areas for action being taken in response to the most common causes for raising complaints are as follows:

Waiting times – Whilst there has been a reduction in the number of patients waiting for following up appointments, work is ongoing to seek continuing improvement in this area. Validating waiting lists and undertaking a range of service improvement initiatives will also lead to improved waiting times. This includes focus on recruitment and retention and looking at new and innovative ways to provide some appointments that do not necessarily need to take place in a hospital setting.

Cancellation of appointments – work is continuing in the areas of patient flow and delayed transfers of care within our hospitals, acute assessments, and on frailty models. Reducing avoidable admissions, and targeting areas such as rehabilitation and other pathways such as respiratory will hopefully lead to fewer admissions and shorter lengths of stay. This will also lead to a reduction in the number of cancellations. Using technology to provide more services in patients' homes is also having a positive outcome for patients, looking at technology solutions such as 'patient knows best' and virtual clinics; this provides greater control for the patient at home and reduces the number of visits required to hospital.

Waiting times for Autism Spectrum Disorder Diagnosis - is also one of the areas we receive most concerns about. The service is looking to recruit additional clinical posts, and undertaking a range of training programmes in autism diagnosis, as well as working with other agencies to support the diagnostic process.

Concerns regarding A&E waiting times have increased, this is due to the pressures on all A&E departments, across Wales and the UK. The Health Board is looking to recruit additional staff such as advanced practitioners, and reviewing discharge processes with our Local Authority and primary care partners to ensure better utilisation of beds and provision of more appropriate services for patients. Improving communication with patients attending the Department is also a priority, particularly during very busy periods when waiting times can often change and patients have not always been adequately informed of when they can expect to be assessed.

Access to Ophthalmology services continues to be of significant concern to our patients. The service is working with opticians to provide additional support for cataract and glaucoma assessments and using virtual clinics for consultant advice and support. Working with our colleagues in Swansea Bay Health Board, we are also considering providing a regional service, given the recruitment challenges that

we continue to experience in Wales. However, recruitment remains a priority and additional posts such as clinical nurse specialists and nurse injectors are also being recruited into the team.

9. Patient Experience Activity

Patient Experience Network National Awards (PENNA)

The Patient Experience Team has submitted two excellent initiatives to this year's awards.

Pet Therapy – South Pembrokeshire Hospital

The Sunderland Rehabilitation unit is motivated towards looking at ways to improve patient wellbeing. The team felt that the benefits of Pet Therapy in a therapeutic rehabilitation environment could be implemented on a trial basis on the unit. They have seen the transformation of patients' wellbeing when Zambu the black Labrador visits. Staff have measured the physical and mental improvement by listening to individuals and their families as well as first hand observations. Zambu is visiting other areas of the Health Board due to the improvements seen in patient wellbeing at the Sunderland unit.

" It makes my week", "I look forward to his visit" Staff have also said "Zambu is part of the family".

Home Support Team – Pembrokeshire

The “Home Support Team” (HST) initiative continues to provide surgical patients with “Hospital level rehabilitation care” at home, it provides the opportunity for surgical patients to leave hospital at an earlier point in their recovery and receive short term interventional care to reach independence and functional goals in the comfort of their own home. The HST assists patients with both physical and emotional aspects, providing reassurances that they are able to safely manage at home, with confidence.

The patient meets members of the support team prior to discharge and this provides a valuable opportunity to engage, build trust and confidence between patient and the team.

In addition to Mr Hughes’s story above, some of the patient experience feedback received is as follows:

“I also received wonderful help and encouragement from the home support team particularly with physio exercises, it has been so important to have the continuity of care and support from the staff who had worked with me on the ward when I got home.”

*“To the green goddesses, just wanted to say a massive thank you for all your help and kindness over the past 2 weeks. You were such a bonus when * was discharged from hospital, giving me the confidence to look after him myself”*

“It is a really good idea to help patients out of hospital and back into their own homes, I think it would save the NHS thousands of pounds getting patients home more quickly and prevent bed blocking”

We are pleased that the Home Support Team has been shortlisted as a finalist.

Patient Experience Apprentices

With the support of the Hywel Dda Apprenticeship Academy the Patient Experience Team is delighted to appoint our first four Patient Experience Apprentices: Carys, Daniel, Jack and John are valued members of the team. In addition to the Health Care Apprentices recruited in 2019, the Patient Experience Team is extremely proud to be the first department to appoint apprentices into substantive posts.

The apprentices' contribution, ideas and work ethic is greatly appreciated and as well as having varied administrative tasks they champion their own areas and have an opportunity to share their ideas and designs. They are supporting different areas of priority for the Team such as: Carys - survey design and monitoring; Dan - Friends and Family Test, installation and support; John - The rights of Children and Young People – engaging and speaking with children, parents and guardians on their experiences; Jack - Website and Share point development and uploads. They are all working towards levels 2 and 3, City and Guilds, Business Administration qualifications.

The Rights of Children and Young People

Paediatric Questionnaires – Pilot Scheme in Glangwili and Withybush General Hospitals

The Patient Experience team is collating valuable feedback from paediatric patients and their parents through piloting the use of a range of new paediatric questionnaires that have been developed for use at an all Wales level.

(See Appendix 1 for example)

The feedback captured will be analysed, themed and suggestions for improvements to the service made. The Patient Experience Team is conducting the pilot on Cilgerran Ward, Puffin ward and Paediatric Ambulatory Care Unit (PACU) areas. This work will also feature in the work being undertaken in the development of a Children's Charter.

Children's Charter

The Patient Experience Team is supporting colleagues across the Health Board and other agencies to work with children and young people to develop a Children's Charter.

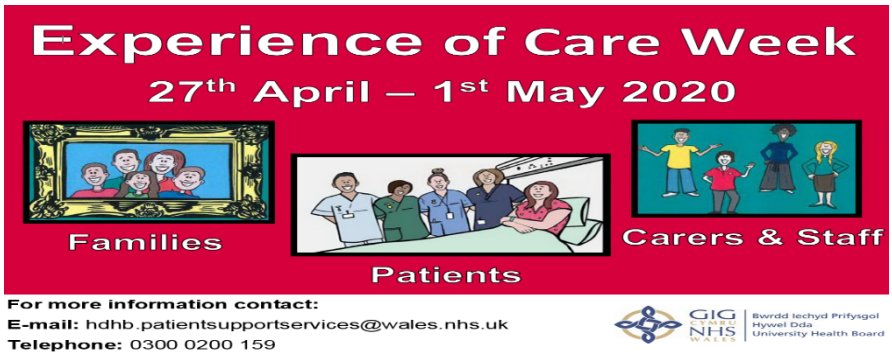
Experience of Care Week 2020

The Patient Experience team is preparing for 'Experience of Care Week' starting Monday 27th April. The Team is looking forward to launching the new **Charter for Improving Patient Experience** during this week. As part of the preparations staff are being asked how they are making a difference in improving experience of care for patients, families, carers and staff. This is being done via Global emails and with flyers and posters on all sites. Some examples of these can be seen on the below links:

- Sut ydych chi'd gwneud gwahaniaeth? How are you making a difference?

We will collate the activities that we are made aware of and showcase these across the Health Board during Experience of Care Week. Global and various social media sites and Hospital radio has agreed to also play a part in the promotion of this.

During the week the Patient Experience Team will be covering as many areas as possible across the Health Board, this will include hospital and community care services. There will be static and roaming teams across the organisation throughout the week, promoting the excellent work being undertaken to improve experiences, as well as capturing patient and staff experiences across various healthcare settings. There will be opportunities to speak to staff and take pictures with the "Hello my name is" and "We are the patient experience" photo frames.



Careers Event, Parc Y Scarlets – 27th and 28th February 2020

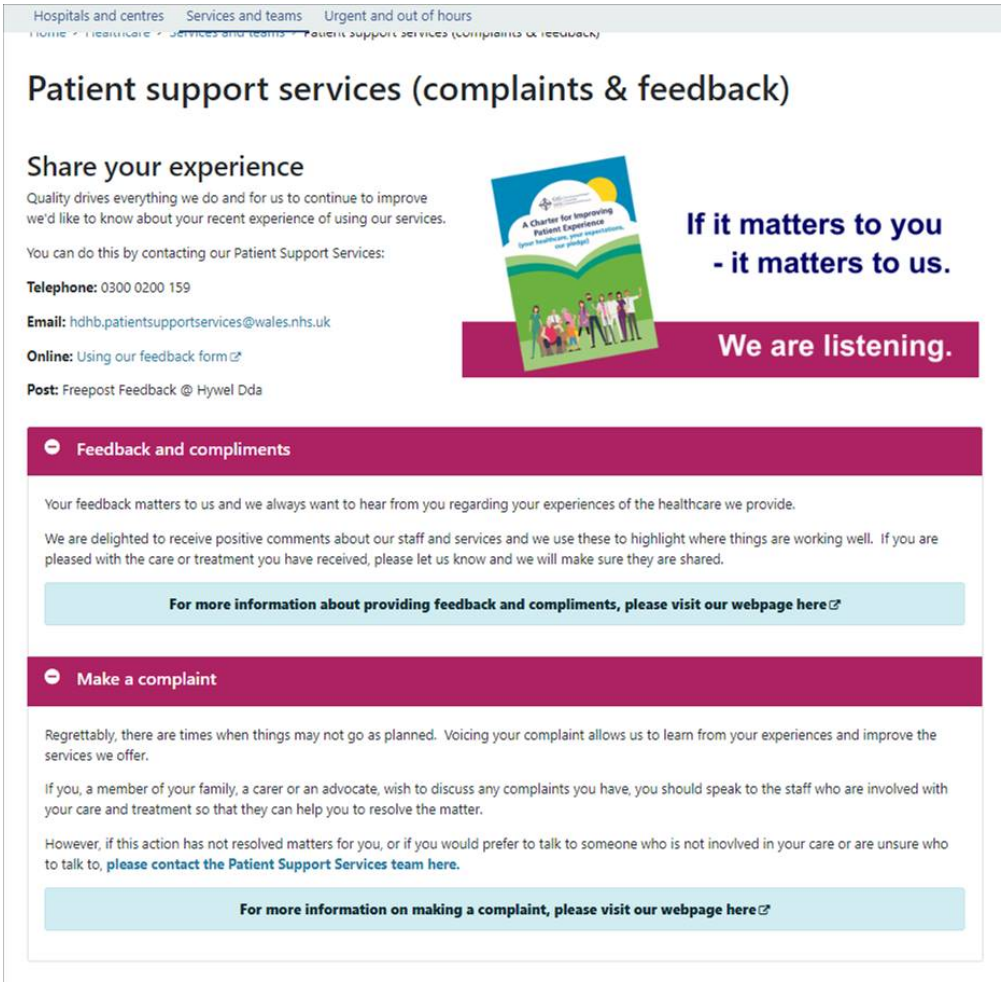
The Patient Experience team supported workforce colleagues in attending a two day careers event in Parc y Scarlets, Llanelli promoting the opportunities in the Health Board's "Apprenticeship Academy". The event was very well attended and there was a great deal of interest in the role of Patient Experience Apprentice

Patient Experience in Community Hospitals

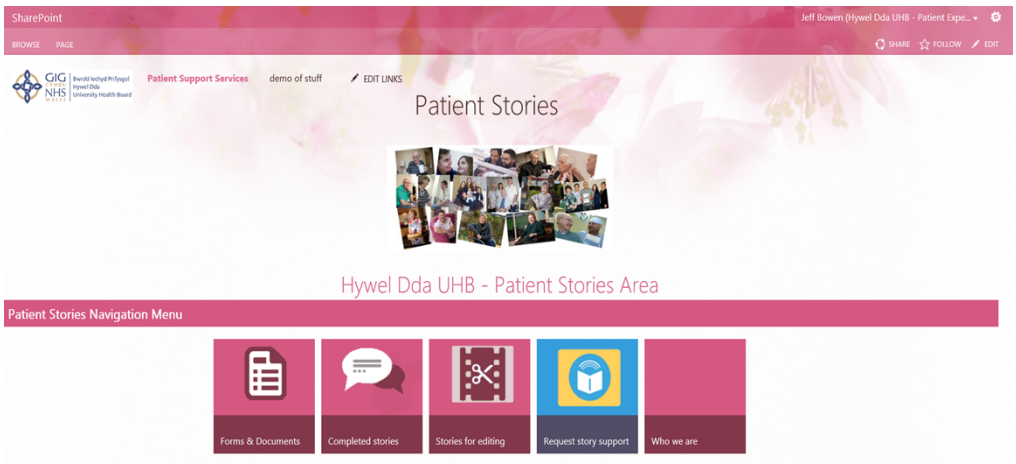
Members of the Patient Experience Team regularly visit South Pembrokeshire and Tenby cottage hospitals, to engage with staff, and to have conversations with patients on their experiences. Recently, a patient namely Daisy had her 100th birthday and the staff ensured that it was celebrated in style with a party and the local Penryn school choir singing various songs and of course Happy Birthday Daisy.

Members of the team have also been supporting Tenby with resolving some ongoing car parking issues.

Internet and SharePoint development The Patient Experience Team has been working with members of the Health Board's eComms team on the design of our new public facing internet site. The below is an example of the new site.



In addition to the public facing internet site, the team has also been working with the IT department on development of the Patient Experience SharePoint site. This will be accessed internally and will contain amongst other areas, a Patient Story Library, Feedback and Compliments, Patient Experience related News from within the Health Board and nationally, and a Meet the Team section. It is hoped that this site will be live and launched during Experience of Care Week.

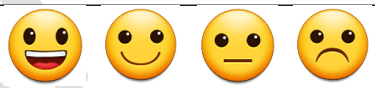
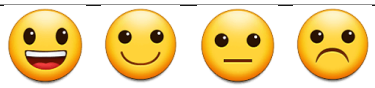
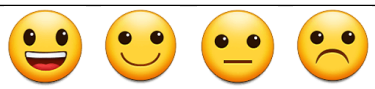


My time in hospital

Children's survey 4-11 years old

Parents- The voice of children and young people is important to us. Please help your child to answer the following questions about their hospital experience.

Ward /unit: _____ Age: _____

1. Nurses and doctors are nice	
2. Nurses and doctors speak to me	
3. Nurses and doctors tell me what they are doing	
4. Play leaders help me play	
5. How well do the nurses and doctors look after you?	
6. How well to the nurses and doctors listen to you?	
7. How well do the nurses and doctors tell you about what they are going to do?	
8. What did you like best about your stay/visit in hospital?	
9. What didn't you like about your stay/visit in hospital?	

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Primary Care Model for Wales Delivery Milestones 2019-20 and 2020-21
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rhian Bond, Assistant Director of Primary Care

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 Minister for Health and Social Services wrote to Health Boards in March 2019 setting out the delivery milestones for the local adoption and adaption of the Primary Care Model for Wales, building on those that had been set in the previous year.

The milestones were mapped against the work streams that underpin the Strategic Programme for Primary Care; Prevention and Wellbeing, 24/7 service, Data and Digital Technology, Workforce and OD, and Communication and Engagement; with the focus remaining largely on the health system.

The Minister confirmed his expectation that Health Boards will support and empower the planning function at Cluster level, drawing in Local Authorities and Third and Independent Sector service providers.

Subsequent to this, the Minister for Health and Social Services wrote to Health Boards in January 2020 setting the delivery milestones for 2020-21. The Minister noted that previously Health Boards have assumed that the delivery milestones are the responsibility of Directors of Primary and Community Care, and took the opportunity to reiterate that as part of *A Healthier Wales*, the implementation of the Primary Care Model is part of the development of whole system working and therefore the expectation is that the entire leadership team of the Health Board considers their responsibilities in delivering these milestones and that this is reflected in the 2020-23 IMTP or annual plan.

The Minister advised that the principle of Cluster led planning and delivery will remain, and is core to the delivery of the Primary Care Model for Wales. The Minister also announced the allocation of an additional £10m recurrent funding across Wales from 2020-21 for Clusters to decide how to invest in implementing the Primary Care Model for Wales. He also advised that he expected Health Boards to follow his lead and delegate more funding, workforce and other resources to Cluster level.

Monitoring of the Delivery Milestones is reported to Welsh Government.

Cefndir / Background

The Delivery Milestones set out aims with associated intended outcomes for 2019-20, and are attached at *Appendix 1*. Whilst the reporting mechanism for 2020-21 has yet to be confirmed, these milestones have been attached in the same format for the purposes of this report at *Appendix 2*.

In line with the Minister's letter of January 2020, there is a considerable increased focus on milestones for Clusters for 2020/21.

Asesiad / Assessment

The reporting arrangements for the Delivery Milestones 2019-20 were set out in a letter from Alex Slade in September 2019. The milestones have been grouped under the relevant work stream heading that underpins the work of the National Strategic Programme for Primary Care with reporting timescales of mid and end of year. Each milestone is reported on a RAG status.

As at October 2019, the Delivery Milestones were reported as attached at *Appendix 1*.

A position statement has been put against each of the milestones as at February 2020 to indicate the potential final reporting position.

Argymhelliad / Recommendation

The Board is asked to:

- Note the changing focus of Delivery Milestones and consider the approach required to support implementation;
- Note the reported position as at October 2019.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2. Safe Care 3. Effective Care 3.2 Communicating Effectively 5.1 Timely Access
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 Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ministerial letters
Rhestr Termau: Glossary of Terms:	IMTP – Integrated Medium Term Plan
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:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Appendix 1

Primary Care Model for Wales - delivery milestones 2019-20 report template
Name of Health Board: Hywel Dda University Health Board
Date of report: 7th October 2019

Delivery Milestone	By When	In Year Report on Progress			End of Year Report To be submitted end of May 2020	
		Progress Update due	Measures to report progress.	Progress against measures including a RAG status at time of reporting (see below for definition of RAG status)	Delivery milestone impact measure	Indicative achievement against measure
24/7 Service						
Access to GP practices and 111/Out of Hours services People contacting GP practices and 111/Out of Hours services are responded to in line with national standards for access to each of these services	**General Medical Services** Baseline data reported by end of March 2020	**General Medical Services** End of September 2019	**General Medical Services** RAG status	**General Medical Services** Primary Care GMS Access & Sustainability forum established and will meet quarterly. The first meeting was held on the 30/09/2019. The purpose of the forum is to drive forward improved and sustainable access within primary care general medical services across the Hywel Dda area and is cognisant of the workload pressures faced by general practice in the face of increased demands for access to	**General Medical Services** % of practices who have in place appropriate systems and call handling procedures to improve patient experience when contacting a practice. % of practices with 90% or more of calls being answered within 2 minutes of recorded message ending. % of practices displaying information on the In-Hours standards (in practice/website/leaflet, for example).	It is important to note that whilst there is a percentage compliance target for achievement placed against Health Boards for these milestones, the national Access standards form part of the Quality Assurance and Improvement Framework (QAIF) which is not mandatory for Practices.

	111/Out of Hours services Full compliance (Andrew Goodall letter of March 2019)_			services and sustainability issues in primary care. The Forum will have oversight of the Access to In Hours GMS Services Standards 2019 in line with the GMS contract Quality Assurance and Improvement Framework (QAIF), and will be responsible for ensuring the appropriate monitoring mechanisms are in place. The forum will report to the Primary Care Applications Committee; the Executive Team and to the Board. At the first meeting it was agreed that the following information was required: Up to data opening / appointment data for a) each practice and its associated branches b) A baseline assessment for each practice with regards to the new Access Standards	% of practices displaying information on how to request a consultation (including on website).	

				Each practice is asked to verify and complete a spreadsheet and return it to the GMS Team. This will enable the Forum to establish a baseline and target areas for improvement.		
		111/Out of Hours services End of September 2019	**111/Out of Hours services** RAG status	**111/Out of Hours services** This is not a clear reportable standard due to 111 (WAST) handling calls. A percentage of calls may be streamed from 111 direct to GP OOH but due to the complexity of reporting between services (which is being reviewed presently) a clear picture cannot be determined at present. The current level for 1st Nov 2018-30st Sept 2019 is 46.2%. However, the numbers that constitute P1F2F are low with 26 patients being allocated into this category. This means that the threshold to achieve the target is	**111/Out of Hours services** % of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered. % of OOH/111 patients prioritised as P1F2F requiring a PCC based appointment seen within 1 hour following completion of their definitive clinical assessment.	This is not a clear reportable standard due to 111 (WAST) handling calls. A percentage of calls may be streamed from 111 direct to GP OOH but due to the complexity of reporting between services (which is being reviewed presently) a clear picture cannot be determined at present. The current level for 1st Nov 2018-30st Sept 2019 is 46.2%. However, the numbers that constitute P1F2F are low with 26 patients being allocated into this category. This means that the threshold to achieve the target is low, and due to staffing levels, geographical challenges and other service demands and priorities, it is exceptionally difficult to achieve the prescribed standard.

				low, and due to staffing levels, geographical challenges and other service demands and priorities, it is exceptionally difficult to achieve the prescribed standard.		

RAG status definition

Status	Definition
RED	Action is not moving forward. Reporting arrangements to collect data from GP practices are not in place. <50% practices providing data reports to health board.
AMBER	Action is moving forward but needs additional support to ensure final delivery. 50 – 75% practices reporting GMS access data as per the access standard requirements.
GREEN	Action to achieve the milestone is on track for delivery by end of March 2020.

Primary Care Model for Wales - delivery milestones 2019-20 report template
Name of Health Board: Hywel Dda University Health Board
Date of report: October 2019

Delivery Milestone	By When	In Year Report on Progress			End of Year Report (to be submitted end of May 2020)	
		Progress Update due	Measures to report progress	RAG status at time of reporting (see below for definition of RAG status)	Delivery milestone impact measure	Indicative achievement against measure
Prevention and Wellbeing						
Preventing Falls Falls prevention awareness programmes (Istumble or equivalent) are rolled out to care homes.	End of March 2020	End of September 2019	RAG status	WAST are delivering the Istumble pathway training to care homes across Pembrokeshire. There has been good uptake. The Pembrokeshire Community Falls pathway is being developed and would likely support the work being carried out by WAST in that patients identified by WAST through Istumble not requiring conveyances may be referred to the pathway for follow up.	% reduction in conveyance to hospital for falls.	
Preventative Care Care home residents routinely receiving assessments and care planning in line with the 2017 directed enhanced service for care home residents.	End of November 2019	End of September 2019	RAG status	**General Medical Services -** See attached North Ceredigion Cluster pilot aimed at supporting unscheduled care activity during the winter. Attached is a payment and activity report for the DES. Claiming volume increase in 2018/19. The claiming profile to date for 2019/20 is lower than the same time last year. However, it is very early in the claiming window for this to be truly indicative of any trend. Via The Annual Report practices advised 506 unscheduled admissions were reviewed.	% reduction in admissions to hospital for care home residents. *And/or measure(s) from the care homes DES audit*	The DES does not make provision for collation of this data

<table>
<tr><td></td><td></td><td></td><td></td><td>Further analysis to be undertaken with Alison Bishop, Unscheduled Care Lead, HDdUHB to identify which practices have a higher number / proportion of admissions.</td><td></td><td></td></tr>
<tr><td>Preventative care
People with 3 or more chronic conditions living in their own homes agree and receive care and support in line with an individual anticipatory/advanced care plan.</td><td>End of March 2020</td><td>End of September 2019</td><td>RAG status</td><td>The Pembrokeshire Long Term Care ANPs do not currently capture how many LTC’s each patient has but this could be an extension for implementation.

The team are encouraged to ensure all patients have a management plan +/- Emergency and ACP care plans depending on their need. They do try and record the number of patients with emergency / management plan but not especially those with 3 or more chronic conditions.

For patients on the caseloads (450 pts) the below is examples of ACP being done – we suspect this is under reported and review is ongoing.

<table><tr><td>Management Plan in Place</td><td></td><td>106</td><td>78</td></tr><tr><td>Emergency Plan in Place</td><td></td><td>15</td><td>25</td></tr><tr><td>DNACPR Conversation taken place?</td><td></td><td>6</td><td>11</td></tr><tr><td>DNACPR In Place?</td><td></td><td>44</td><td>43</td></tr><tr><td>ACP Undertaken (DNACPR/JICB etc)</td><td></td><td>7</td><td>12</td></tr></table></td><td>% reduction in admissions to hospital for people with 3 or more chronic conditions living in their own homes who are registered on 3 or more disease registers maintained by GP practices</td><td>Access to data for this to report on is not currently available.

Our dashboards suggest that a total of 127 acute admissions have been avoided between March 2019 and Sept 2019. No data is available from this point.</td></tr>
</table>

Primary Care Model for Wales - delivery milestones 2019-20 report template
Name of Health Board: Hywel Dda UHB
Date of report: October 2019

Delivery Milestone	By When	In Year Report on Progress			End of Year Report to be submitted by end of May 2020)	
		Progress Update due	Measures to report progress	Progress against measures including a RAG status at time of reporting (see below for definition of RAG status)	Delivery milestone impact measure	Indicative achievement against measure
Strategic Planning and Workforce Development						
Cluster IMTPs for 2020-2023 complete. NB cluster IMTPs presented using nationally agreed template and underpinned by cluster demand and capacity analysis and workforce development plans.	End of September 2019	End of September 2019	RAG status.	Cluster plans developed and submitted in line with WG timescales. Demand and capacity analysis tool not available as subject to national discussions on procurement. Workforce data taken from the WRNS tool for the exercise however caveated as data not validated/robust.	% and number of clusters with IMTPs	100%: all 7 Clusters have IMTPs developed in the format of the national template.

Primary Care Model for Wales - delivery milestones 2019-20 report template
Name of Health Board: Hywel Dda University Health Board
Date of report: October 2019

Delivery Milestone	By When	In Year Report on Progress			End of Year Report (to be submitted end of May 2020)	
		Progress Update due	Measures to report progress.	Progress against measures including a RAG status at time of reporting (see below for definition of RAG status)	Delivery milestone impact measure	Indicative achievement against measure
Communication and Engagement						
Use of local positive stories to engage community	From April 2019	End of September 2019		**Focus on eye care in the community this World Eye Sight Day** Llandeilo based community optometrist Heddwyn Davies highlights the range of services he and his colleagues can offer, saving a trip to the GP or A&E. Video - https://www.youtube.com/watch?v=BQ-T288M_SU&feature=youtu.be Press release - http://www.wales.nhs.uk/sitesplus/862/news/51718 **Visiting mid or west Wales? Know where to find NHS help!** Visitor campaign including targeted social media and poster and leaflet campaign (accommodation providers, tourism outlets, GPs/pharmacies/community hospitals and public conveniences) Press release - http://www.wales.nhs.uk/sitesplus/862/news/51090 **QR code hubs are the smart way to access health information**	RAG status	

				Local pharmacist Dave Edwards and Ed John promote new QR code info boards which can be found in pharmacies and hospitals. Press release - http://www.wales.nhs.uk/sitesplus/862/news/51045 **Pharmacy walk-in centres** Pharmacist Ed John of Clynderwen Pharmacy explains how a pharmacist could save you a visit to your GP or even A& Video re-issued in May 2019 https://www.youtube.com/watch?v=-xRp3Rvl4n8&list=PL5iVML1BrZpoEM1jSLLdYvxYdJOS9Znf1 **Pembrokeshire GP is simply the BEST** Dr Jennifer Boyce of Argyle Medical Group, Pembroke Dock, wins BEST award in recognition of invaluable commitment to educating new doctors. Press release- http://www.wales.nhs.uk/sitesplus/862/news/50923 **Make your community pharmacy your first port of call this Bank Holiday** Re-issue of video with pharmacist Richard Evans explaining the role of a community pharmacist. https://www.youtube.com/watch?v=WRn1lIBqkdI		

Primary Care Model for Wales - delivery milestones 2019-20 report template
Name of Health Board: Hywel Dda UHB
Date of report: October 2019

Delivery Milestone	By When	In Year Report on Progress			End of Year Report on Impact (to be submitted end of May 2020)	
		Progress Update due	Measures to report progress	Progress against measures including a RAG status at time of reporting (see below for definition of RAG status)	Delivery milestone impact measure	Indicative achievement against measure
Data and Digital Technology						
Reporting and escalating pressures Use of nationally agreed system for reporting and escalating pressures on GP practices and 111/Out of Hours Services commenced.	From October 2019 onwards	End of September 2019	RAG status	Nationally agreed systems are not available for use; however plans are in place to utilise when they become available.	RAG status	Nationally agreed tool for reporting escalating pressures in GP Practices agreed and in use from January 2020 as an interim measure whilst further work is undertaken through the Data and Digital work stream to secure a nationally agreed system.

Appendix 2

Primary Care Model For Wales - Delivery Milestones 2020-2021

Delivery Milestone	By When	In Year Report on Progress			End of Year Report on Impact	
		Progress Update due	Measures to report progress	Progress against measures including a RAG status at time of reporting (see below for definition of RAG status)	Delivery milestone impact measure	Indicative achievement against measure
Each Cluster IMTP for 2021-2024 includes action in clinical settings to address risk factors for preventable poor health and wellbeing	September 2020					
Each Cluster has achieved increased vaccination and screening uptake rates for its population	March 2021					
each Health Board to be proactively monitoring urgent care activity, and collaboratively developing methods to better manage changing demand in the community during peaks in pressure, leading appropriate whole	From April 2020 onwards					

system action to address escalating pressures						
Each Health Board has shared a detailed self-assessment of and learning from local delivery against each of the seven winter themes for 2019-20 with the Welsh Government and other NHS Wales bodies; and by end August 2020 has used this assessment and learning to develop plans to improve the year round resilience of the urgent care system further;	By end April 2020					
Each Cluster has analysed demand on: Community Pharmacy, Dental and Oral Health Services, Optometry and Eye Health services, Community Nursing (including children's services) and Community Health and Social Care services	End September 2020					
Each cluster IMTP for 2021-2024 includes action to plan and deliver appropriate Enhanced Services at Cluster level	End September 2020					

Each Health Board is using the reformed dental contract for 50% of the Practices it contracts dental services from	End October 2020					
A national agreed approach to monitoring time spent at home (or equivalent measure) is in operation locally	End March 2021					
People contacting GP Practices are responded to in line with Access to In Hours General Medical Services National Standards	End March 2021					
Out of Hours care pathways have been adapted for local use and are available to 111/Out of Hours for, urgent dental services, mental health crisis services and palliative care for pain relief	End March 2021					
The 111 service, integrating the Out of Hours service, to be rolled out in 6 Health Boards and by September 2021 to be rolled out in BCU Health Board	End March 2021					
Each Cluster IMTP 2021-2024 includes action	End September 2020					

relating to facilities, premises and estates						
Each Cluster IMTP 2021-2024 includes actions to move eye care services out of hospital and provide them in the community, specifically action to include at least one optometrist in the Cluster with advanced training for: professional certificate in medical retina, professional certificate in glaucoma, higher certificate in glaucoma and independent prescribing	End September 2020					
Each Health Board has begun rolling out the national primary care campaign locally and developing internal communications aimed at all primary and secondary care staff to improve awareness of the Primary Care Model for Wales.	End September 2020					

Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee (QSEAC)
Cadeirydd y Pwyllgor/ Chair of Committee -	Professor John Gammon
Cyfnod Adrodd/ Reporting Period -	Meeting held on 4th February 2020

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

- **Maternity Patient Story** – Members received a maternity patient story of a mother who recently gave birth to her child in Glangwili General Hospital (GGH) Maternity Unit. Members welcomed the honest account of the care that had been received, which on the whole was positive. Members acknowledged the importance of the attitude of clinicians within the Health Board, and that other services could benefit from the same shared decision-making approach as community midwives when treating patients in their care.

- **Maternity Assurance Update Report** – Members received an update regarding the outcome of an internal assurance review of the quality and safety of Maternity Services across Hywel Dda University Health Board (HDdUHB). Members noted that Board to Floor visits by Independent Members witnessed positive working relationships within the teams involved, and recognised the importance of triangulating data. The Committee received assurance of the governance mechanisms in place and proposed that further updates be forward planned on to QSEAC's agenda.

- **QSEAC Self-Assessment of Performance Questionnaire** – Members were presented with the QSEAC Self-Assessment of Performance Questionnaire template, with it agreed that an alternative approach should be adopted to include a greater focus on patient outcomes. The self-assessment questionnaire template would therefore be reviewed prior to its use for 2019/20.

- **Annual Quality Statement 2019/20 Update** – Members received an update on progress in regard to the development of the Annual Quality Statement 2019/20, with confirmation received that the final draft would be presented to QSEAC in April 2020 for approval.

- **Board to Floor (Patient Safety) Walkaround Visits Update** – Members received an update on Board to Floor WalkRound™ visits (Board to Floor visits) undertaken during the previous 6 months. Members acknowledged the value of these visits in supporting improved engagement with staff working within clinical areas and agreed that the next update should include guidelines and reporting mechanisms to support learning.

- **Feedback on Winter Listening and Engagement Sessions** – Members received the Feedback on Winter Listening and Engagement Sessions report, with the staff involved welcoming the opportunity for open and honest discussions with Executive Board Members. Members were assured that identified actions would be progressed by Operational Leads and that any staff concerns would be taken forward by the Formal Quality Panels established.

- **Hospital Acquired Thrombosis** – Members received the Hospital Acquired Thrombosis (HAT) report, providing an overview of Hywel Dda University Health Board's current position. Given the lack of assurance received at the previous QSEAC meeting in December 2019, disappointment was expressed that the report did not include further progress in regard to a system wide approach, including leadership of HAT. Further concerns were expressed with the lack of pace and focus, noting the direct impact on patient outcomes. Given the concerns raised, it was agreed to escalate these to Board, and for a further report to be presented to QSEAC's April 2020 meeting.

- **Quality and Safety Assurance Report** – Members received the Quality and Safety Assurance Report, identifying a rise in the number of level 1 incidents reported across the Health Board, which could be construed as a positive, with staff having the confidence to report such incidents. The Committee was assured by the inclusion of a triangulated approach in regard to Healthcare Inspectorate Wales (HIW) reports and identified hotspots, and that the proposed Listening & Learning Sub-Committee should support improved outcome and intelligent data. The Committee was also assured that following HIW inspections, immediate actions are agreed by the Service Lead and submitted to HIW. The Committee noted that additional narrative will be required when using Statistical Process Charts (SPC) in reports, to ensure Members can understand the detail on what is happening within services. The Committee received assurance from the Quality Assurance Report and the Quality Improvement Initiatives described.

- **Out of Hours (OOH) Peer Review** – Members received the Out of Hours (OOH) Peer Review report, recognising the improved OOH position, due in part to the success of the Advanced Paramedic Practitioners (APP) model. Whilst accepting the progress made to date, Members suggested that whichever future model is progressed, due consideration of the quality of care provided and the patient impact would be required.

- **Strategic Equality Plan (SEP) and Objectives for Hywel Dda University Health Board (HDdUHB)** – Members received the revised Strategic Equality Plan (SEP) and Objectives for Hywel Dda University Health Board (HDdUHB). Members welcomed the co-production approach undertaken, however given that the narrative appears balanced more towards staff rather than the public, suggested whether there could be an option to include shared responsibilities. It was agreed to consider all comments from Members prior to presenting the report to the Public Board for ratification.

- **Infection Prevention Sub Committee Exception Report** – Members received the Infection Prevention Sub-Committee Exception Report, providing clarification and assurance regarding capacity issues within hotel services. Members noted the reduction in infection rates across all targets other than for E.coli BSI compared to the previous year. Concerns were raised however regarding whether the work undertaken by the service to change practice in relation to antibiotic stewardship would provide the long-term improvements required. Whilst the Health Board is still not achieving Welsh Government targets, the Health Board's ageing population was recognised as a relevant risk factor. The Committee received assurance that no cases of Legionella have been identified in Withybush General Hospital (WGH) due to the regular testing and monitoring of all areas by staff and clinicians.

- **Mental Health and Learning Disabilities (MH&LD) Quality, Safety & Experience Sub-Committee Exception Report** – Members received the Mental Health and Learning Disabilities (MH&LD) Quality, Safety & Experience Sub-Committee Exception Report from its meeting held on 13th January 2020. The Committee welcomed the actions taken to reduce waiting times within the Integrated Psychological Therapies Service (IPTS), and received assurance that following a review by the Concerns Manager, the current 20 outstanding complaints are due to Serious Incidents, with closure imminent. The Committee received assurance from the MH&LD Quality, Safety & Experience Sub-Committee Exception Report.

- **Strategic Safeguarding Sub-Committee Exception Report** – Members received the Strategic Safeguarding Sub-Committee Exception Report from its meeting held on 18th December 2019. Assurance was received that any safeguarding issues identified when a Care Home is subject to the All Wales Escalating Concerns procedure are managed in line with due process. Members were also advised that that a market position in relation to staffing is being considered between the Health Board and Local Authorities. The Committee received assurance from the Strategic Safeguarding Sub-Committee update report.

- **Effective Clinical Practice Sub-Committee Exception Report** – Members received the Effective Clinical Practice Sub-Committee Exception Report from its meeting held on 20th January 2020. The Committee acknowledged the need for a whole system approach in regard to Venous Thromboembolism and Pulmonary Embolism given the number of groups reviewing guidance in this area. The Committee also requested a date for the report to QSEAC on the Outcome of Clinical Audits to receive an assurance on the process. The Committee received assurance from the Effective Clinical Practice Sub-Committee Exception Report.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval -

- Strategic Equality Plan (SEP) and Objectives for Hywel Dda University Health Board (agenda item 3.2).

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

- **Hospital Acquired Thrombosis** – to address concerns regarding a lack of a pace, focus, leadership and a system wide approach, a further report would be presented to QSEAC's April 2020 meeting.

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 -

7th April 2020.

Enw'r Pwyllgor / Name of Committee	Business Planning & Performance Assurance Committee (BPPAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Judith Hardisty (Interim)
Cyfnod Adrodd/ Reporting Period:	Meeting Held on 20th February 2020

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

- **Information Governance Sub-Committee (IGSC) Update Report –** the Committee received the IGSC update report from the meeting held on 7th February 2020. Members noted that the Caldicott Principles into Practice (C-PiP) process will be replaced by the Wales Information Governance Toolkit in 2020/21. In response to concerns regarding clinical coding compliance and sustainability, Members were pleased to note that two trainee clinical coders have recently been appointed to assist, with a paper to address the longer-term position to be presented to Executive Team. Members were also pleased to note that assurance had been received by the IGSC following internal audits of both the Server Virtualisation and Cyber Security.

- **Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) Update Report –** the Committee received the H&SEPSC update report from the meeting held on 23rd January 2020, noting that the Director of Nursing, Quality & Patient Experience has now assumed responsibility for chairing the Sub-Committee with significant changes proposed to the membership. Members noted the substantial amount of work undertaken in relation to violence & aggression, manual handling and the investigations of incidents, however, as assurance could not be received from the narrative that the recommendations from the recent Health & Safety Executive inspection are being addressed, it was confirmed that report writers would be supported to understand the information required to provide an appropriate level of assurance going forward. Notwithstanding this, Members acknowledged the positive manner in which the health and safety matters raised are being addressed.

- **Integrated Performance Assurance Report (IPAR) –** the Committee received the IPAR for Month 10 (2019/20), noting HDdUHB ranked in the top 3 for 41% of the measures, with the on-going unscheduled care pressures reflected in current performance. Executive Directors provided feedback to Members on performance within their portfolios including Operations, Therapies & Health Science, Infection Control and Workforce. Members were pleased to note that HDdUHB's approach and models put in place in relation to the Coronavirus have been recognised by WG, and that HDdUHB now ranked 1st across Health Boards in Wales against the PADR target . Whilst mandatory training figures have increased, this is still not at target and it was suggested that the new People, Planning & Performance Assurance Committee (PPPAC) may wish to consider mandatory training in more depth.

- **NHS Wales Shared Services Partnership (NWSSP) Performance Report –** the report for Quarter 3 (2019/20) was shared with the Committee, who noted that NWSSP has now returned £2m direct savings to NHS Wales compared to the £750k originally planned. For HDdUHB, an additional distribution of £58k had been planned

for 2019/20 and following reinvestment, an additional cash distribution of £97k has been made.

- **Capital, Estates and IM&T Sub-Committee (CE&IM&TSC) –** the Committee received the CE&IM&TSC update report from the meeting held on 28th January 2020 together with a report on the Decarbonisation Agenda, acknowledging that every opportunity is being investigated to reduce HDdUHB's carbon footprint. Members noted WG has now approved the utilisation of the Cardigan Scheme underspend/gain share for statutory fire and credits for cleaning, and that handover of Phase 1 of the Women & Children's scheme had been completed on 31st January 2020. Members acknowledged that the capital allocation remains insufficient to provide BPPAC with full assurance on the management of infrastructure and backlog risks, and noted the mitigating measures in place to manage the situation.

- **Monitoring of Welsh Health Circulars (WHC) –** the Committee received the WHC progress report for those WHCs which fall under the remit of BPPAC and its Sub-Committee structure and asked that a formal response is received from the Chief Executive Officer of NHS Wales Informatics Service following the letter sent requesting an update in relation to WHC 053-15 Introduction of SNOMED CT as an Information Standard in NHS Wales. Members also requested the information relating to WHC 027-17 Clinical Musculoskeletal Assessment Treatment Service be updated based on recent conversations with Wales Audit Office.

- **Report on the Discretionary Capital Programme (DCP) 2019/20 –** the Committee received the DCP report, noting the work underway to ensure the purchase and expenditure of all items in the approved DCP before 31st March 2020; the on-going work to manage expenditure profiles to ensure a balanced capital resource limit; receipt of additional year-end capital allocations and list of priority procured items; DCP pre-commitments for 2020/21 and the schemes with a change in RAG status. For assurance purposes, confirmation was received that all DCP matters have been presented to Executive Team prior to prioritisation.

- **Draft Annual Plan 2020/21** – a verbal update on the draft Annual Plan 2020/21 was received and the Committee noted that the plan would be presented to the March 2020 Board meeting.

- **Annual Plan Monitoring Returns 2019/20 –** the Committee received the Quarter 3 return for 2019/20, noting the steady progress made.

- **Adoption/Coverage of Key National Clinical Systems in Hywel Dda Update Report –** the Committee received the Adoption/Coverage of Key National Clinical Systems in Hywel Dda report, and noted that electronic test requesting remains to be 100% compliant within PPH wards, with work also required to improve usage within primary care. However, all orthopaedic referrals are now managed electronically and mental health electronic referrals will "go live" in June/July 2020.

- **Delivery of Ophthalmology for Hywel Dda Patients –** the Committee was presented with the report on Delivery of Ophthalmology for Hywel Dda patients including the long-term sustainability of Ophthalmology services. Members noted that discussions have commenced with Swansea Bay University Health Board regarding a regional model, including joint posts to develop a sustainable service for the future.

Members expressed their contentment at the significant improvements made within Ophthalmology services, with issues now appearing to be more managed and controlled.

- **Plans for a Non-Urgent Single Cancer Pathway -** Members were presented with the Implementation of the Single Cancer Pathway report, detailing current planning and progress towards its implementation. Members noted the active engagement that has commenced with primary care practitioners and GPs to update them in relation to the new pathway. It was agreed to escalate to Board the requirement for a harm risk assessment view and a more quality focus for patients.

- **Out of Hours Strategic Plan –** Members were presented with the Out of Hours Strategic Plan outlining the temporary service change to rationalise base coverage during all overnight periods commencing on 9th March 2020.

- **General Medical Services Access Update -** Members were presented with the General Medical Services Access Update highlighting the General Medical Services Contract changes which came into force in September 2019, setting new requirements on GP Practices under the Quality Assurance and Improvement Framework, as well as placing additional responsibilities on Health Boards for the monitoring and reporting on accessibility to GP Practices. Members noted that £3.7m has been invested into the Global Sum across Wales to assist Practices in investing in or updating their infrastructure.

- **A Regional Collaboration for Health (ARCH) –** the Committee received the ARCH update report and noted the level of tripartite work continuing between HDdUHB, SBUHB and Swansea University.

- **Llanelli Wellness and Life Science Village –** the Committee received the Llanelli Wellness and Life Science Village report, noting an independent firm has been commissioned to develop the design for the first zone of the Village. HDdUHB has confirmed its commitment to deliver services within the Village with the leasing of 4 to 6 pods.

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:

- **Plans for a Non-Urgent Single Cancer Pathway –** A requirement for a harm risk assessment view and a more quality focus for patients.

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 2020 (newly established PPPAC).

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance update for Hywel Dda University Health Board – Month 11 2019/20
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance and Commissioning In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Karen Miles, Director of Planning, Performance and Commissioning

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This performance update report 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 performance update consists of:

- Title page – includes buttons to navigate to the different sections of the report;
- Executive summary – a one page summary of key points;
- Performance overview – a one page summary of the 36 key deliverable indicators;
- Topic summaries – 7 themed pages.

To help provide additional context including trend data, the following accompanying resources are also provided:

- Performance run charts
- Overview matrix
- Performance dashboards: cancer, diagnostics & therapies, delayed follow ups, referral to treatment, stroke and unscheduled care

These can all be accessed from the performance internet web page.

Cefndir / Background

The NHS Wales Delivery Framework 2019/20 identifies key areas to be monitored and, where relevant, improvements made for this aim to be achieved. The University Health Board is working to make improvements for its resident population, patients and staff and has identified a number of additional local performance indicators to further support the Framework.

Asesiad / Assessment

The latest performance data for our key deliverable indicators shows:

- met target = 12% (4/34)
- within 5% of target = 15% (5/34)
- target not met = 73% (25/34)

All Wales data is available for 34 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 35% of measures which is a 6% decline from the previous month.

Annex A provides a brief summary of run charts showing evidence of non-random variation, together with a response from the service leads.

Argymhelliad / Recommendation

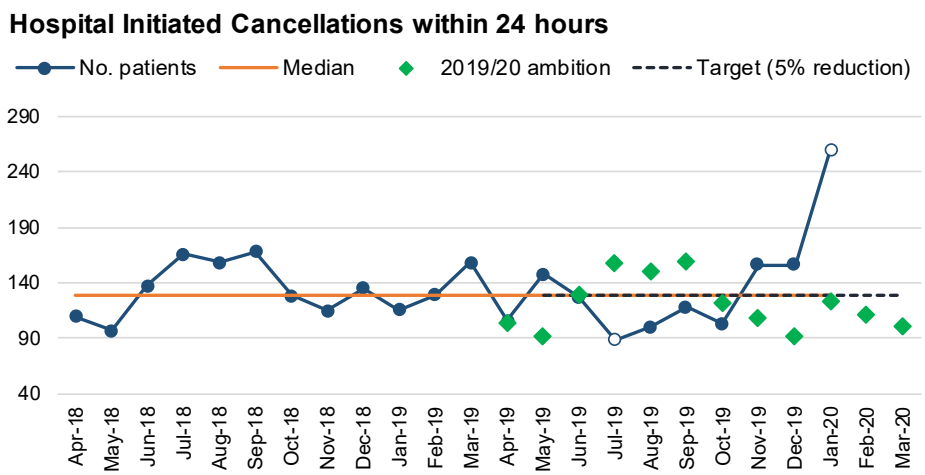
The Board is asked to discuss the report and raise any issues arising from its content.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2019-20
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Business Planning and Performance Assurance Committee

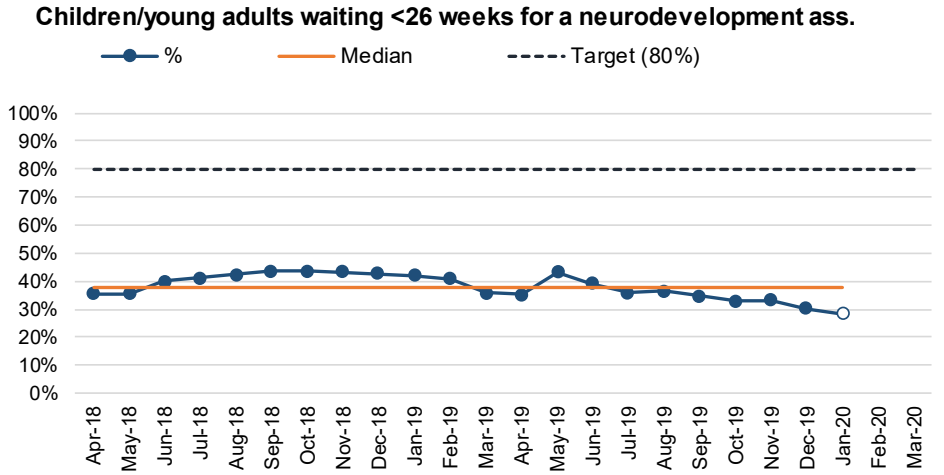
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: **Workforce:**	Development of staff through pooling of skills and integration of knowledge
Risg: **Risk:**	Better use of resources through integration of reporting methodology
Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Annex A – run charts

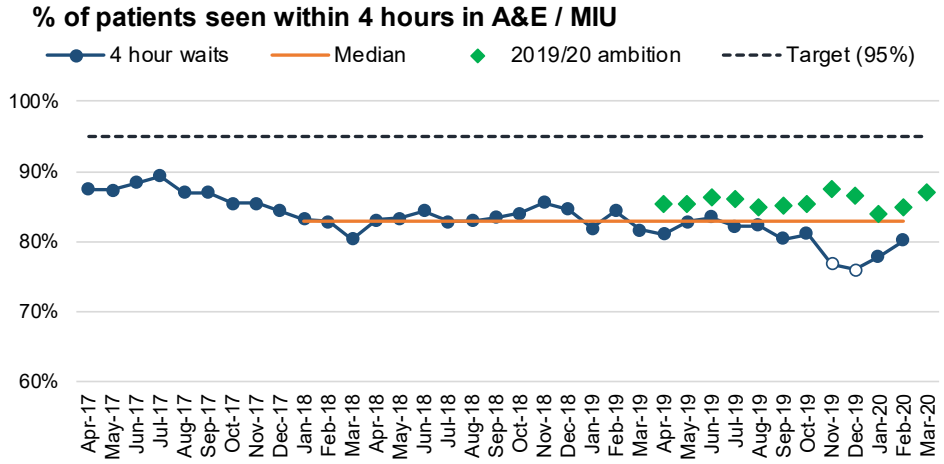
The accompanying performance run charts show evidence of non-random variation for hospital initiated cancellations, 4 & 12 hour A&E/MIU waits and neurodevelopmental assessments. The charts are included below together with a brief update.

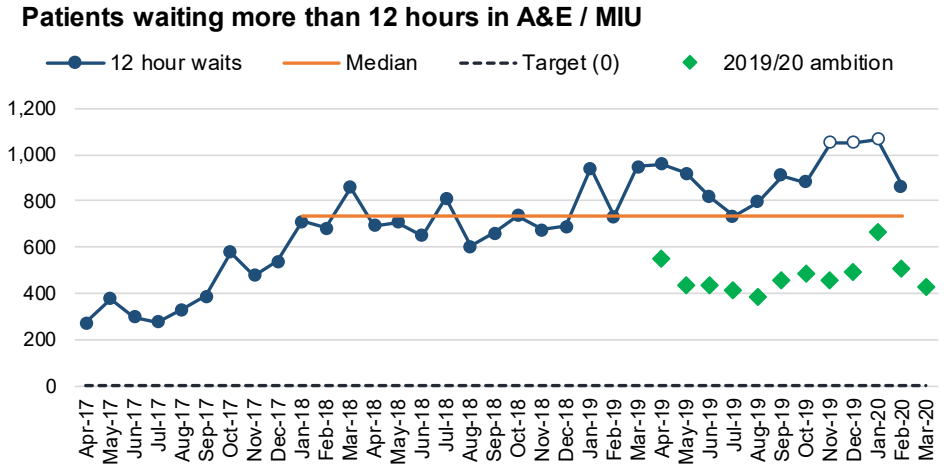


The spike seen is due to elective surgey being cancelled in early January due to winter pressures.



Staff vacancies and difficulty in recruiting staff have contributed to the decline in performance. See page 8 of the IPAR for actions being taken to improve performance.





Both 4 and 12 hour A&E / MIU waits are seen to have 6 consecutive points above/below the median. However, performance has improved in February and this is evident across the unscheduled care pathway.

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

Performance update for Hywel Dda Univerity Health Board

as at 29th February 2020

Click one of the boxes below to navigate to that section of the report

Executive summary

This report includes summary information on some of the key areas that we have prioritised to make improvements in 2019/20.

Spotlight on unscheduled care

We continue to implement our Winter Plan and work with partners to reduce the pressure on our services and provide safe care for patients. February performance showed improvement since last month for red calls, ambulance handovers, 4 and 12 hour A&E/MIU but is not where we want performance to be:

- Ambulances arrived within 8 minutes to 60.6% of calls for patients with life threatening conditions (target 65%);
- 402 ambulance handovers were reported as taking longer than 1 hour;
- 80.1% of patients were seen within 4 hours in A&E/MIU (target 95%) and 862 patients spent longer than 12 hours (target 0);
- The census count day in February 2020 saw 16 mental health patients and 49 non-mental health patients with delayed transfers of care i.e. they were medically okay to leave hospital but needed another form of support in place for them to leave.

Which targets have we achieved?

- 68.9% of stroke patients were admitted to a stroke unit within 4 hours in February 2020, compared to 55.9% in January;
- In February, 98% of stroke patients were assessed within 24 hours by a specialist stroke consultant;

Where have we made improvements?

- The number of patients waiting more than 8 weeks for a diagnostic test decreased from 82 in January to 54 in February;
- The number of patients waiting more than 14 weeks for a specific therapy continues to reduce, 138 in Jan '20 to 81 in Feb '20;
- The number of patients waiting over 36 weeks from referral to treatment decreased from 940 in January to 883 in February;
- The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral improved by 1%;
- 62.3% of high risk Ophthalmology patients waited no more than 25% over their clinical target date;
- There were 15,299 patients in February having a delayed planned care specialty follow up outpatient appointment;
- There has been a 10% improvement in consultants/SAS doctors job having a current job plan (74% in Feb '20);
- There has been a 12 month improvement in the number of staff completing their core skills training;
- 76% of staff have had a performance appraisal development review, which is a 1% increase since Jan '20;

Where is improvement needed?

- The 12 month improvement target was not met for speech and language therapy for stroke patients;
- The number of operations cancelled for non-clinical reasons within 24 hours of the procedure increased sharply to 260 in January;
- 91.9% of patients on a non-urgent suspected cancer pathway started treatment within 31 days of it being agreed (target 98%);
- Performance in respect of the Single Cancer Pathway declined by 4% from the previous month (Dec 76%, Jan 72%);
- Deterioration in performance for concerns that received a final reply within the agreed 30 working days (Feb 70.1%, Jan 72.2%, target 75%);
- In January 728 children/young people waiting over 26 weeks for a neurodevelopmental assessment and 737 adults waiting for a psychological therapy;
- In February we reported 12 C.difficile infections, 28 E.coli infections and 9 S.aureus infections;
- Performance for serious incidents assured within timescale declined from 44% in January to 12.5% in February (target = 90%);
- Our sickness rate has increased since January 2019 but we still have the lowest staff sickness rate of the 6 largest Health Boards in Wales;
- Between July and September, 94.5% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday and 91% of 5 years had 2 MMR doses;
- We have a year-end control total requirement of a £25.0m deficit. The current forecast is a £35.0m deficit.

Our 36 key deliverable measures

Latest data

25	5	4

All Wales rank

All Wales data is available for 34 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 35% of measures:

①	2 measures
②	3 measures
③	7 measures
④	8 measures
⑤	3 measures
⑥	8 measures
⑦	3 measure

Overview

		Target	Previous period	Latest data	12m trend	Plan met?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	56.2%	60.6%	↓	No	7th out of 7	Highest performance since Oct '19
	Ambulance handovers over 1 hour	0	751	402	↓	No	3rd out of 6	BGH (18), GGH (220), PPH (28), WGH (136)
	A&E/MIU 4 hour waits	95%	77.9%	80.1%	↓	No	2nd out of 6	BGH 83.3%, GGH 73.0%, PPH 92.3%, WGH 73.2%
	A&E/MIU 12 hour waits	0	1,066	862	↓	No	4th out of 6	BGH (52), GGH (363), PPH (25), WGH (422)
	Non-mental health DTOC	12m↓	33	49	↓	No	4th out of 8	Carms 17, Cere 8, Pembs 22 and 2 patient from out of county
	Mental health delayed transfers of care (DTOC)	12m↓	11	16	↓	No	5th out of 7	Carms 3, Cere 5 and Pembs 8
Stroke and cancer	Admission to stroke unit <4 hours	59.8%	55.9%	68.9%	↓	No	4th out of 6	Target met in BGH (91.7%) and PPH (87.5%)
	Assessed by stroke consultant <24 hours	84.2%	93.6%	98.0%	↓	Yes	3rd out of 6	GGH, PPH and WGH achieved 100% compliance
	Stroke patients - speech and language therapy	12m↑	36.5%	32.7%	↓	n/a	6th out of 6	Lowest compliance PPH (16.6%), highest BGH (50.2%)
	Urgent suspected cancer	95%	71.4%	72.4%	↓	No	6th out of 6	27 out of 98 patients breached
	Non urgent suspected cancer	98%	99.3%	91.9%	↓	No	1st out of 6	11 out of 125 patients breached
	Single cancer pathway	12m↑	76%	72%	↓	n/a	4th out of 6	Performance declined for the first time in 4 months
Planned care and therapies	Hospital initiated cancellations	5%↓	156	260	↓	No	2nd out of 7	Steep increase; 168/260 due to ward beds being unavailable
	Delayed follow-up appointments 5 specialties	12m↓	14,785	15,299	↑	No	3rd out of 5	1,241 fewer follow ups compared to February 2019
	Ophthalmology patients seen by target date	95%	60.6%	62.3%	n/a	n/a	7th out of 7	459 additional patients with HRF status allocated
	Diagnostic waiting times	0	82	54	↓	No	3rd out of 7	All 54 breaches from Cardiology
	RTT – patients waiting 36 weeks+	0	940	883	↓	No	2nd out of 7	The 2019/20 Annual Plan ambitions were not met. However, there was an decrease of 57, 36 week breaches in February
	RTT – patients waiting <=26 weeks	95%	87.1%	88.6%	↓	No	3rd out of 7	
	Therapy waiting times	0	138	81	↓	No	7th out of 7	Decrease for Physio (59), increase for Podiatry (18)
Quality and safety	C.difficile	<=25	37.53	37.68	↑	n/a	6th out of 6	Number of cases increased from 9 in Jan '20 to 12 in Feb '20
	E.coli	<=67	105.46	104.26	↓	n/a	6th out of 6	Number of cases decreased from 34 in Jan '20 to 28 Feb '20
	S.aureus	<=20	29.16	29.18	↑	n/a	3rd out of 6	Number of cases decreased from 12 in Jan '20 to 9 in Feb '20
	Serious incidents	90%	44%	12.5%	↑	No	5th out of 10	Only 1 out of 8 serious incidents assured within target
	Concerns and complaints	75%	72.2%	70.1%	↑	No	6th out of 10	In Feb' 110/157 complaints were resolved <30 Working days
MH +	Children/young people neurodevelopment waits	80%	30.2%	28.5%	n/a	n/a	6th out of 7	In Jan 20 there were 728 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	51.0%	50.2%	n/a	n/a	6th out of 7	In Jan 20 there were 737 adults waiting over 26 weeks
Population Health	'6 in 1' vaccine	95%	95.1%	94.5%	↑	No	6th out of 7	Quarter 2 2019/20 (Jul-Sep) saw a 0.6% decline
	MMR vaccine	95%	92.2%	91.0%	↑	Yes	5th out of 7	Quarter 2 2019/20 (Jul-Sep) saw a 1.2% decline
	Attempted to quit smoking	5%	0.87%	1.80%	n/a	n/a	4th out of 7	1,002 smokers treated
	Smoking cessation - CO validated as quit	40%	47.9%	47.1%	↑	n/a	3rd out of 7	Target consistently met for over 1 year
	Childhood obesity	n/a	n/a	11.8%	n/a	n/a	4th out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	5.12%	5.08%	↓	n/a	4th out of 10	Lowest sickness rate of the 6 largest Health Boards in Wales
	Performance appraisals (PADR)	85%	75%	76%	↓	No	1st out of 10	Highest performance since Oct '19
	Core skills mandatory training	85%	82.7%	83.2%	↑	No	4th out of 10	12 month improvement and 1.8% short of target
	Consultants/SAS doctors - current job plan	90%	64.0%	74.0%	↓	No	n/a	Additional support has been given to service management
	Finance - deficit	£25m	£30.2m	£32.2m	↓	n/a	n/a	Health Board Control Total requirement is a £25.0m deficit.

+ Mental Health & neurodevelopment
** BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Withybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board

Unscheduled care

Executive Lead: Director of Operations

Senior Responsible Officer(s): General Managers/County Directors/MH Director

How did we do in February 2020?

60.6% of ambulances arrived to patients with life threatening conditions within the 8 minute target.

402 ambulances waited more than 1 hour at our hospitals to handover their patient to an Accident and Emergency (A&E) department/Minor Injury Unit (MIU).

11,341 patients attended an A&E/MIU in February as a new attender. Of these patients, **80%** were seen and treated within 4 hours of arrival (2.2% improvement over January 2020) and **862** patients waited over 12 hours (an improvement of 204 patients compared with January 2020). From April to February there has been a 5.6% increase in attendances for major illness compared to 2018/19.

In February there were 3,544 emergency admissions to our hospitals of which 2,040 (58%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 10 days (Apr-Feb).

On February census count day there were **49** patients (aged 75 plus) and **16** mental health patients in our hospitals that no longer needed medical support (medically optimised) but their discharge was delayed. These numbers are a small proportion of all patient discharge delays. Delayed discharges have a direct impact on patients waiting in A&E.

How do we compare to our all Wales peers?

Ambulance reaching patients with life threatening conditions within 8 minutes	7th out of 7
Ambulances waiting > 1 hour to handover a patient	3rd out of 6
Patients being seen and treated within 4 hours in A&E/MIU	2nd out of 6
Patients waiting more than 12 hours in A&E/MIU	4th out of 6
Non-mental health patients aged 75+ DTOC	4th out of 8
Mental health patients DTOC	5th out of 7

Risks

- Staff vacancies in our hospitals lead to difficulty filling shift rotas, impacting our ability to promptly treat patients;
- The number of ambulance hours lost (973) by Hywel Dda crews result in a delayed response to patients;
- High sickness levels in the Wales Ambulance Service Trust (WAST) have a negative impact on ambulance response times;
- Ambulatory care pathway congestion, increases the number of patients seen in A&E/MIU;
- Long waits for re-ablement and long term care packages risk availability of beds for new patients as well as the identification of suitable placements;
- Depleted nursing home/community hospital beds delays the transfer of care out of hospital for some of our patients;
- Recruitment into the community care sector, medical, therapist and nursing positions is challenging. Vacancies in community hospitals negatively impact the efficient transfer of some patients from main hospitals.

What are we doing?

- A local action plan has been developed to improve ambulance response times. This includes recruitment of additional paramedics; WAST also introduced an incentive scheme to increase staffing levels;
- We are focusing efforts on developing our ambulatory care services to avoid unnecessary admissions to hospital; BGH has re-established a formal ambulatory care area;
- Improvement Cymru are supporting GGH with real time demand and capacity planning to be rolled out in March 2020;
- Frailty pathways and assessment units are being developed to help avoid hospital admission where appropriate;
- We are appointing advanced practitioners to support more timely patient care and assessment through an alternative workforce;
- We are planning in advance of when patients are medically optimised to reduce the delay of them being able to leave hospital. BGH has re-established a formal discharge team;
- £12m from the national transformation fund will be used for technology-enabled care for people in their homes, integration of health and care services and to support people to remain independent;
- Winter pressures funding has been used to source alternative forms of care provision;
- Active recruitment for vacant care, medical and nursing positions.

Stroke and cancer

Executive Lead: Director of Therapies & Health Science/Director of Operations **Senior Responsible Officer(s): Service Delivery Manager/Assistant Director**

How did we do in January/February 2020?

68.9% of patients presenting at our 4 acute hospitals in February with a stroke were then admitted to a dedicated stroke unit within 4 hour (a 12.7% improvement over January 2020).

49 of the 50 (**98%**) patients admitted with a stroke in February were assessed by a specialist stroke consultant within 24 hours (a 4.5% improvement over January 2020).

Only a third (**32.7%**) of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during February, therefore, the 12 month improvement target was not met.

During January 2019, **72.44%** (71/98) of cancer patients who were referred by their GP as urgent, commenced treatment within 62 days of their referral (a 1% improvement over January 2020).

91.91% (125/136) of patients who were not on an 'urgent suspected cancer' pathway commenced treatment within 31 days of the date the requirement for treatment was agreed with them.

We are working towards implementation of the new single cancer pathway (SCP) which monitors newlyreferred patients from point of suspician until treatment starts. The new pathway increases the number of patients monitored during the diagnostic phase. In January, **72%** of SCP patients were treated within 62 days of the point of suspicion.

How do we compare to our all Wales peers?

Admission to stroke unit within 4 hours	4th out of 6
Assessed by stroke consultant within 24 hours	3rd out of 6
Stroke patients - speech and language therapy	6th out of 6
Urgent suspected cancer	6th out of 6
Non urgent suspected cancer	1st out of 6
Single cancer pathway	4th out of 6

Risks

- Stroke
  - Lack of suitable care packages in the community results in stroke patient discharge delays which impacts admitting to a stroke unit within 4 hours;
  - High demand for inpatient beds can lead to hospitals not being able to ring fence beds in the stroke units solely for stroke patients;
  - Insufficient therapy resource impacts on our ability to provide the recommended levels of rehabilitation support.
- Cancer
  - Complex pathway delays – the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;
  - Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board (SBUHB) continue to significantly compromise our performance across a number of cancer pathways;
  - Local diagnostic service capacity pressures within our Radiology service continue to present a risk to recovery;
  - The new pathway significantly increases the number of patients who will be monitored during the diagnostic phase of their pathways, placing added pressure on capacity within our diagnostic services.

What are we doing?

- Stroke
  - We are redesigning our stroke services and how we use resources in order to make meaningful improvements for our patients. The stroke redesign business case is in progress and will be completed by the end of 2020 for consideration by the Board in early 2021;
  - We are reviewing our stroke data to identify issues, putting plans in place to address and therefore improve the quality of care we provide for our stroke patients. Each site has a working group which will review their own results and is constantly trying to improve on them;
  - GGH has a pilot running with the SALT team to try and improve on their target by looking at the SALT requirement differently. If this is successful we hope to roll this out to the other acute sites.
- Cancer
  - We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
  - SBUHB has appointed an additional gynaecology cancer surgeon and are recruiting oncologists to address tertiary centre capacity issues;
  - The Health Board has secured recurrent investment from WG (£340k per annum) to invest in key diagnostic service capacity (Radiology, Endoscopy, Pathology, Dermatology) and cancer tracking teams.

Planned care and therapies

Executive Lead: Director of Operations/Director of Therapies & Health Science **Senior Responsible Officer(s): Service Delivery Managers/Assistant Director**

How did we do in January/February 2020?

54 patients waited over 8 weeks for a diagnostic test in February which is 28 fewer compared to the previous month.

81 patients waited longer than 14 weeks for a therapy appointment, (59 Physiotherapy, 18 Podiatry, 3 Occ. Therapy and 1 Dietetics). This represents an improvement of 51 patients compared with the previous month.

260 patients had their procedure cancelled within 24 hours in January and the 12 month trend is showing a decline.

In February, **88.6%** were waiting less than 26 weeks from referral to being treated (RTT) and **883** patients waited beyond 36 weeks.

In January **62.25**% of high risk (R1) Ophthalmology patients waited no more than 25% over their clinical target date, a 1.66% improvement over the previous month. The number of patients yet to be allocated a risk factor further reduced to 487 (2.6%).

In February **33,402** outpatients waited beyond their target date for a follow up appointment. This includes **15,299** patients waiting for a Trauma & Orthopaedics, Ear, Nose & Throat, Urology, Dermatology or Ophthalmology outpatient appointment.

How do we compare to our peers?

Diagnostic waiting times	3rd out of 7
Therapy waiting times	7th out of 7
Hospital initiated cancellations	2nd out of 7
Referral to treatment (RTT) <=26 weeks	3rd out of 7
RTT – patients waiting 36 weeks or more	2nd out of 7
Ophthalmology patients seen by target date	7th out of 7
Delayed follow-up appointments 5 specialties	3nd out of 5

Risks

- Capacity pressures and equipment failure can impact the service's ability to meet the 8 week diagnostic target;
- Therapy breaches are due to staff capacity challenges resulting from maternity, sickness and failure to secure appropriate Agency/Locum cover;
- Hospital Initiated Cancellation numbers are affected by staffing (particularly for post-operative care) and bed availability pressures;
- RTT risks arise predominantly from the impact of cancellations due to unscheduled care pressures and vacancies in key specialties;
- New Eye Care patients can wait longer due to a shortage of consultant ophthalmologists. Capacity being used to cover the Emergency Eye Care service can also impact on waiting times;
- Historical clinical practice and supporting administrative systems promote the planning of a follow-up outpatient appointment without full consideration of alternatives and/or the clinical necessity.

What are we doing?

- Diagnostic actions include demand and capacity optimisation, outsourcing, clinical validation, recruitment and revising pathways;
- Redeployment of staff from existing teams and utilising agency. Delivery Unit undertaken first Therapy Informed Sustainable Demand & Capacity Planning Workshop. Therapy teams utilising D&C planning tool within specialities to inform workforce and efficiency measures;
- RTT delivery plans are in place across all specialties and recovery actions are being progressed, including commissioning of additional outsource opportunities in Orthopaedics to mitigate the continuing impact of bed pressure related cancellations;
- Our eye care service is improving the cataract referral pathway to enable a direct surgery listing process as well as increasing the number of glaucoma patients who can be reviewed by a community optometrist;
- Delayed follow up appointment actions include improved reporting/validation and clinical transformation plans to undertake appointments outside the traditional clinic setting. Examples include Patient Reported Outcome Measures (PROMs) and Patient Know Best (PKB) modules.

Quality and safety

Executive Lead: Director of Nursing, Quality and Patient Experience | **Senior Responsible Officer(s): Assistant Directors of Quality**

How did we do in February 2020?

Clostridium difficile (C.diff) is an infection of the bowel that is generally associated with the use of antibiotics. Hywel Dda diagnosed **12** cases of C.diff in February, the same number as in December.

Escherichia coli (E.coli) is a blood stream infection. The number of diagnosed E.coli infections decreased from **34** in January to **28** in February.

Staphylococcus aureus (S. aureus) is also a blood stream infection. The number of cases of S.aureus decreased from **12** cases in January to **9** in February.

In February, we reported **1,270** incidents of which **1,070** were patient safety related. We also reported 7 serious incidents to Welsh Government. Welsh Government ask Health Boards to review and close serious incidents within 60 working days. There were **8** serious incidents due for closure with Welsh Government in January of which **13% (1)** were closed in the agreed timescale.

We responded to **70.1%** (110/157) of concerns within 30 working days (30WD) and have seen an increase in those cases which are managed via Early Resolution (within 2 working days).

How do we compare to our all Wales peers?

C.difficile infections	6th out of 6
E.coli infections	6th out of 6
S.aureus bacteraemias (MRSA and MSSA) infections	3rd out of 6
Serious incidents assured in a timely manner	5th out of 10
Timely responses to concerns and complaints	6th out of 10

Risks

- There is a risk that due to the current workload created by Coronavirus that planned improvement work has been paused which could have a detrimental effect on infection rates;
- It is essential that a formal review (root cause analysis) of each serious incident is undertaken and that improvement and a learning action plan is prepared and implemented in a timely manner;
- The risks remain as per previous month. There is also the risk for delays to be caused as a result of a prolonged 'sign off' process such as times when the members of staff responsible for this are absent.

What are we doing?

- Infection Prevention activity in Community and Acute Hospitals continues to be focused on Coronavirus preparedness:
  - Screening suspect cases, providing advice to them and contacts;
  - Ensuring staff are prepared to manage potential cases;
- A review into serious incident closures has identified a number of factors which we are working very closely with Welsh Government to improve. Following each serious incident review is undertaken and meetings are held to support wider learning within the teams;
- Ongoing monitoring of cases continues and additional members of staff have been trained to audit the complaints data to ensure accurate data capture and reporting. New workshops are being implemented to train individual members of staff in how to manage and respond to a complaint and to raise awareness of PTR.

Mental health

Executive Lead: Director of Operations

Senior Responsible Officer(s): Director of Mental Health/Assistant Director

How did we do in January 2020?

28.5% of children and young people (290 out of 1,018) waited less than 26 weeks to start a neurodevelopment assessment. This is the combined figure for autistic spectrum disorder (ASD, 33% 234/709) and attention deficit hyperactivity disorder (ADHD, 18.1% 56/309) referrals.

50.2% of adults (744 out of 1,481) waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service. Psychological therapies are used for common problems such as stress, anxiety, depression, obsessive compulsive disorder and phobias.

How did we compare to our peers?

Children/young people neurodevelopment waits	6th out of 7
Adult psychological therapy waits	6th out of 7

Risks

Neurodevelopmental assessments:

- Delays can impact on the quality of life for patients and their families;
- ASD - growing demand verses resources and difficulties in recruitment;
- ADHD – historical referral backlog and vacancies within the team.

Psychological therapies

- Increased demand from primary and secondary care;
- Vacancies and inability to recruit into specialist posts;
- Service still providing a range of low intensity psychological interventions/therapy due to backlog of referrals;
- High waiting lists for both individual and group therapy;
- Lack of a robust IT infrastructure.

What are we doing?

We are transferring our mental health patient records to a new system called Wales Patient Administration System (WPAS) which once implemented will allow timelier reporting. At that point we will undertake a review of the indicators available and enhance this briefing accordingly;

Neurodevelopmental assessments

- Each mental health service team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
- Waiting list initiatives have been utilised;
- Additional hours have been offered to current members of staff to increase capacity;
- A part-time speech and language therapist has been recruited;
- An investigation has been undertaken and a report written outlining the additional resources required for a sustainable ASD service;
- Efficiency and productivity opportunities are being explored;
- An additional part-time community GP post has been recruited.
- The service is actively reviewing and managing referrals and referral pathways;
- A process mapping exercise is underway supported by all Wales performance Delivery Unit;
- An active recruitment plan is being developed;
- Weekend clinics are being considered to increase assessment;
- Commissioning with external providers is being considered to increase the number of available assessments;
- Agency practitioners are being utilised to address the waiting list.

Psychological therapies

- A team restructure is underway;
- A new service model is being developed;
- Referrals from emotional cognitive scale (ECS) are no longer accepted in order for us to concentrate on high intensity therapy;
- Waiting list initiatives are being utilised;
- A single point of contact has been created for all referrals to ensure improved coordination and response;
- A demand and capacity exercise will be undertaken with all staff to ascertain capacity in caseloads;
- A review of all modalities will be undertaken to ensure prudent delivery of therapy in line with local and national policies/Guidelines;
- The use of evidence based group work is being evaluated to consider increasing capacity and reduce time waiting for therapies.

Population health

Executive Lead: Director of Public Health | **Senior Responsible Officer(s): Immunisation, smoking and obesity leads**

How did we do?

The '6 in 1' vaccine is given as a single injection to protect babies against 6 serious childhood diseases: diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough. The '6 in 1' vaccine is given at 8, 12 and 16 weeks old. Between July and Sept 2019, **94.5%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, consistent with uptake in the previous quarter (95.1%).

The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between July and Sept 2019, **91.0%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 92.2% in the previous quarter.

During April to September 2019, **1.80%** (1,002) of adults attempted to quit smoking using a smoking cessation service.

47.1% of smokers who quit had the carbon monoxide (CO) levels in their blood confirm they has quit in July to September 2019.

Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data (2017/18) shows that **11.8%** of 4-5 year olds and **23.0%** of adults aged 16+ living in Hywel Dda are obese.

How do we compare to our all Wales peers?

3 doses of the '6 in 1' vaccine by age 1	6th out of 7
2 doses of the MMR vaccine by age 5	6th out of 7
Smokers who attempted to quit	4th out of 7
Smokers CO validated as quit	3rd out of 7
Children aged 4-5 year who are obese	4th out of 7

Risks

- Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
- Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
- Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and primary care;
- Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight;
- Develop a weight management service/approach for children.

What are we doing?

- There is a pilot scheme in place to improve the uptake of MMR for children. Those children identified as having outstanding MMR are offered immunisation in an alternative venue or at a more appropriate time (e.g. a nursery) to give parents more flexibility;
- 2 recently employed community immunisers have been focussed on flu vaccination throughout autumn, but from January 2020 will be supporting the childhood immunisation programme;
- Vaccination uptake data is shared with GPs to allow them to have a greater understanding of the uptake in their practice and how they benchmark against other GPs. This will enable GPs to more easily identify, plan, and target specific groups of patients;
- Ongoing recruitment of pharmacists and pharmacy technicians into the Pharmacy Level 3 Smoking Cessation Scheme to ensure services are provided across the Health Board area;
- Local Stop Smoking Wales services have been integrated;
- Pregnant women are CO validated during antenatal appointments;
- All pregnant women with a CO reading above 4PPM (parts per million) are offered specialist support to quit smoking;
- Weight management services are offered to adults with chronic conditions;
- The Health Board is awaiting the publication of a Welsh Government action plan (January 2020) to help implement the priorities in the new *Healthy Weight: Healthy Wales* strategy to develop a local response.

Workforce and finance

Executive Lead: Director of Workforce/Medical Director/Director of Finance

Senior Responsible Officer(s): Assistant Directors/Revalidation & Appraisal Manager

How did we do in January/February 2020?

5.08% of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period February 2019 to January 2020. Whilst this represents a deteriorating picture compared to the cumulative position at January 2019 (4.86%), it represents an improvement against the corresponding in-month sickness rate in January 2019 of 0.2%. It is also an improvement compared to December 2019 (5.52%).

76% of our staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.

83.2% of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance.

74% of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan, demonstrating an increase of 10% since last month.

The Health Board's financial position at the end of February is **£32.2m deficit** for the financial year to date. In February we delivered £1.9m of savings schemes. The Health Board is working to identify further savings opportunities.

How do we compare to our all Wales peers?

Sickness absence	4th out of 10*
Performance appraisal and development review	1st out of 10
Level 1 core skills training framework completed	4th out of 10
Medical staff with a current job plan	Not available
Finance	Not available

* the lowest sickness rate of all of the larger Health Boards in Wales

Risks

- The current all Wales Management of Attendance Policy offers managers more discretion when escalating staff through the policy and emphasises a more compassionate approach to managing attendance than was permitted in the previous policy – there has been a notable increase in sickness rates since the new policy was introduced;
- Achieving the PADR target requires managers to overcome conflicting demands on their leadership roles and have adequate knowledge and skills to complete effectively. Additional risks arise from lack of feasible training options;
- The lack of provision for fire safety training impacts the overall compliance for core skills (current fire safety training compliance is 67%);
- The job planning process requires a number of phases to achieve finalisation, this needs to be effectively planned and coordinated around clinical time;
- We have a year-end Control Total requirement of £25.0m deficit. The current forecast is £35.0m deficit.

What are we doing?

- We are continuing to monitor and manage sickness closely. Sickness auditing is targeted to the wards and departments with the highest levels of absence and training in the new all Wales policy is ongoing. The performance assurance process is continuing to maintain a focus on sickness;
- An additional PADR training session was completed in January '20. The first quarterly visit will be held in PPH on 12th March where the Organisational Development (OD) team will systematically review PADR compliance rates and quality check some reviews .The OD team are also developing new guidance and a performance management policy to ensure greater understanding of continued performance conversations and the smooth alignment of the Pay Progression Policy to current PADR processes. PADRs will need to be completed to required standards consistently throughout the organisation to ensure successful implementation of the new Pay Progression Policy;
- Fire training level 1 is reverting to the e-learning module which should see compliance levels rise;
- Service management are being provided with detailed job planning information and offered additional support. Holding To Account meetings are in the process of being confirmed for those areas where insufficient progress is being made;
- The financial 'Turnaround/Holding to Account' process provides a high level of scrutiny and challenge to our Directorate Leads in terms of adherence to assigned budget and delivery and identification of robust savings schemes.

Performance run charts for our key deliverable indicators: data as at 29th February 2020

Click a link below to view the run chart and data for that indicator.

- ‘6 in 1’ vaccine
- MMR vaccine
- C.difficile
- E.coli
- S.aureus
- Serious incidents
- Hospital initiated cancellations
- Concerns and complaints
- Mental health delayed transfers of care (DTOC)
- Non-mental health DTOC
- Finance
- Sickness absence
- Performance appraisals (PADR)
- Core Skills Training Framework (CSTF)
- Consultants/SAS doctors - current job plan
- Ambulance red calls
- Ambulance handovers over 1 hour
- A&E/MIU 4 hour waits
- A&E/MIU 12 hour waits
- Admission to stroke unit <4 hours
- Assessed by stroke consultant <24 hours
- Stroke patients - speech and language therapy
- Delayed follow-up appointments 5 specialties
- Ophthalmology patients seen by target date
- Urgent suspected cancer
- Non-urgent suspected cancer
- Single cancer pathway
- Diagnostic waiting times
- Therapy waiting times
- Referral to treatment (RTT) <=26 weeks
- RTT patients waiting 36 weeks+
- Children/young people neurodevelopment waits
- Adult psychological therapy waits

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

Additional resources (intranet access needed)

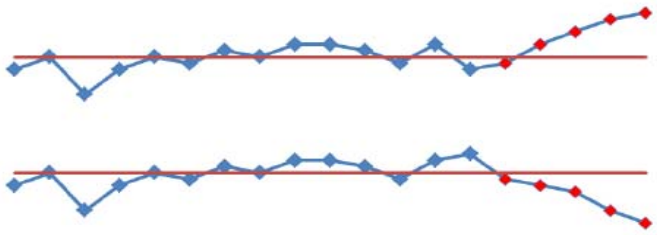
Rules for interpreting run charts

Integrated Performance Assurance Reports (IPAR) and performance overview

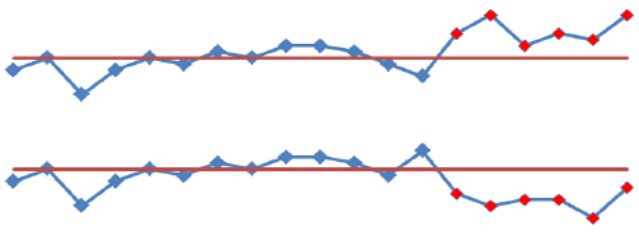
Performance dashboards

Performance run charts – rules* for determining non-random variation

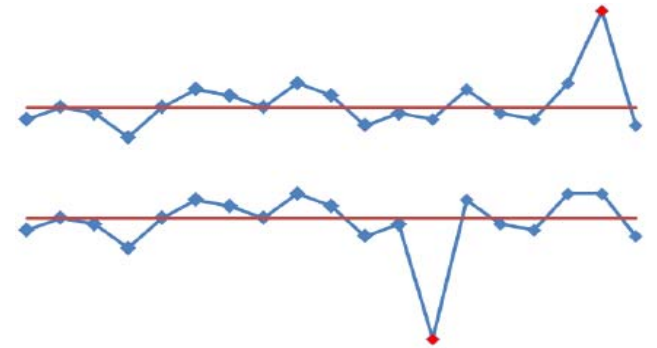
Trend – 5+ points increasing or decreasing



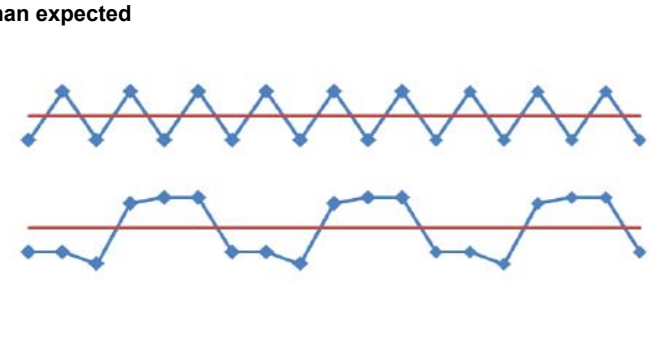
Shift – 6+ points in a row above or below the median



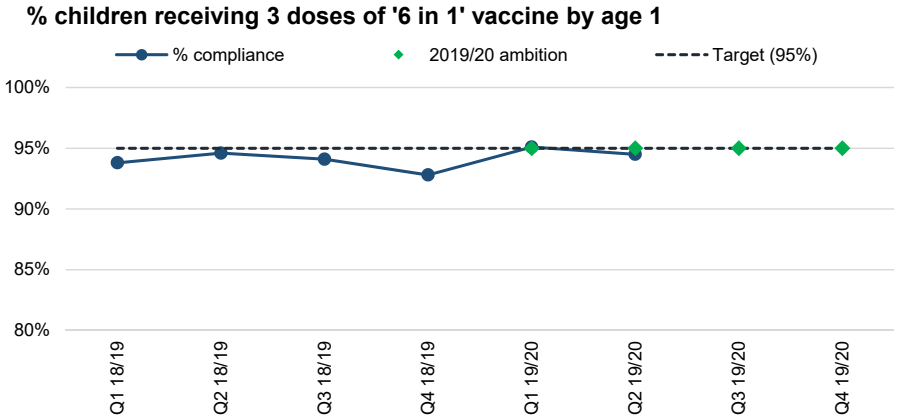
Astronomical – a point very different to the other points



Run – a trend which crosses the median more or less frequently than expected

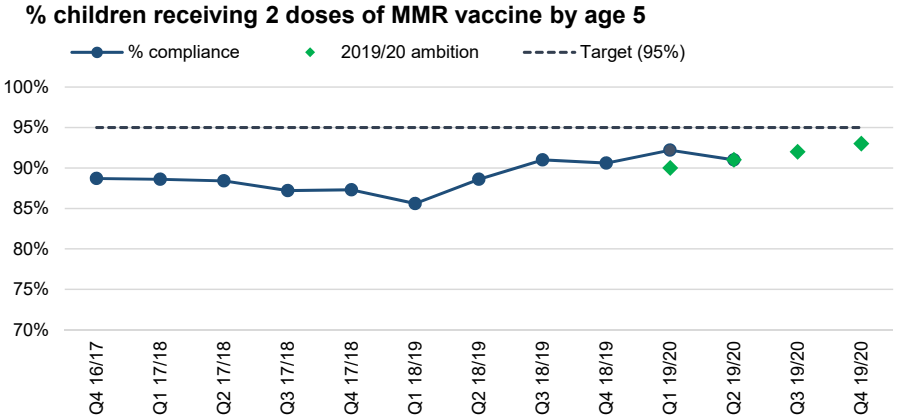


* Taken from Advancing Quality Alliance (AQuA) and based on the Institute for Healthcare Improvement (IHI) standards



Evidence of non-random variation in recent months?
Need 10+ valid data points to determine whether or not there is evidence of non-random variation

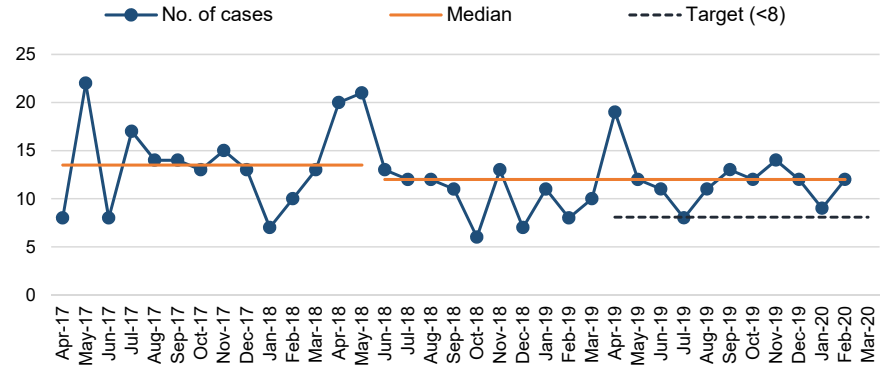
% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% compliance	93.8%	94.6%	94.1%	92.8%	95.1%	94.5%		
2019/20 ambition					95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%



This chart shows systematic (not random) variation and therefore it is not appropriate to use a run chart so a trend chart has been provided.

% children receiving 2 doses of MMR vaccine by age 5	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% compliance	88.7%	88.6%	88.4%	87.2%	87.3%	85.6%	88.6%	91.0%	90.6%	92.2%	91.0%		
2019/20 ambition										90%	91%	92%	93%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

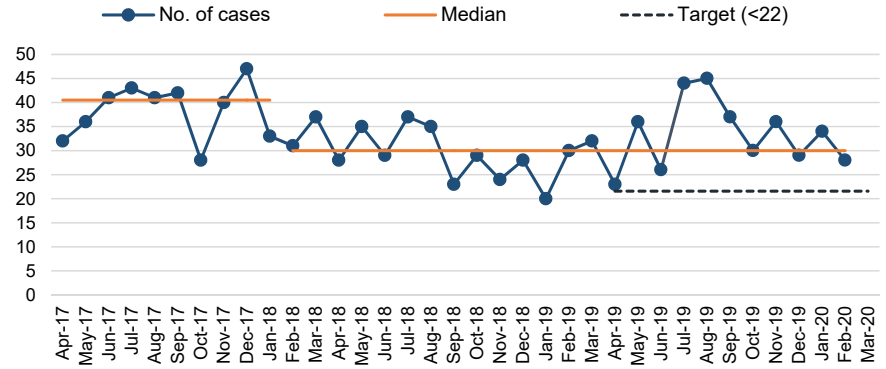
Number of cases of C.diff



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Number of cases of C.diff	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. of cases	8	22	8	17	14	14	13	15	13	7	10	13	20	21	13	12	12	11	6	13	7	11	8	10	19	12	11	8	11	13	12	14	12	9	12	
Median	14	14	14	14	14	14	14	14	14	14	14	14	14	14	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	
Target (<8)																									8	8	8	8	8	8	8	8	8	8	8	8

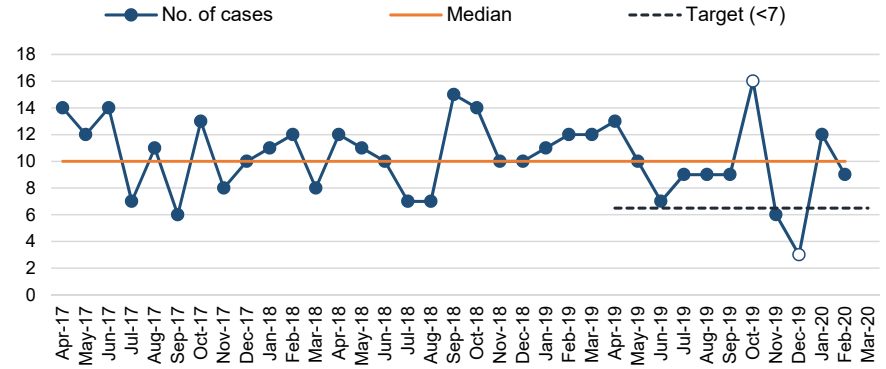
Number of cases of E.coli



Evidence of non-random variation in <u>recent</u> months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

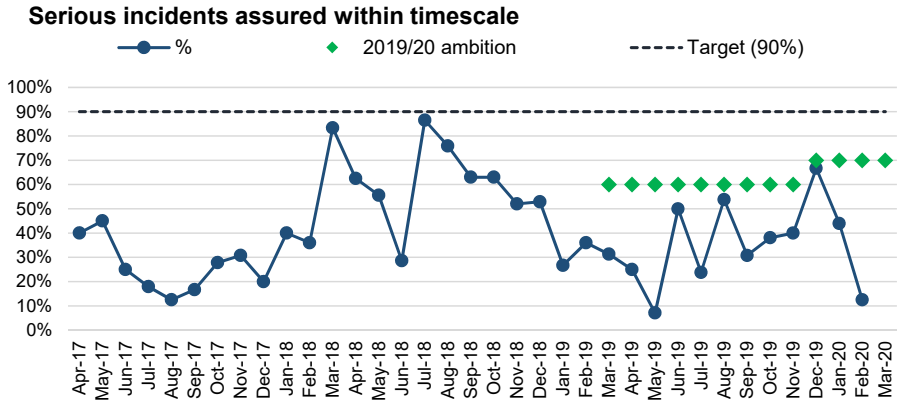
Number of cases of E.coli	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. of cases	32	36	41	43	41	42	28	40	47	33	31	37	28	35	29	37	35	23	29	24	28	20	30	32	23	36	26	44	45	37	30	36	29	34	28	
Median	41	41	41	41	41	41	41	41	41	41	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	
Target (<22)																									22	22	22	22	22	22	22	22	22	22	22	22

Number of cases of S.aureus



Evidence of non-random variation in <u>recent</u> months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

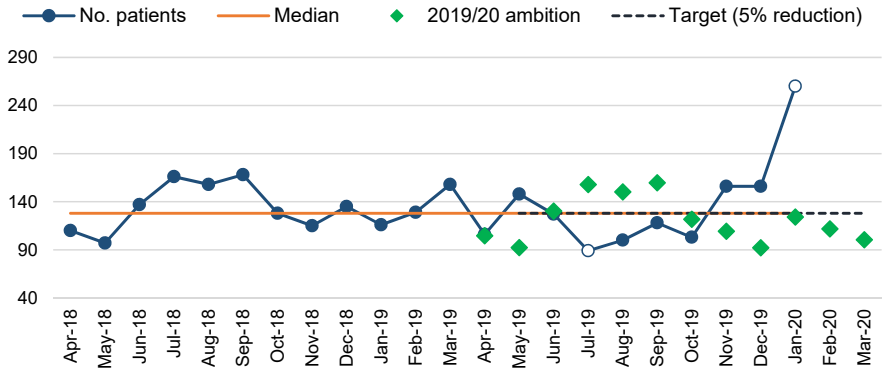
Number of cases of S.aureus	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. of cases	14	12	14	7	11	6	13	8	10	11	12	8	12	11	10	7	7	15	14	10	10	11	12	12	13	10	7	9	9	9	16	6	3	12	9	
Median	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
Target (<7)																									7	7	7	7	7	7	7	7	7	7	7	7



It is not appropriate to use a run chart for this indicator due to the wide monthly variation in the denominator (number of serious incidents). Therefore, a trend chart has been provided.

Serious incidents assured within timescale	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	40%	45%	25%	18%	13%	17%	28%	31%	20%	40%	36%	83%	63%	56%	29%	87%	76%	63%	63%	52%	53%	27%	36%	31%	25%	7%	50%	24%	54%	31%	38%	40%	67%	44%	13%	
2019/20 ambition																								60%	60%	60%	60%	60%	60%	60%	60%	60%	70%	70%	70%	70%
Target (90%)	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

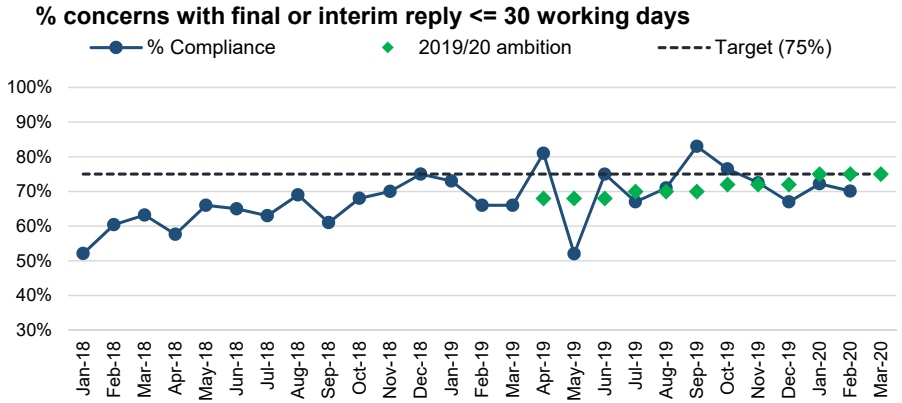
Hospital Initiated Cancellations within 24 hours



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	Yes
Trend crossing median in an unexpected pattern?	No

Note: the median calculation does not include the astronomical point highlighted on the chart.

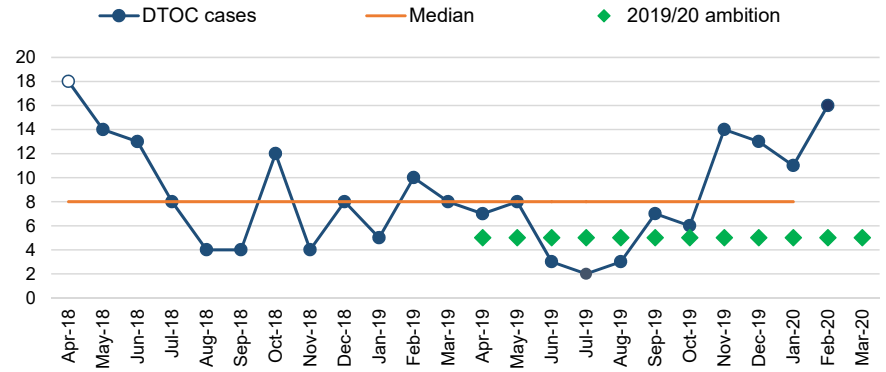
Hospital Initiated Cancellations within 24 hours	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. patients	110	97	137	166	158	168	128	115	135	116	129	158	106	148	127	89	100	118	103	156	156	260		
Median	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128	128		
2019/20 ambition													105	92	130	158	150	160	122	109	92	124	112	100
Target (5% reduction)														128	128	128	128	128	128	128	128	128	128	128



This indicator is on an improving trajectory. The target has been met, when this is sustained a median will be added and the rules for non-random variation will be applied.

% concerns with final or interim reply <= 30 working days	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% Compliance	52%	60%	63%	58%	66%	65%	63%	69%	61%	68%	70%	75%	73%	66%	66%	81%	52%	75%	67%	71%	83%	77%	73%	67%	72%	70%	
2019/20 ambition																68%	68%	68%	70%	70%	70%	72%	72%	72%	75%	75%	75%
Target (75%)	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Mental Health DTOC cases (12 mth reduction target)

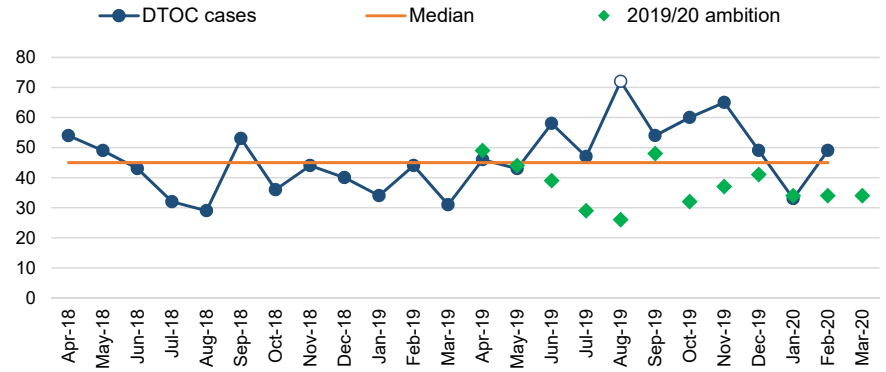


Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Note: the median calculation does not include the astronomical point highlighted on the chart.

Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DTOC cases	18	14	13	8	4	4	12	4	8	5	10	8	7	8	3	2	3	7	6	14	13	11	16	
Median	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
2019/20 ambition													5	5	5	5	5	5	5	5	5	5	5	5

Non Mental Health DTOC cases (12 mth reduction target)

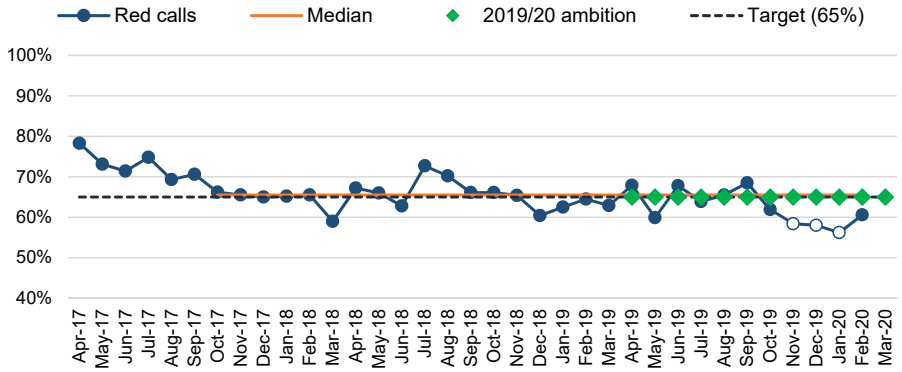


Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Note: the median calculation does not include the astronomical point highlighted on the chart.

Non Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DTOC cases	54	49	43	32	29	53	36	44	40	34	44	31	46	43	58	47	72	54	60	65	49	33	49	
Median	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	
2019/20 ambition													49	44	39	29	26	48	32	37	41	34	34	34

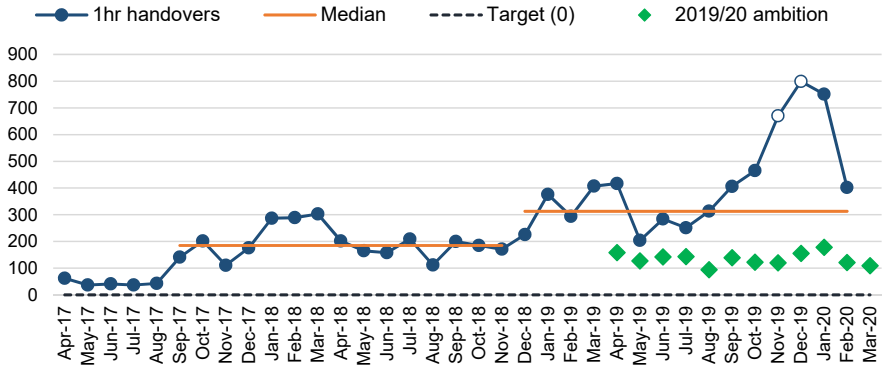
% of responses to ambulance red calls within 8 mins



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

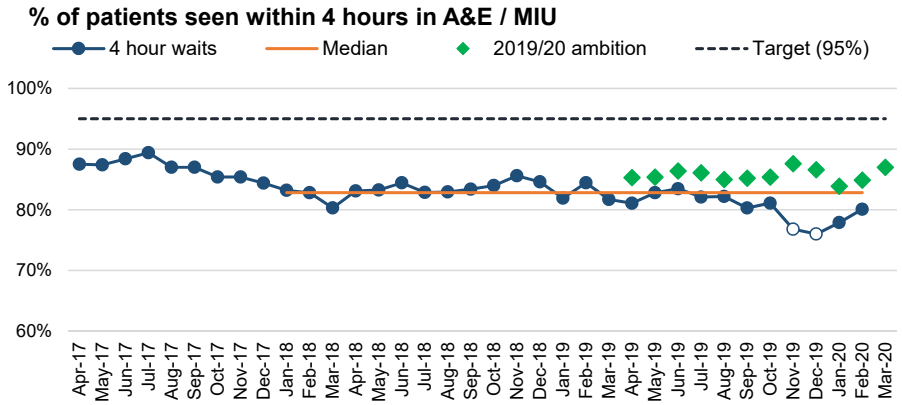
% of responses to ambulance red calls within 8 mins	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Red calls	78.3%	73.1%	71.4%	74.8%	69.3%	70.6%	66.2%	65.5%	65.0%	65.2%	65.5%	59.0%	67.2%	66.0%	62.8%	72.7%	70.2%	66.1%	66.1%	65.4%	60.4%	62.5%	64.5%	62.9%	67.9%	59.9%	67.8%	63.9%	65.5%	68.5%	61.9%	58.4%	58.0%	56.2%	60.6%	
Median							65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	65.5%	
2019/20 ambition																									65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Target (65%)	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%

Ambulance handovers taking longer than 1 hour



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

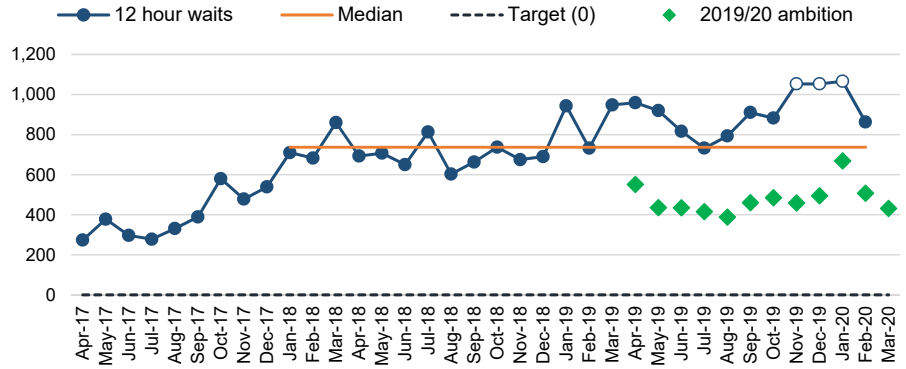
Ambulance handovers taking longer than 1 hour	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
1hr handovers	62	37	41	37	43	141	202	111	176	287	289	303	202	165	158	209	112	200	185	171	226	376	294	407	417	204	284	251	313	406	465	670	799	751	402	
Median						185	185	185	185	185	185	185	185	185	185	185	185	185	185	185	313	313	313	313	313	313	313	313	313	313	313	313	313	313	313	
2019/20 ambition																									158	127	142	143	94	139	122	120	155	178	121	109
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	Yes
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

% of patients seen within 4 hours in A&E / MIU	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
4 hour waits	87.5%	87.4%	88.4%	89.4%	87.0%	87.0%	85.4%	85.4%	84.4%	83.2%	82.8%	80.3%	83.1%	83.3%	84.4%	82.9%	82.9%	83.4%	84.0%	85.6%	84.6%	81.9%	84.4%	81.7%	81.1%	82.8%	83.5%	82.1%	82.2%	80.3%	81.1%	76.8%	76.0%	77.9%	80.1%	
Median										82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	
2019/20 ambition																									85%	85%	86%	86%	85%	85%	85%	88%	87%	84%	85%	87%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

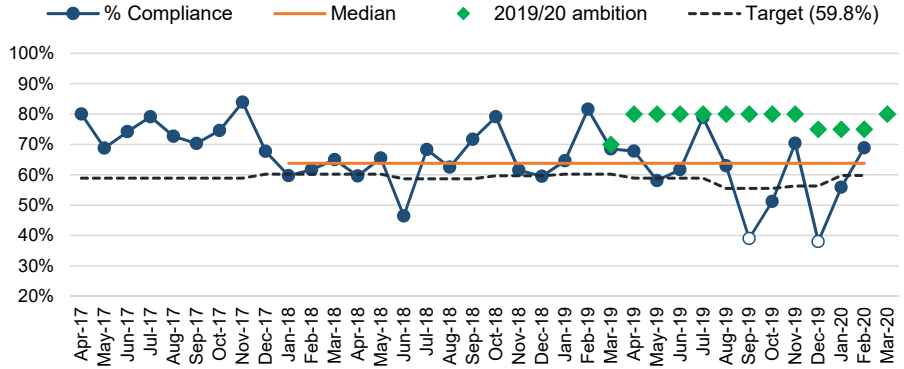
Patients waiting more than 12 hours in A&E / MIU



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	Yes
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Patients waiting more than 12 hours in A&E / MIU	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
12 hour waits	274	378	297	278	331	389	580	478	539	710	683	860	693	707	650	813	603	663	737	675	690	943	732	948	959	920	816	732	793	910	882	1053	1053	1066	862	
Median										737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	737	
2019/20 ambition																									551	435	434	415	388	460	485	458	494	668	507	431
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Admission to a stroke unit within 4 hours

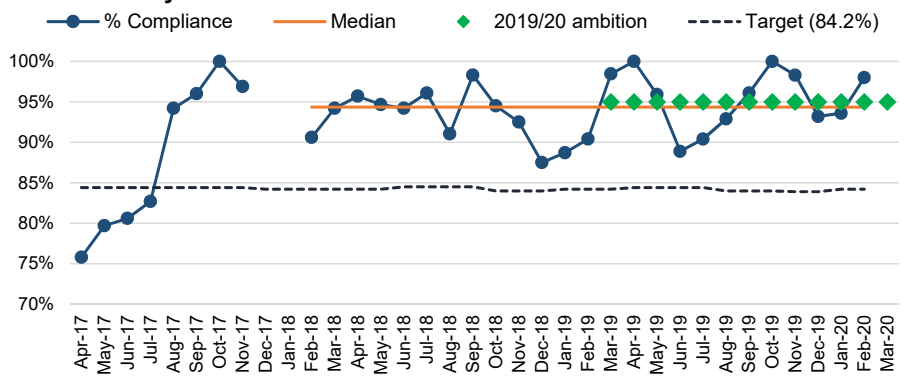


Evidence of non-random variation in <u>recent</u> months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

<u>Note</u>: the median calculation does not include the astronomical point highlighted on the chart.

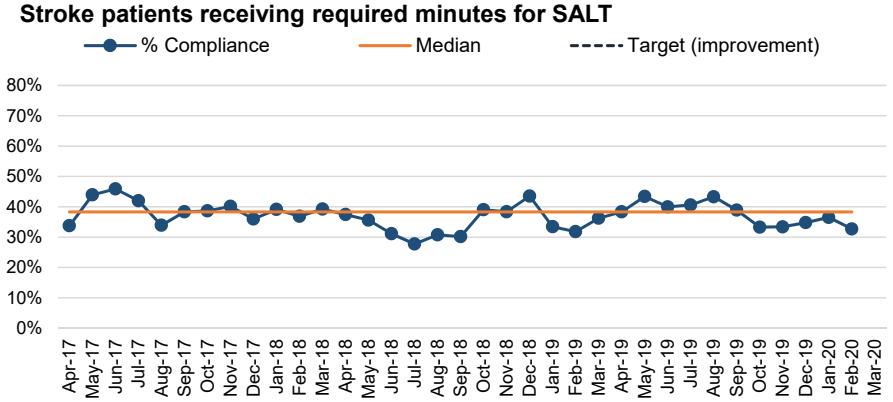
Admission to a stroke unit within 4 hours	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% Compliance	80.0%	68.8%	74.2%	79.1%	72.7%	70.3%	74.6%	83.9%	67.7%	59.7%	61.7%	65.0%	59.6%	65.5%	46.4%	68.3%	62.5%	71.7%	79.1%	61.5%	59.5%	64.6%	81.6%	68.5%	67.8%	58.1%	61.7%	78.9%	63.0%	39.0%	51.2%	70.4%	38.0%	55.9%	68.9%	
Median										63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	63.8%	
2019/20 ambition																								70%	80%	80%	80%	80%	80%	80%	80%	80%	75%	75%	75%	80%
Target (59.8%)	58.9%	58.9%	58.9%	58.9%	58.9%	58.9%	58.9%	58.9%	60.2%	60.2%	60.2%	60.2%	60.2%	60.2%	58.7%	58.7%	58.7%	58.7%	59.7%	59.7%	59.7%	60.2%	60.2%	60.2%	58.9%	58.9%	58.9%	58.9%	55.5%	55.5%	55.5%	56.3%	56.3%	59.8%	59.8%	

Assessed by stroke consultant within 24hrs



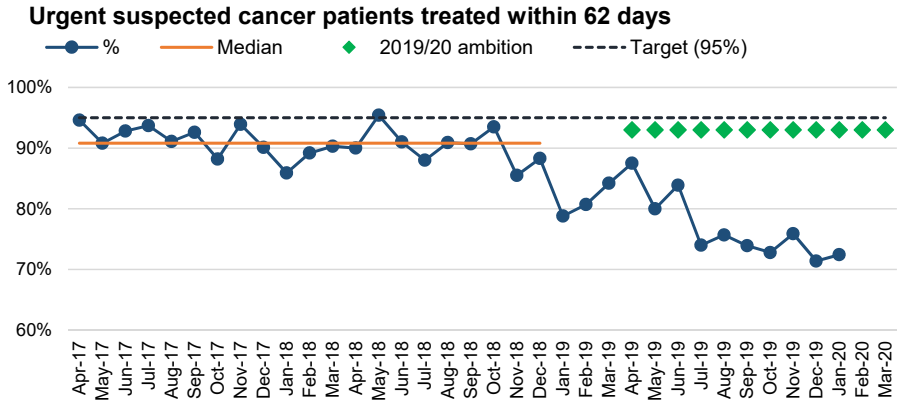
Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Assessed by stroke consultant within 24hrs	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% Compliance	75.8%	79.7%	80.6%	82.7%	94.2%	96.0%	100.0%	96.9%			90.6%	94.2%	95.7%	94.7%	94.2%	96.1%	91.0%	98.3%	94.5%	92.5%	87.5%	88.7%	90.4%	98.5%	100.0%	95.9%	88.9%	90.4%	92.9%	96.1%	100.0%	98.3%	93.2%	93.6%	98.0%	
Median											94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	
2019/20 ambition																								95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Target (84.2%)	84.4%	84.4%	84.4%	84.4%	84.4%	84.4%	84.4%	84.4%	84.2%	84.2%	84.2%	84.2%	84.2%	84.2%	84.5%	84.5%	84.5%	84.5%	84.0%	84.0%	84.0%	84.2%	84.2%	84.2%	84.4%	84.4%	84.4%	84.4%	84.0%	84.0%	84.0%	83.9%	83.9%	84.2%	84.2%	



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

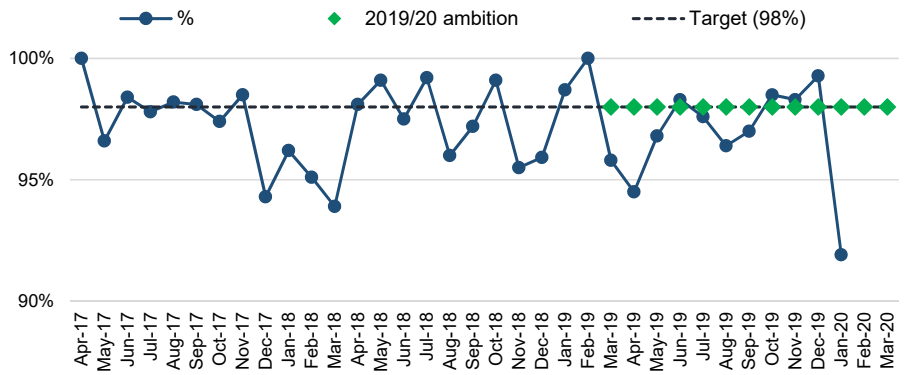
Stroke patients receiving required minutes for SALT	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% Compliance	33.7%	43.9%	45.9%	42.0%	33.9%	38.3%	38.6%	40.1%	36.0%	39.1%	36.9%	39.2%	37.4%	35.6%	31.1%	27.7%	30.8%	30.2%	39.0%	38.4%	43.5%	33.4%	31.8%	36.2%	38.3%	43.4%	40.0%	40.6%	43.3%	38.9%	33.3%	33.4%	34.8%	36.5%	32.7%	
Median	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	38.3%	
Target (improvement)																																				



In recent months, this indicator has been on a declining trajectory. When a more stable position has been sustained a median will be added and the rules for non-random variation will be applied.

Urgent suspected cancer patients treated within 62 days	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	94.6%	90.8%	92.8%	93.7%	91.1%	92.6%	88.2%	93.9%	90.1%	85.9%	89.2%	90.3%	90.0%	95.4%	91.0%	88.0%	90.9%	90.7%	93.5%	85.5%	88.3%	78.8%	80.7%	84.2%	87.5%	80.0%	83.9%	74.0%	75.7%	73.9%	72.8%	75.9%	71.4%	72.4%		
Median	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%	90.8%															
2019/20 ambition																									93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

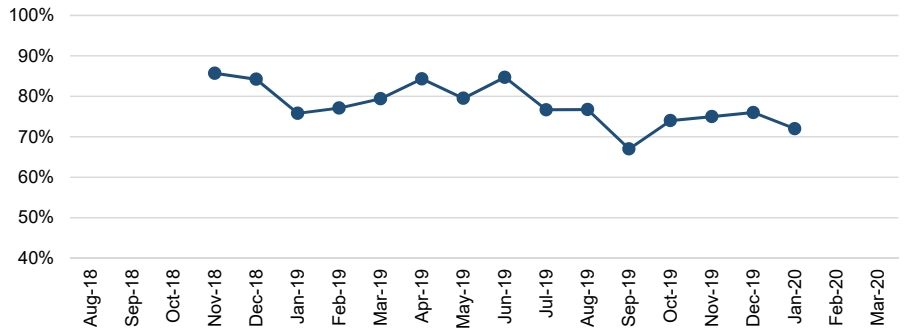
Non-urgent suspected cancer patients treated within 31 days



It is not appropriate to use a run chart for this indicator due to the wide monthly variation in the denominator (number of patients treated). Therefore, a trend chart has been provided.

Non-urgent suspected cancer patients treated within 31 days	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	######	96.6%	98.4%	97.8%	98.2%	98.1%	97.4%	98.5%	94.3%	96.2%	95.1%	93.9%	98.1%	99.1%	97.5%	99.2%	96.0%	97.2%	99.1%	95.5%	95.9%	98.7%	######	95.8%	94.5%	96.8%	98.3%	97.6%	96.4%	97.0%	98.5%	98.3%	99.3%	91.9%		
2019/20 ambition																								98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Target (98%)	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

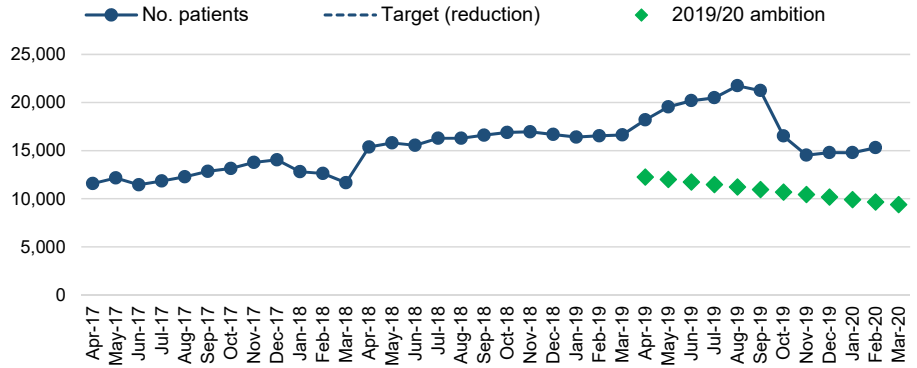
Patients starting first definitive cancer treatment < 62 days (with clinical suspensions)



This chart shows systematic (not random) variation and therefore it is not appropriate to use a run chart so a trend chart has been provided.

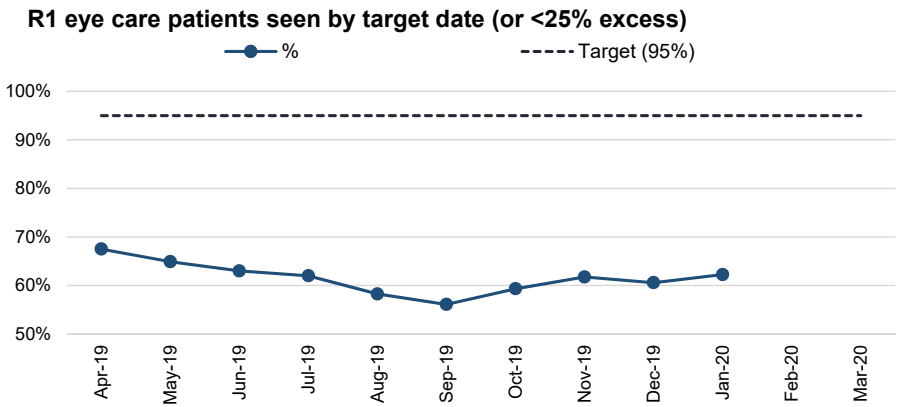
Patients starting first definitive cancer treatment < 62 days (with clinical suspensions)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% with suspensions																				85.7%	84.2%	75.8%	77.1%	79.4%	84.3%	79.5%	84.7%	76.7%	76.7%	67%	74%	75%	76%	72%		
without suspensions																												61.9%	63.7%							

Delayed follow up appointments (5 planned care specialties)



When a more stable position has been sustained a median will be added and the rules for non-random variation will be applied.

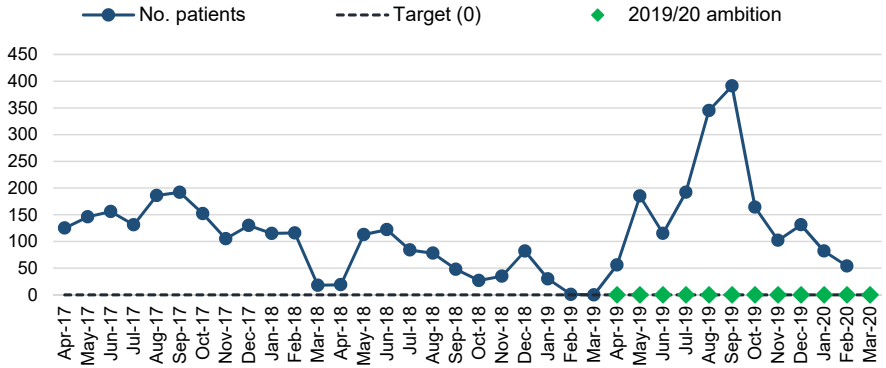
Delayed follow up appointments (5 planned care specialties)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. patients	11579	12155	11449	11844	12281	12847	13148	13770	14046	12808	12624	11662	15376	15800	15550	16285	16285	16605	16887	16956	16680	16409	16540	16629	18199	19551	20189	20492	21736	21235	16515	14528	14795	14785	15299	
Median																																				
2019/20 ambition																									12249	11989	11728	11468	11207	10946	10686	10425	10164	9903.8	9643.1	9382.5



This chart shows systematic (not random) variation and therefore it is not appropriate to use a run chart so a trend chart has been provided.

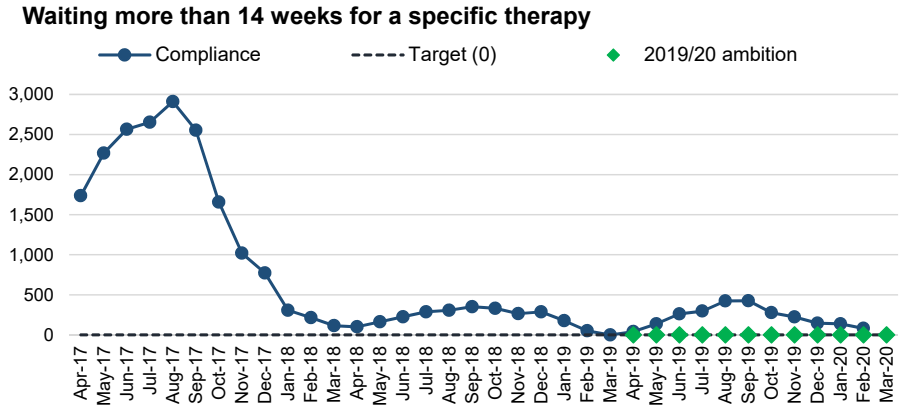
R1 eye care patients seen by target date (or <25% excess)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	67.5%	64.9%	63.0%	62.0%	58.3%	56.1%	59.3%	61.8%	60.6%	62.3%		
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Patients waiting 8 weeks+ for a specified diagnostic



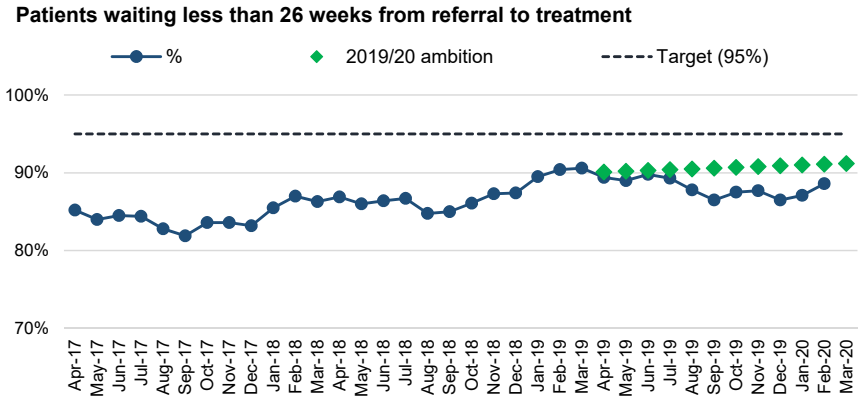
This indicator is unstable. When an improved position has been achieved and a more stable pattern is sustained a median will be added and the rules for non-random variation will be applied. In the interim a trend chart is provided for this indicator.

Patients waiting 8 weeks+ for a specified diagnostic	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. patients	125	146	156	131	186	192	152	105	130	115	116	18	19	113	122	84	78	48	27	35	82	30	1	0	56	185	115	192	345	391	164	102	131	82	54	
2019/20 ambition																									0	0	0	0	0	0	0	0	0	0	0	0
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



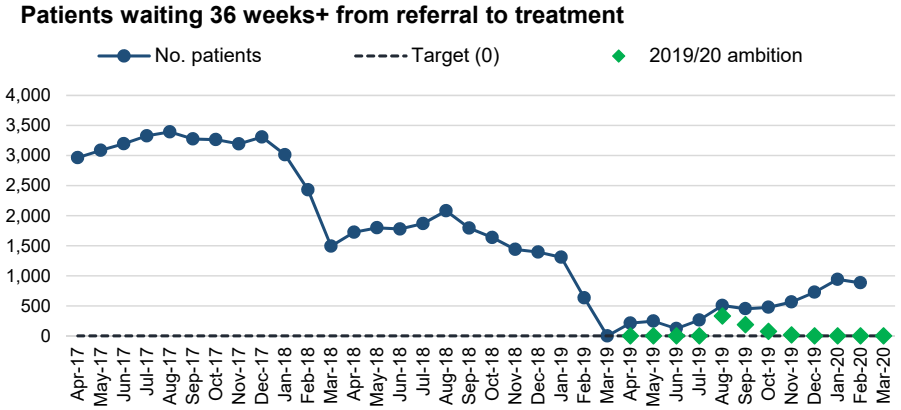
It is not approporiate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

Waiting more than 14 weeks for a specific therapy	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Compliance	1736	2267	2565	2652	2910	2554	1657	1019	772	308	215	115	101	164	226	288	307	352	332	265	287	177	51	0	41	138	262	297	424	426	277	224	146	138	81	
2019/20 ambition																									0	0	0	0	0	0	0	0	0	0	0	0
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



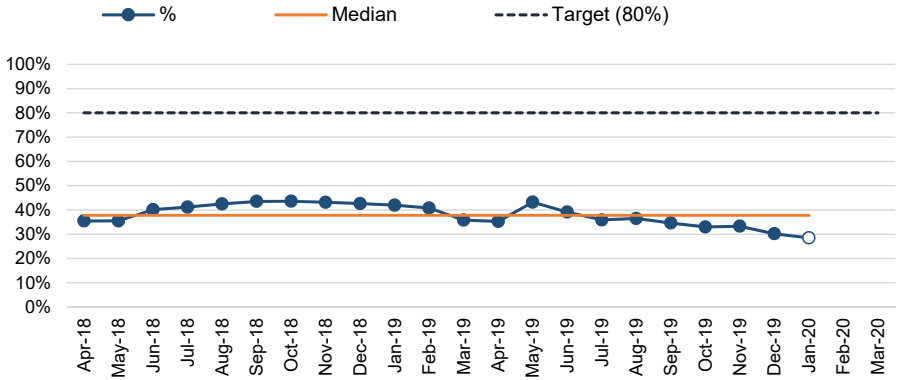
It is not approporiate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

Patients waiting less than 26 weeks from referral to treatment	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	85.2%	84.0%	84.5%	84.4%	82.8%	81.9%	83.6%	83.6%	83.2%	85.5%	87.0%	86.3%	86.9%	86.0%	86.4%	86.7%	84.8%	85.0%	86.1%	87.3%	87.4%	89.5%	90.4%	90.6%	89.4%	89.0%	89.8%	89.3%	87.8%	86.5%	87.5%	87.7%	86.5%	87.1%	88.6%	
2019/20 ambition																									90.1%	90.2%	90.3%	90.4%	90.5%	90.6%	90.7%	90.8%	90.9%	91.0%	91.1%	91.2%
Target (95%)	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



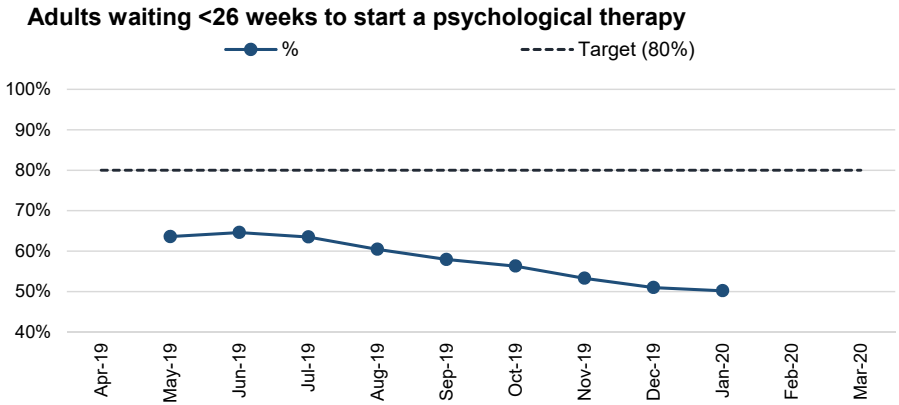
It is not approporiate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

Patients waiting 36 weeks+ from referral to treatment	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
No. patients	2965	3086	3197	3328	3394	3275	3265	3193	3309	3014	2430	1494	1725	1798	1779	1869	2080	1794	1638	1439	1394	1308	633	0	213	246	122	264	506	452	476	564	726	940	883	
2019/20 ambition																									0	0	0	0	331	187	75	15	0	0	0	0
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	Yes
Astronomical data point (very different to the rest)?	Yes
Trend crossing median in an unexpected pattern?	No

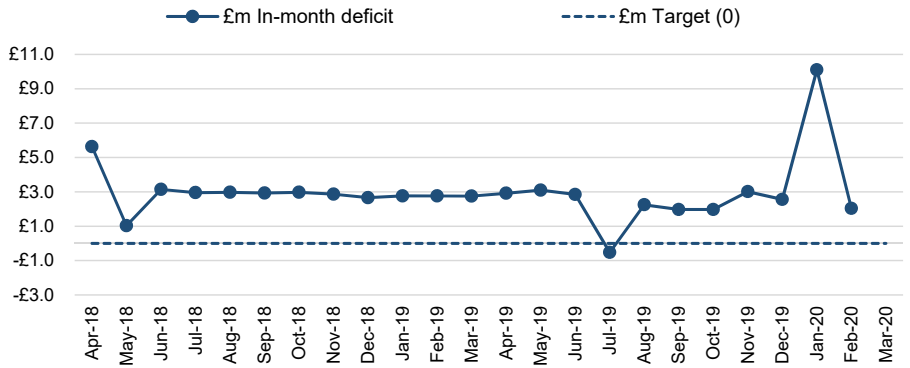
Children/young adults waiting <26 weeks for a neurodevelopment ass.	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	35.5%	35.5%	40.1%	41.2%	42.5%	43.5%	43.6%	43.2%	42.6%	42.0%	40.8%	35.8%	35.3%	43.2%	39.1%	35.9%	36.5%	34.6%	33.0%	33.3%	30.2%	28.5%		
Median	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%	37.8%		
Target (80%)	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



Evidence of non-random variation in recent months?
Need 10+ valid data points to determine whether or not there is evidence of non-random variation

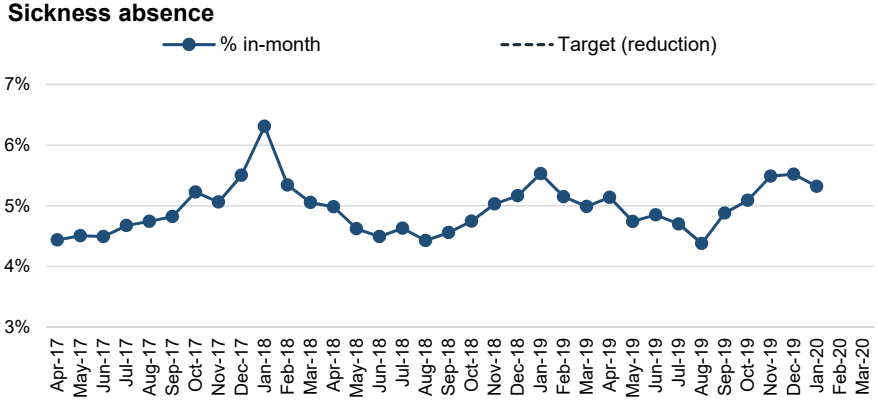
Adults waiting <26 weeks to start a psychological therapy	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%		63.6%	64.6%	63.5%	60.5%	57.9%	56.3%	53.3%	51.0%	50.2%		
Target (80%)	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

Financial balance



It is not approporiate to use a run chart for this indicator because the process is not consistent (e.g. additional funding in July 2019). Therefore, a trend chart has been provided.

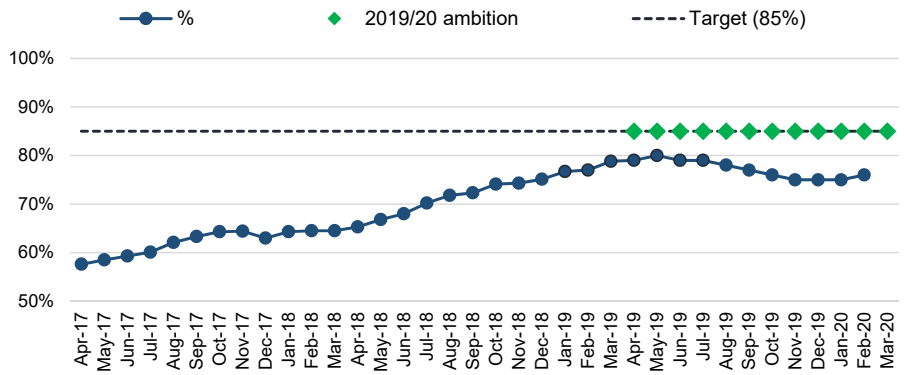
Financial balance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
£m In-month deficit	£ 5.63	£ 1.03	£ 3.14	£ 2.95	£ 2.97	£ 2.93	£ 2.97	£ 2.87	£ 2.66	£ 2.76	£ 2.76	£ 2.75	£ 2.92	£ 3.10	£ 2.85	-£ 0.53	£ 2.25	£ 1.97	£ 1.97	£ 3.01	£ 2.56	£10.10	£2.04	
£m Target (0)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0



It is not approporiate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

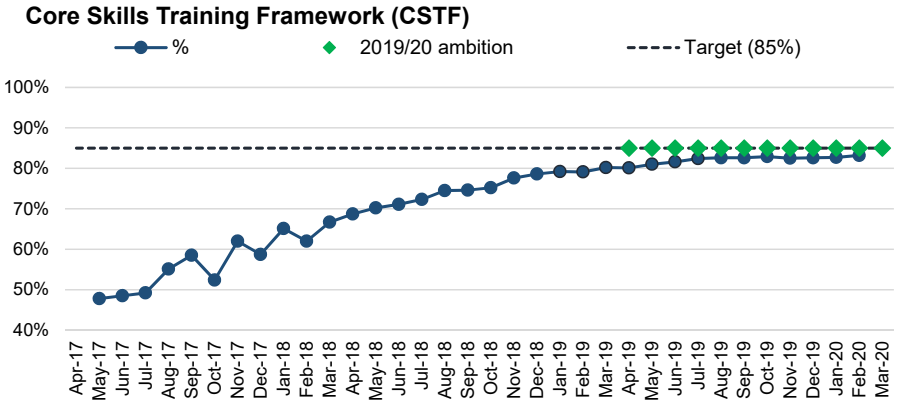
Sickness absence	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% in-month	4.4%	4.5%	4.5%	4.7%	4.7%	4.8%	5.2%	5.1%	5.5%	6.3%	5.3%	5.1%	5.0%	4.6%	4.5%	4.6%	4.4%	4.6%	4.7%	5.0%	5.2%	5.5%	5.1%	5.0%	5.1%	4.7%	4.9%	4.7%	4.4%	4.9%	5.1%	5.5%	5.5%	5.3%		
2019/20 ambition																																				
Target (reduction)																																				

Staff who have had a PADR in the previous 12 months



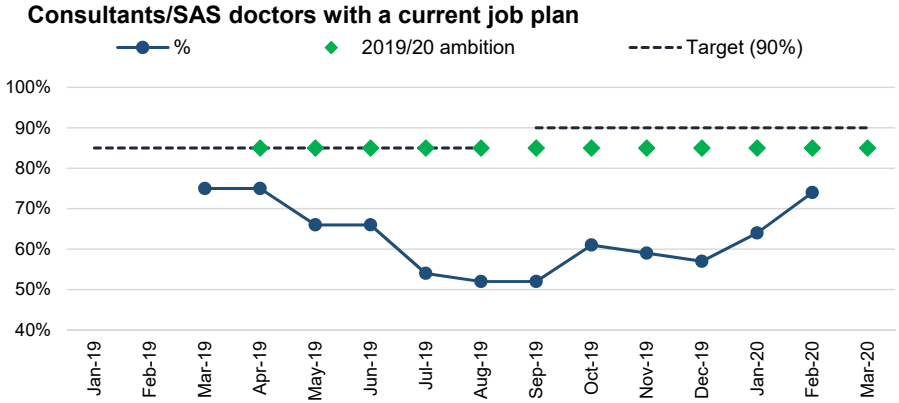
This indicator is on a declining trajectory. When performance is more stable a median will be added and the rules for non-random variation will be applied.

Staff who have had a PADR in the previous 12 months	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%	58%	59%	59%	60%	62%	63%	64%	64%	63%	64%	65%	65%	65%	67%	68%	70%	72%	72%	74%	74%	75%	77%	77%	79%	79%	80%	79%	79%	78%	77%	76%	75%	75%	75%	76%	
2019/20 ambition																									85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Target (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



This indicator is on an improving trajectory. When the target has been met and sustained a median will be added and the rules for non-random variation will be applied.

Core Skills Training Framework (CSTF)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%		47.8%	48.5%	49.2%	55.1%	58.5%	52.4%	62.0%	58.7%	65.1%	62.0%	66.7%	68.7%	70.2%	71.1%	72.3%	74.5%	74.6%	75.2%	77.6%	78.6%	79.2%	79.1%	80.2%	80.1%	81.0%	81.6%	82.4%	82.6%	82.6%	82.9%	82.5%	82.6%	82.7%	83.2%	
2019/20 ambition																									85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Target (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



This chart shows systematic (not random) variation and therefore it is not appropriate to use a run chart so a trend chart has been provided.

Consultants/SAS doctors with a current job plan	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
%			75%	75%	66%	66%	54%	52%	52%	61%	59%	57%	64%	74%	
2019/20 ambition				85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Target (90%)	85%	85%	85%	85%	85%	85%	85%	85%	90%	90%	90%	90%	90%	90%	90%

* target increased from 85% to 90% from September 2019

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Michael Hearty, Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 27th January 2020

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 HDdUHB financial plans and objectives and, with regard to financial control, to provide early warning of potential performance issues and to make 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 27th January 2020, with the following highlighted:

- **Finance Report Month 9** – the Month 9 Finance Report was presented to Committee, showing the Year to Date (YTD) variance to breakeven standing at £20.1m and a revised projected year-end deficit position of £25.0m, in line with the current forecast. Significant in-month adverse variances against plan were highlighted, with the primary factors cited as Medicines Management - Primary Care Prescribing, operational surge and cost of drugs within Unscheduled Care (USC), particularly in Withybush General Hospital (WGH), and the impact of the unidentified savings profile gap. It was noted that the impact of recent cancelled operations due to Winter surge is now manifesting itself in increased pressures within Planned Care, including an increased cost of drugs. The need for a mature discussion with WG to provide opportunity for HDdUHB to recover its position was highlighted. Consistent challenges facing Radiology and Women and Children's services were also highlighted. In terms of cost savings, Members were assured that there would be no short term actions taken to address staffing shortfall which might compromise quality and patient safety.

- **Turnaround Report Month 9** – the Month 9 Turnaround Report was presented to Committee, summarising activities and progress against savings plans. Assurances were sought that Transformation projects would continue once the allocation of funding transformation ceased and it was confirmed that these projects would be amalgamated within the overall HDdUHB strategy and feature on the agendas of Board level Committees rather than being progressed as discrete workstreams. It was also confirmed that the monthly Turnaround Report would be amalgamated with the monthly Finance Report for future Finance Committee meetings.

- **Referral to Treatment Time (RTT) Month 9 Report** – the Month 9 RTT Report was presented to Committee, providing progress in respect of the

financial plan and planned expenditure trajectory to support RTT, Diagnostic and Therapy service waiting times. Members received assurance that HDdUHB remains on course to meet the existing financial plan target, however, higher-than-forecast levels of cancelled operations, due to unscheduled care related pressures, has increased the risk to delivery of zero 36 week breach targets by March 2020, notably in the case of the Orthopaedic pathway, where HDdUHB's activity delivery plan is at risk by approximately 200 cases. Members were informed that this has necessitated the consideration of options to mitigate the risk of non-delivery, together with associated costs. Notwithstanding the current challenges, the Committee recognised the steady improvement in HDdUHB's overall RTT position and paid tribute to the operational teams involved for their efforts in spite of the current increased pressures.

- **Workforce Pay Controls** – the Workforce Pay Controls report was presented to Committee, providing an update of progress against actions identified by the KPMG Workforce Assessment, with the reporting template revised to track actual savings, assessed on a quarterly basis. Members acknowledged the value of the robust and useful assessment of workforce issues, the actions from which would be progressed through the adoption of a holistic approach to recruitment planning and rota management within HDdUHB.

- **Capital Financial Management** – the Capital Financial Management report was presented to Committee, providing the latest update regarding the All-Wales Capital Programme (AWCP) and the Capital Resource Limit (CRL) for 2019/20. Members were informed that risks in terms of spending allocation were minimal, with only two issues of note raised:
  - The £250k overspend for WGH Wards 9 & 10 refurbishment scheme would be subject to audit to identify lessons to be learned.
  - Given slippage of around £30m may result from the delay in the handover of Phase 1 of the GGH Women and Children's scheme, mitigating actions are being developed although the impact on delivery of the Capital Resource Limit is not expected to be significant.

- **Contracts Update** – the Contracts Update report was presented to Committee, providing the Month 9 and forecast position in relation to Long Term Agreements (LTAs). Members were advised of the main drivers for over performance/ overspend with Swansea Bay University Health Board (SBUHB) which remains above contract plan, and the mitigating measures that are being jointly progressed.

- **External Finance Review** – a verbal update was provided to Committee on the External Financial Review, with all reports requested now finalised, other than a report on the examination of deficit drivers, with work ongoing with the Finance Delivery Unit to complete revisions to this report. The value of the review was emphasised with agreement that the Finance Committee's workplan going forward would be revised to ensure focus on the identification of efficiencies, and to maximise effectiveness in providing assurance to the Board.

- **Draft Indicative Financial Plan 2020/21** – an update regarding the Draft Indicative Financial Plan 2020/21 was presented to Committee, noting that assumption challenges remained to be worked through before completion of the plan. Lessons learned from 2019/20 were outlined, in terms of establishing local ownership of deficit share within HDdUHB for 2020/21, addressing optimism bias in financial planning by improving linkages between cost pressures and financial planning assumptions, and improving governance in relation to translating identified savings opportunities into actionable plans. It was confirmed that the establishment of rostering and job-planning systems would provide assurance to the Board in regard to staffing issues, and that enhanced focus upon financial sustainability across Directorates over the medium term would be embedded within HDdUHB. It was agreed that a revised Financial Plan, framed around the learning points from 2019/20, would be issued to Members prior to the next Committee meeting on 13th March 2020.

- **Executive Team Opportunities Framework** – an overview of the Executive Team Opportunities Framework was presented to Committee, setting out methodology, proposed workflow, responsibilities and supporting processes. Members were informed that the Framework was intended to operate alongside existing processes on a 'Business as Usual' basis. It was agreed that the Opportunities Framework offered a useful tool for the robust scrutiny of ideas within HDdUHB, ensuring rigorous testing is undertaken to promote confidence and provide assurance to the Board.

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:

- Significant YTD pressure continuing in Unscheduled Care, Planned Care and Medicines Management.
- Significant risk to RTT end-of-year target delivery, impacting on the Orthopaedic pathway with the anticipated cost of delivery likely to exceed the value of the current 2019/20 Delivery Plan. Options to mitigate the risks of non-delivery, and their associated costs, are being considered.
- Potential risk to £10m additional Welsh Government (WG) funding which had been predicated on delivery of the required £15m control total.

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

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the March 2020 Finance Committee meeting will include progress updates for the various actions identified above.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

13th March 2020

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Update – Month 11 2019/20
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mark Bowling, Assistant Director of Finance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan and Control Total requirement; and assess the key financial projections and risks for the financial year.

Asesiad / Assessment

The Health Board's confirmed control total is £25m. Forecast position £35m given on-going operational pressures, as ratified at the November 2019 Public Board meeting.

Month 11 position

- Month 11 YTD variance to breakeven is £32.2m. Month 11 variance to breakeven £2.0m.
- Month 11 position is £0.2m (Month 10, £0.7m) operational variance to plan (£9.1m YTD).
- Significant adverse variances against plan in month, partly offset by reduction in share of Welsh Risk Pool (£0.5m) and favourable gains elsewhere:
  - Medicines Management Primary Care Prescribing £0.7m;
  - Vacancies and sickness covered by premium cost staff and drugs in Unscheduled Care impact of £0.2m;
  - Outsourcing costs due to vacancies, winter pressures and non-delivery of savings in Radiology £0.2m;
  - Unidentified savings profile impact of £0.9m.

Directorate Projections

- Operational forecasts in excess of budget of £2.7m, plus recognition of £0.4m share of Welsh Risk Pool.

- In order to deliver the end of year projection, Directorates have been issued with a £2.8m Control Total requirement; all action plans have now undergone a validation review to assess the level of assurance and are included in projections.
- Projection including savings risk is an adverse variance to plan of £10.0m; this would equate to a year end deficit position of £35.0m, which is in line with the current forecast.

Savings Summary

- £16.2m delivery to date against £25.2m total savings requirement. The pace of savings delivery requires continued acceleration in future months.
- £18.3m of Assured schemes.
- £nil of Marginal Risk schemes.
- Savings gap of £6.9m comprises £4.5m unidentified schemes and £2.4m slippage on identified schemes.

Conclusions

Key areas of concern:

- Savings requirement plan has not yet been fully identified;
- Grip and Control has been highlighted as a key area of concern, especially in workforce management;
- Significant pressures on drugs are manifesting in both Secondary and Primary Care;

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**	25.0	23.1	32.2	**High**
Savings	**£'m**	25.2	18.2	16.2	**High**
Capital	**£'m**	40.8	30.9	30.9	**Medium**
Non-NHS PSPP	**%**	95.0	95.0	95.9	**Low**
Period end cash	**£'m**	4.0	4.0	3.0	**Medium**

Argymhelliad / Recommendation

The Board is asked to discuss and note 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):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence NOAC - Novel Oral Anti-Coagulant OOH – Out of Hours PPH – Prince Philip Hospital PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time TB – Tuberculosis WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to University Health Board:	Finance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Financial impacts and considerations are inherent in the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	These are assessed as part of our savings planning.
Gweithlu: **Workforce:**	The report discusses the impact of both variable pay and substantive pay.
Risg: **Risk:**	Financial risks are detailed in the report.
Cyfreithiol: **Legal:**	The Health Board has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: **Reputational:**	Adverse variance against the Health Board's financial plan will affect our reputation with Welsh Government, the Wales Audit Office, and with external stakeholders.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Executive Summary

	Health Board's confirmed control total is £25m. **Follows clawback of £10m additional WG funding, which was predicated on delivery of a £15m deficit.** **Forecast position £35m, given on-going operational pressures, was ratified by the Board in November 2019.**
Revenue	• Month 11 YTD variance to breakeven is £32.2m. Month 11 variance to breakeven £2.0m. • Month 11 position is £0.2m (Month 10, £0.7m) operational variance to plan (£9.1m YTD). • Significant adverse variances against plan in month, partly offset by partly offset by reduction in share of Welsh Risk Pool (£0.5m) and favourable gains elsewhere: o Medicines Management Primary Care Prescribing £0.7m; o Vacancies and sickness covered by premium cost staff and drugs in Unscheduled Care impact of £0.2m; o Outsourcing costs due to vacancies, winter pressures and non-delivery of savings in Radiology £0.2m; o Unidentified savings profile impact of £0.9m.
Projection	• Operational forecasts in excess of budget of £2.7m, plus recognition of £0.4m share of Welsh Risk Pool. • In order to deliver the end of year projection, Directorates have been issued with a £2.8m Control Total requirement; all action plans have now undergone a validation review to assess the level of assurance and are included in projections. • Projection including savings risk is an adverse variance to plan of £10.0m; this would equate to a year end deficit position of £35.0m, which is in line with the current forecast. • After delivering pipeline schemes there are discussions on-going with WG around the further costs associated with the TB outbreak beyond the confirmed funding of £0.8m.
Savings	• £16.2m delivery to date against £25.2m total savings requirement. The pace of savings delivery requires continued acceleration in future months. • £18.3m of Assured schemes; £nil Marginal Risk schemes. • Savings gap of £6.9m comprises £4.5m unidentified schemes and £2.4m slippage on identified schemes.
Conclusions	Key areas of concern: • Savings requirement plan has not yet been fully identified; • Grip and Control has been highlighted as a key area of concern, especially in workforce management; • Significant pressures on drugs are manifesting in both Secondary and Primary Care.

Executive Summary

Summary of key financial targets

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Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	**£'m**	25.0	23.1	32.2	**High**
Savings	**£'m**	25.2	18.2	16.2	**High**
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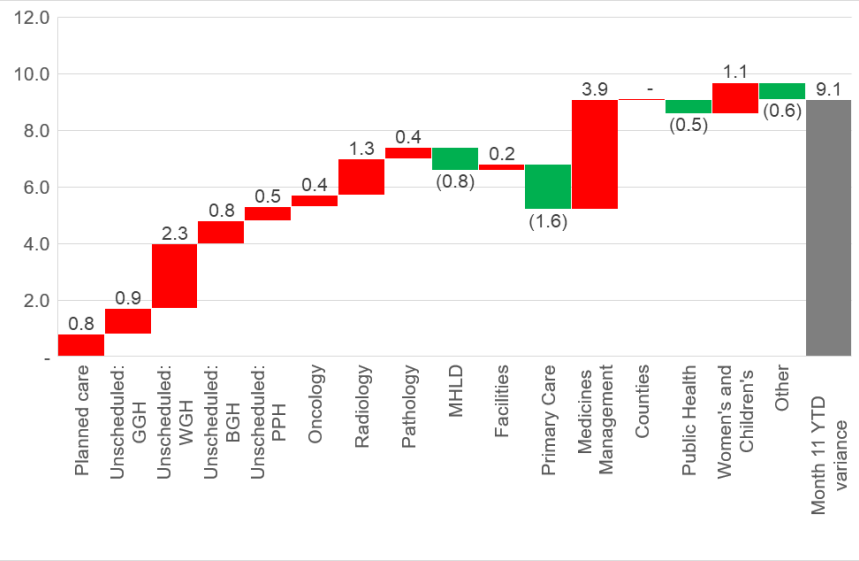
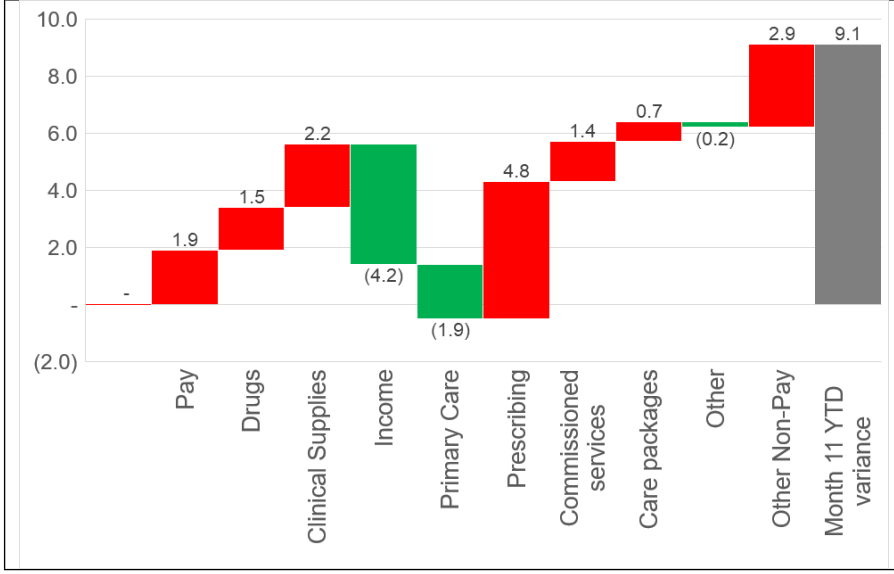
Non-NHS PSPP	**%**	95.0	95.0	95.9	**Low**
Period end cash	**£'m**	4.0	4.0	3.0	**Medium**

Revenue Summary

YTD variance by Directorate



YTD variance by Subjective



Assurance

- The Turnaround and Holding to Account (HTA) process provides a high level of scrutiny and challenge to Directorates in terms of adherence to assigned budget and delivery and identification of robust savings schemes.

Concerns

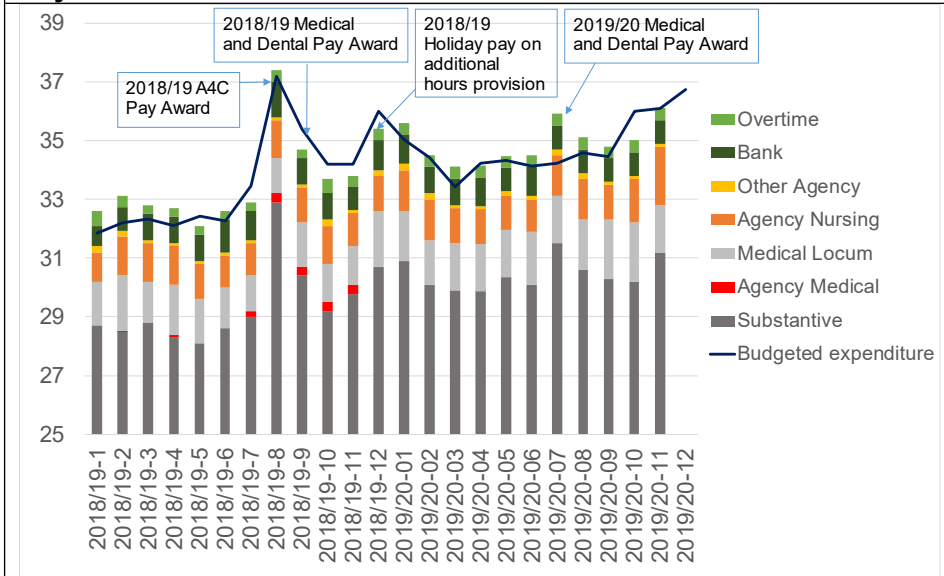
- Of the YTD deficit against plan, key pressures are manifesting:
  - £4.5m Unscheduled Care;
  - £3.9m Medicines Management;
  - £1.3m Radiology;
  - £1.1m Women and Children;
  - £0.8m Planned Care.

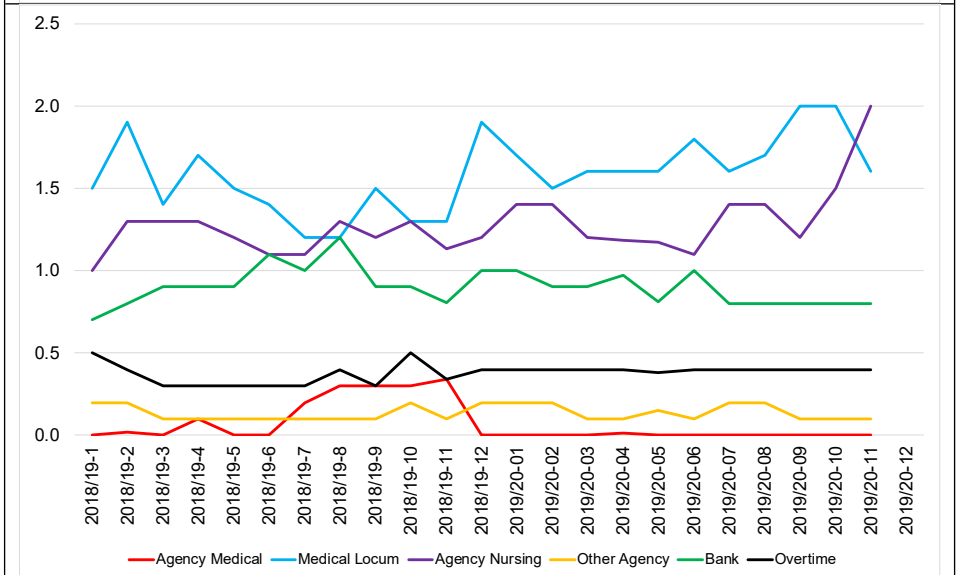
Next Steps

- Core team support to key proposals.
- Embedding output from KPMG Grip and Control Workshops – paper articulating responses complete – Action Plan under development to track progress.
- Embed Nursing Establishment Control triangulation of WTEs between financial ledger, ESR/payroll and rostering. Further work on-going on Medical staffing and reconciliation to job plans.
- Further work to identify and convert opportunities.
- Executive Team weekly drum beat on control governance, supported by suitable metrics.
- Pursue opportunities on key subjectives on following pages.

Key Subjective Summary

Pay





Month 11 substantive pay is in higher than Month 10 due to an increase in the number of substantive nurses and healthcare support workers.

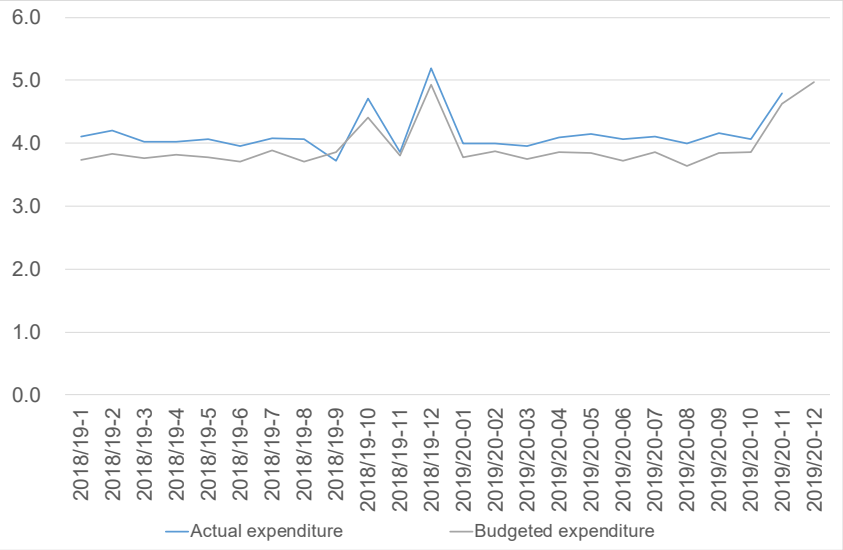
Month 11 variable pay is in line with Month 10; an increase in Agency Nursing was offset by a reduction in Medical Locum expenditure.

Opportunities:

- Workforce Grip and Control Action Plan developed focusing on:
  - Medical workforce controls
  - Nursing agency controls
  - Nursing rostering controls
  - General workforce controls
- Nursing Task and Finish Group set up to implement Actions for:
  - Agency booking process
  - Targeted reduction in Thornbury use
  - Use of agency HCSW
  - Review overtime
- Medical Task and Finish Group set up to implement Actions to:
  - Assess impact/control of Consultants 'Acting Down'
  - Address inconsistencies in job plans
  - Cohesive approach to rota management
  - Accuracy of time recording, targeting paid breaks
- Reduce sickness rates through review of sickness policy and non-ward sickness levels.
- Maximise use of bank workforce.

Key Subjective Summary

CHC



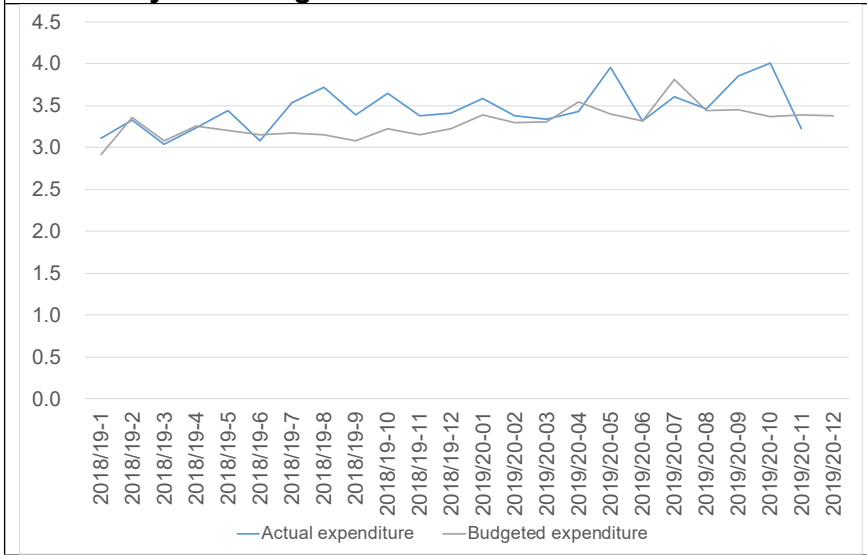
The total number of cases decreased in month. The increase in budget from Month 11 relates to the recognition of expected FNC rate changes and CHC inflation. Full confirmation is awaited on the balance remaining in Reserves, and remains a risk to the position. The complexity of cases remains a key cost driver.

£'m	Spend	Over/(under) spend
FNC/CHC	21.0	(0.2)
LD	13.3	1.0
MH	9.1	0.1
Children	1.1	(0.2)
Total	**44.5**	**0.7**

Opportunities:

- Transfer of placement contracts to national framework.
- Scrutiny of existing and new packages, moving to less restrictive and community based cost effective options.
- Joint working with Local Authority to reduce reliance on residential care and increase use of Supported community living.

Secondary Care Drugs



There was an underspend in month, primarily due to a reduction in the pressures arising in Ophthalmology and immunisations. Secondary Care Drugs pressures continue in Oncology.

Continued support will be needed from the Pharmacy team to address this growth and a number of initiatives are in place to do this.

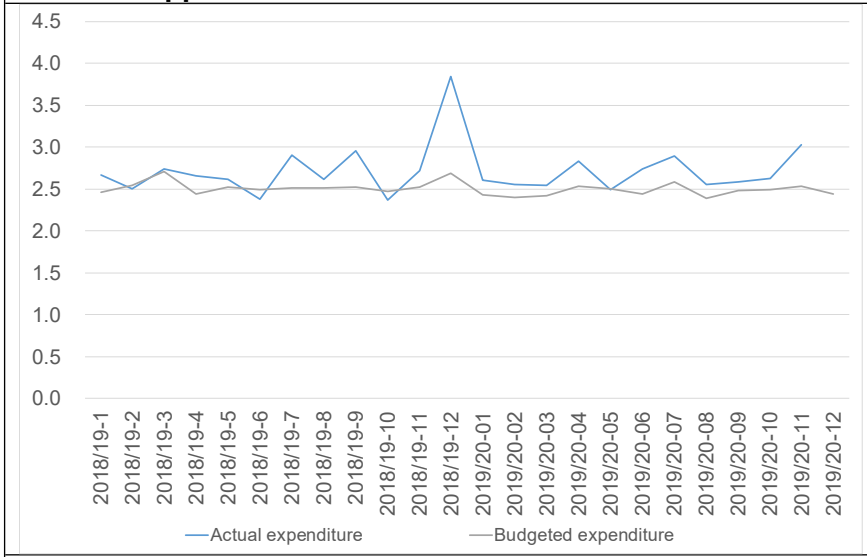
Whilst specific savings schemes are delivering in-month, pressures are significantly in excess of the benefit realised.

Opportunities:

- A benchmarking exercise is underway to identify focus areas.

Key Subjective Summary

Clinical Supplies and Services



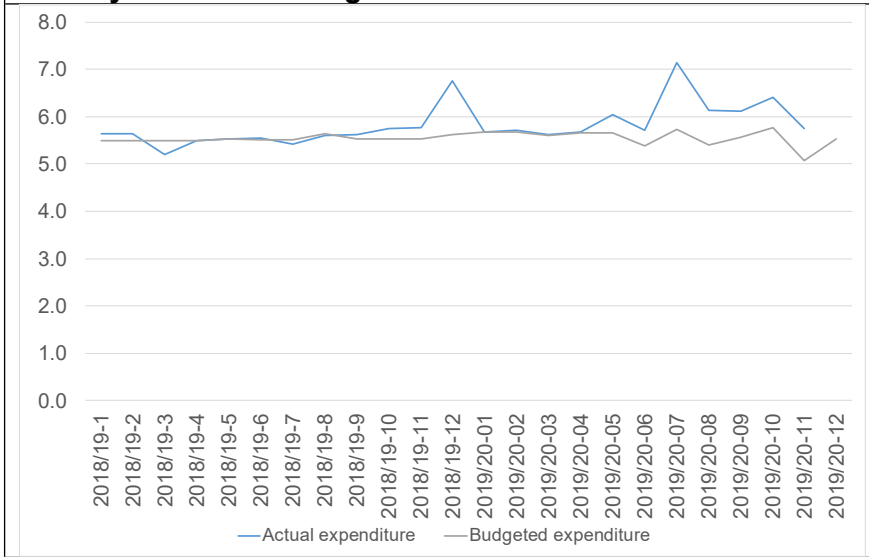
The YTD position includes signficant over-spends in relation to diabetic pumps and associated consumables due to a supplier ceasing to trade resulting in the need to replace existing pumps with available alternatives which are more costly. This is primarily manifesting within GGH, Children's Services and WGH Directorates.

Radiology are outsourcing reporting at a premium cost due to the level of vacancies caused by recruitment challenges.

Opportunities:

- Non-Pay and Procurement Turnaround Assurance group are assessing the opportunities and identifying a Health Board relationship lead with key suppliers in an effort to improve terms and drive a reduction in costs.

Primary Care Prescribing

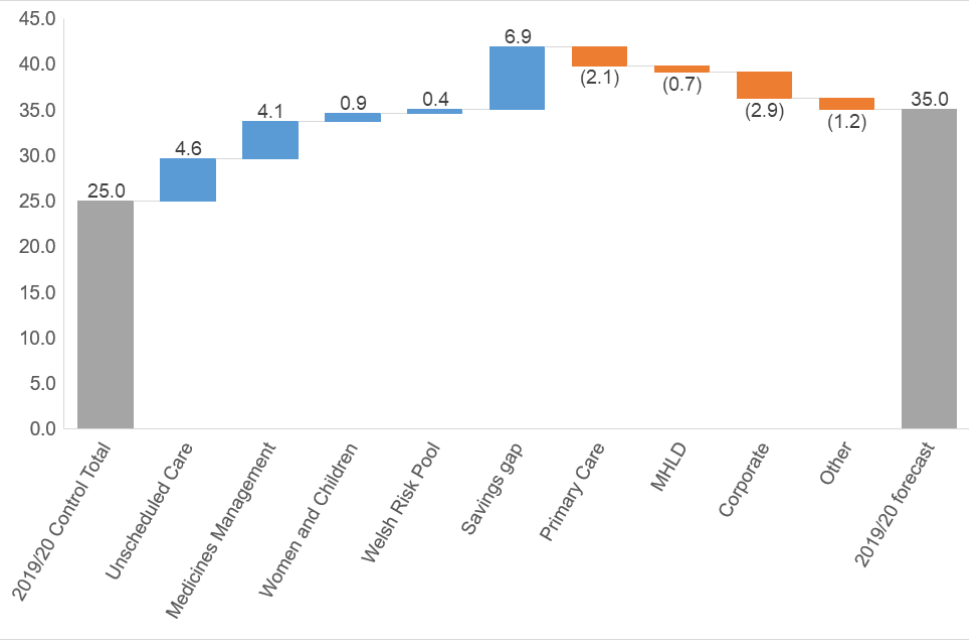


The Directorate reported a significant adverse variance to budget of £0.7m in-month. The projection is an adverse £4.3m to the end of the financial year based on modelling the Category M outturn following the price increase from August 2019. The Health Board has also seen a significant increase in the use of NOACs as a result of the operation of the new NOAC Enhanced Service in GMS.

Opportunities:

- A benchmarking exercise is underway to identify focus areas.

Directorate Projections



Assurance

- The Turnaround and Holding to Account process provides a high level of scrutiny and challenge to Directorates in terms of adherence to assigned budget and delivery and identification of robust savings schemes.

Concerns

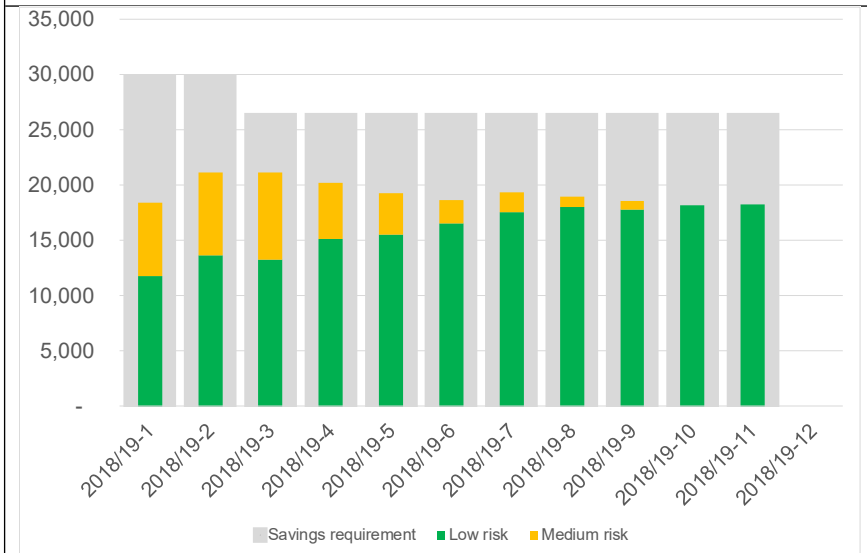
- Current projections indicate: 1) a gap of £6.9m in fully identified savings schemes; 2) operational forecasts in excess of budget of £2.7m (Control Total requirement now fully assured), plus recognition of £0.4m share of Welsh Risk Pool, giving a projection of £10.0m adverse variance to plan. This would equate to a year end deficit position of £35.0m.
- The financial position is under severe pressure and, as a result of the cumulative position and trajectory, the reported forecast is £35.0m. This change in forecast was ratified by the Board on 28 November 2019 following completion of the Health Board's normal governance process.
- The Control Total has moved from £15.0m to £25.0m following the clawback by WG of the additional funding of £10.0m, which was dependent on the Health Board achieving a deficit of £15.0m.

Next Steps

- Grip and Control workshops:
  - Workforce conducted in September, now being translated into Action Plans with pace;
  - Pharmacy conducted in January with all Lead Pharmacists and business partnerships agreed;
  - Further workshops to be scheduled to cover other material opportunity categories.

Savings and Turnaround Actions

Risk-assessed directorate savings profile, delivery and forecast



Assurance

- Green and Amber forecast delivery of £18.3m identified to Month 11, which is an improvement of £0.1m from Month 10. Of the annual forecast, £18.3m are Assured (Green).
- In-month delivery of £1.9m, which is in line with Month 10 and forecast, however £0.3m below plan.

Concerns

- The revised forecast deficit of £35.0m does not require delivery of the full savings requirement of £25.2m, however the full identification of savings and the delivery of those plans is an area of concern, and one which remains subject to our accountability process.
- There is a gap of £4.5m between identified plans and the ledger profile of the savings requirement has led to an adverse variance of £0.9m in Month 11.
- Cumulative slippage in delivery of Green and Amber schemes is £2.1m; total slippage projected in delivery of savings £2.4m.

Next Steps

- There are certain areas where we are seeking to increase the level of focus to address the weekly metrics we have available as the lead indicators of delivery in order to better focus our efforts.

Appendix 1: Turnaround Update

Appendix 1 - Turnaround Update

Section 1 – Summarises 2019/20 Directorate savings plans against required savings target of 3.7% for Directorates that are escalated to the Chief Executive Holding to Account (CEO HTA) meetings. The figures included in this section are based on the known Month 11 position as at 9th March 2020 and will be subject to change with the identification of further savings opportunities.

Pathology	**19/20 target £'000s**	**741**	**Total plans £'000s**		408	0	21	**429**	**Variance £'000s**	**312**	**Idea in-year potential**	**63**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(275)	(382)	(107)	N/A							
	Red schemes	(18)	(18)	(0)	N/A							
	Total	**(293)**	**(400)**	**(107)**	Other actions agreed: • Demand optimisation work being progressed with Project Management support – see update in Section 3 of this report. • 'Transforming our Pathology' PID to be worked up for discussion at the next CEO HTA meeting on 20.03.20.							

Scheduled Care	**19/20 target £'000s**	**3,682**	**Total plans £'000s**		2,581	0	0	**2,581**	**Variance £'000s**	**1,101**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(2,304)	(2,086)	218	Under delivery against a number of schemes has been offset by loss of patent transactions.							
	All schemes	**(2,304)**	**(2,086)**	**218**	Other actions agreed: PID for the reconfiguration of elective orthopaedic activity to be worked up for discussion at the next CEO HTA meeting on 20.03.20.							

Appendix 1: Turnaround Update

BGH USC	**19/20 target £'000s**	**786**	**Total plans £'000s**		919	0	0	**919**	**Variance £'000s**	**(133)**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(807)	(684)	123	Roster efficiency scheme is not on track to deliver the planned saving although some of this has been offset by an over-delivery of saving against the Nurse Agency scheme. As at January 2020, the Length of Stay scheme has under delivered on planned savings by £17k.							
	Total	**(807)**	**(684)**	**123**	Other actions agreed: PIDs for system-wide efficiencies to be worked up for discussion at the next CEO HTA meeting on 20.03.20.							

GGH USC	**19/20 target £'000s**	**1,557**	**Total plans £'000s**		926	179	0	**1,105**	**Variance £'000s**	**452**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(670)	(906)	(236)	Transactions against loss of patent schemes over the last 5 months have mitigated some of the impact of the under-delivery of savings against other schemes.							
	Amber Schemes	(305)	0	305	The nursing variable pay savings scheme and Length of Stay reduction scheme are under-delivering against the planned savings.							
	Total	**(975)**	**(906)**	**69**	Other actions agreed PIDs for system-wide efficiencies to be worked up for discussion at the next CEO HTA meeting on 20.03.20.							

PPH USC	**19/20 target £'000s**	**931**	**Total plans £'000s**		789	0	0	**789**	**Variance £'000s**	**142**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(661)	(825)	(164)	Transactions against loss of patent schemes over the last 5 months have mitigated the impact of the under-delivery of planned savings against the length of stay reduction and nurse recruitment schemes.							
	Total	**(661)**	**(825)**	**(164)**	Other actions agreed PIDs for system-wide efficiencies to be worked up for discussion at the next CEO HTA meeting on 20.03.20.							

Appendix 1: Turnaround Update

WGH USC	**19/20 target £'000s**	**1,125**	**Total plans £'000s**		1,125	0	0	**1,125**	**Variance £'000s**	**0**	**Idea in-year potential**	**125**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(1,045)	(819)	226	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of planned savings against a number of other schemes.							
	Total	**(1,045)**	**(819)**	**226**	Other actions agreed • Produce a plan meet the 19/20 savings gap. • Identify 20/21 savings plans.							

Oncology & Cancer	**19/20 target £'000s**	**438**	**Total plans £'000s**		284	0	0	**284**	**Variance £'000s**	**154**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(261)	(298)	(37)	N/A							
	Total	**(261)**	**(298)**	**(37)**	Other actions agreed: • Identify rebate opportunities that will reduce spend in 19/20 to meet the savings gap. • Undertake a review NICE/High Cost Cancer drugs. • Identify opportunities to maximise use of the Aseptic Unit.							

Radiology	**19/20 target £'000s**	**584**	**Total plans £'000s**		795	0	0	**795**	**Variance £'000s**	**(211)**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(699)	(185)	514	Reduction in outsourcing costs are not delivering as planned. 24 hour provision scheme is not delivering against the planned saving.							
	Total	**(699)**	**(185)**	**514**	Other actions agreed: • Develop a costed proposal for a future workforce model for discussion at the next CEO HTA meeting on 20.03.20. • Impact of surge activity on Radiology services to be worked up.							

Appendix 1: Turnaround Update

Section 2 – Summarises 2019/2020 Directorate savings plans against required savings target of 3.7% for Directorates that are monitored through the Turnaround Director Holding to Account meetings. The figures included in this section are based on the known Month 11 position, as at 9th March 2020, and will be subject to change with the identification of further savings opportunities.

Carmarthenshire County	**19/20 target £'000s**	**884**	**Total plans £'000s**		744	60	0	**804**	**Variance £'000s**	**80**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(667)	(300)	367	Slippage against a number of schemes.							
	Amber Schemes	(54)	(0)	54	Sickness absence and accommodation schemes have not delivered.							
	Total	**(721)**	**(300)**	**421**								

Ceredigion County	**19/20 target £'000s**	**415**	**Total plans £'000s**		355	60	0	**415**	**Variance £'000s**	**0**	**Idea in-year potential**	**None**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(322)	(322)	0	N/A							
	Amber Scheme	(40)	0	40	Slippage against Service Level Agreements							
	Total	**(362)**	**(322)**	**40**								

Pembrokeshire County	**19/20 target £'000s**	**729**	**Total plans £'000s**		404	0	0	**404**	**Variance £'000s**	**325**	**Idea in-year potential**	**None**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(374)	(314)	60	Relates to delays experienced earlier in the year in reviewing CHC cases.							
	Total	**(374)**	**(314)**	**60**								

Women & Children	**19/20 target £'000s**	**1,359**	**Total plans £'000s**		332	0	89	**421**	**Variance £'000s**	**938**	**Idea in-year potential**	**70**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(289)	(244)	45	Withybush General Hospital Maternity-led Unit staff costs saving of £10k per month from November 2019 has not delivered the planned saving. £5k relates to other schemes that slipped on delivery in Month 1.							
	Red schemes	(74)	(0)	74	Relates to the review of the visiting Anti-Natal Clinic – this was due to start delivering from October 2019.							
	Total	**(363)**	**(244)**	**119**								

Appendix 1: Turnaround Update

Primary Care	**19/20 target £'000s**	**790**	**Total plans £'000s**		1,215	70	400	**1,685**	**Variance £'000s**	**(895)**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(1,067)	(679)	388	Locum cost scheme has under-delivered against the planned saving by £195k and the Salaried GP scheme has under-delivered against the planned saving by £46k as at Month 10. GP Commissioning Hub has started to deliver from Month 8, although not to the level planned.							
	Amber Schemes	(58)	0	58	Managed practices – salaried GPs							
	Red schemes	(305)	0	305	No savings delivered in respect of the plans to move managed practices to independent contractor status.							
	Total	**(1,430)**	**(679)**	**751**								

Mental Health	**19/20 target £'000s**	**2,691**	**Total plans £'000s**		2,589	56	0	**2,645**	**Variance £'000s**	**46**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(2,269)	(2,069)	200	The under-delivery against planned savings relates to a number of schemes.							
	Amber Schemes	(53)	0	53	Relates to nursing variable pay and commissioning savings.							
	Total	**(2,322)**	**(2,069)**	**253**								

Facilities	**19/20 target saving £'000s**	**1,385**	**Total of saving plans £'000s**		1,367	0	0	**1,367**	**Variance £'000s**	**18**	**Idea in-year potential**	**125**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Mitigating actions**							
	Green schemes	(1,102)	(807)	295	One-off Capital to Revenue transfer of £50k in November 2019 has offset some of the under-delivery of savings against other schemes.							
	Total	**(1,102)**	**(807)**	**295**								

Appendix 1: Turnaround Update

Section 3 – Executive Team Priority Areas

3.1 The table below provides an update against each of the Executive Team priority areas with associated savings plans for 2019/20, as at Month 11.

Workforce

19/20 target £'000s	6,491	205	0	**Total**	**6,696**	**Idea in-year potential**	**1,863**
Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**			
Objectives: • Support schemes developed by other Directorates which have a workforce element to their delivery; • Monitor expenditure on variable pay across all staff groups; and • Identify Health Board wide/corporately driven schemes which may deliver results in workforce efficiency and effectiveness.							
Green schemes	(5,937)	(4,369)	1,568	Progress last period: • Review of Workforce Control Panel almost complete. Evidence, processes and recommendations are being drafted for consideration by the Remuneration & Terms of Service Committee. • Recruitment underway to support the implementation of the E-Roster system. • 33 Bank nursing staff have been recruited across Carmarthenshire. • Feasibility study to establish Banks for other staff groups has been completed. • Agreement that whilst there are delays to the All Wales overpayment policy, the Health Board will update its policy to strengthen the local process. Communications have been sent to managers via the Global Email system to add clarity around the termination process. • Roll-out plan for recruitment of new Healthcare Support Workers is underway. • Letter sent to Service Leads to advise that they are to be no further bookings of agency staff outside of agreed processes to avoid additional costs. • Agency locum timesheets have been reviewed for accuracy and discussions held with the relevant service to resolve any variances. Ongoing review process has been agreed. • Scoping meeting held with Head of Radiology and a number of actions agreed to improve processes in order to reduce on-call expenditure. Actions for next period: • Recommendations following the Workforce Control Panel review to be considered by the Remuneration & Terms of Service Committee and next steps agreed. • Recommendations following feasibility study on Banks for other staff groups to be discussed at the next Workforce Delivery Group meeting and next steps agreed. • Current practice for covering shifts through Consultants 'acting down' is being reviewed. Recommendations to be presented to the Executive Team February 2020. • Task & Finish group to look at quantifying the impact of e-job planning, starting with the Obstetrics & Gynaecology Directorate medical pay, where e-job planning is fully implemented. • Continue to review variable expenditure, including overtime and agency usage, and identify opportunities for efficiencies.			
Amber Schemes	(173)	0	173				
Total	**(6,110)**	**(4,369)**	**1,741**				

Appendix 1: Turnaround Update

Patient Flow – Unscheduled Care

19/20 target £'000s	1,335	25	0	**Total**	**1,360**	**Idea in-year potential**	**525**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: Undertake appropriate activity associated with Unscheduled Care Service (USC) to contribute to: • Overall reduction in bed days • Improve patient flow Confirm metrics/ dashboard in order to establish baseline & monitor performance				
Green schemes	(981)	(786)	195	Progress last period: • Unscheduled Care (USC) Improvement metrics/ dashboard agreed – dashboard in development/ test phase. • Activity associated with development of ambulatory care model at GGH underway: - Same Day Emergency Care (SDEC) with separate waiting room implemented (aim to improve emergency care flow by increasing use of model by 20%). - Patient information (on new model developed). - Integrated project plan in development. • Activity associated with development of frailty model at Withybush General Hospital (WGH) underway: - Agreement on frailty model design and development of Standard Operating Procedures (SOP). - Integrated project plan in development. - Developed staff audit (questionnaire) about frailty. • Discharge to Recover and Assess (D2RA): - Support provided for the Integrated Executive Group unscheduled care Winter Summit event (Dec 2019). Actions for next period 2020: • Finalise and adopt/ use USC Improvement dashboard. • Continue roll-out of ambulatory care model at Glangwili General Hospital: - Finalise project plan (to aid in roll-out at other sites). - Undertake engagement event with primary care. - Agree standardised format for data input on WPAS for Ambulatory Emergency Care across the Health Board. • Continue roll-out of frailty model at WGH: - Finalise project plan (to aid in roll-out at other sites). - Staff audit (questionnaire) about frailty to go live. - SOP to be finalised. - Recruitment of staff/ team. • Continue to progress D2RA actions and monitor activity.
Amber Schemes	(182)	0	182	
Total	**(1,163)**	**(786)**	**377**	

Appendix 1: Turnaround Update

Patient Flow – Critical Care	**19/20 target £'000s**	338	0	0	**Total**	**338**	**Idea in-year potential**	**0**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**			
	Objectives: Undertake appropriate activity associated with Critical Care Service to contribute to: • Overall reduction in bed days • Improve patient flow							
	Green schemes	(306)	(286)	20	Progress last period: • Planning of engagement/service review day carried out for critical care (and linked services). This being to agree overall way forward regarding service redesign for the longer term (Potential re-design would not take place with financial year 2019/20) • Dashboard for use by critical care service completed. • Piloting of High flow oxygen pilot slipped due to site pressures – noted that a wider conversation regarding respiratory pathway may have to take place before piloting either High Flow Oxygen and/ or NIV. Actions for next period: • Agree and progress shorter term improvements/changes that can be carried out to decrease demands on Critical Care service. • Further review of the respiratory pathway.			
	Total	**(306)**	**(286)**	**20**				

Appendix 1: Turnaround Update

Patient Flow – Out of Hours	**19/20 target £'000s**	500	0	0	**Total**	**500**	**Idea in-year potential**	**375**
	Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**			
	Objectives: • To overcome multi-faceted issues affecting the current Out of Hours service in HDdUHB and agree a vision for a future service model. • Address the current service fragility affecting Out of Hours sites caused through workforce pressures. • Develop a future workforce plan taking into account recruitment opportunities, flexible working and the growing concept of multi-disciplinary teams. • Measure and analyse identified weaknesses of the current service in relation to the patient flow through 111 call centre and clinical support hub. • Assess opportunities to re-brand the service in light of the need to readdress patient expectations and behaviours in relation to urgent primary care. • In noting links to other projects, develop an integrated 24/7 approach to urgent primary care.							
	Green schemes	(403)	(402)	1	Progress last period: • Commencement of communications and engagement plan to deliver the temporary service change – due to be launched 9th Mar • Drop in sessions held with affected staff to support how the messages are received • Changes discussed at CHC executive meeting – 18th Feb • Workforce planning aspect of the project commenced with review of demand data from the Welsh Government Delivery Unit. Actions for next period: • To review the outputs of the drop in sessions and to add to the "discover" data gathering. • Further meeting with GP's to continue engagement and manage the transitions to the short term model. • Continue with the wider design work to explore future scenarios for Out of Hours, culminating in a second engagement workshop.			
	Total	**(403)**	**(402)**	**1**				

Appendix 1: Turnaround Update

Patient Flow – Primary Care

19/20 target £'000s	1,215	70	400	**Total**	**1,685**	**Idea in-year potential**	**0**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: • Explore all factors that currently influence patient flow in Primary Care as part of a wider context of improving performance in Unscheduled Care • Take a demand management-focused approach, to explore the different components of demand that impact on Primary Care • Use the Primary Care model for Wales and the National Strategic Programme for Primary Care to act as a key "lens" for the project. • Act and build on the Primary Care access guidance issued by the Health Minister. • Consider urgent primary care in the round and note cause and effect from different components of the urgent primary care system • Examine local innovation at a locality level and explore standardisation of good practice where possible i.e. control room approach to triage. • Develop a communications plan for Primary Care building on successful examples elsewhere • Develop quick wins as an early output for the project where there is a known requirement. i.e. communications support for patient education, improving health literacy etc. • Develop further projects with Community Pharmacy to reduce demand on clinicians' time in Primary Care.				
Green schemes	(1,067)	(679)	388	There is no update on the previous month. Work is required to ascertain the breadth of projects already initiated within Primary Care and wider Transforming of Communities that support patient flow. Project leads need to urgently re-convene and agree the direction for this workstream.
Amber Schemes	(58)	0	58	
Red schemes	(305)	0	305	
Total	**(1,430)**	**(679)**	**751**	

Appendix 1: Turnaround Update

Outpatients

19/20 tar0get £'000s	248	0	0	Total	248	Idea in-year potential	425

Schemes	YTD planned	YTD actual	YTD variance	Progress
Objectives: In 2019, the Health Board received funding from the Welsh Government to deliver improvements to reduce the number of patient waiting for a follow-up appointment with a particular focus on those classified as high risk. The Health Board is expected to have clear plans to: • Deliver measurable improvements to the current position and ensure the deliverability of the new targets; and • Implement sustainable changes to the outpatient model. The Welsh Government expect to see the following: • Reduced follow-up waiting times and volumes of patients waiting; • Delivery of new ways of working to achieve safer and more sustainable clinical pathways in the future; • Implement the four priority pathways for the planned care Programme; • Support for GPs to manage patients in the community; • Changing NHS working practices; and • Improving the management of capacity and demand with sustainable solutions.				
Green schemes	(215)	(133)	82	Progress to date
Total	**(215)**	**(133)**	**82**	The Health Board commissioned an external validation support contractor to review 37,000 cases who were identified as delayed follow ups. Overall 56% will still require a follow up appointment. The removal rate for validated records was 38%. As part of the intention to ensure learning from this support the external validation team provided feedback and a modified standard operating procedure to reduce the creation of unnecessary appointments in future. This report was presented to the Health Board in January 2020 to help support further sustained change from within the Health Board. 2.8 whole time equivalent validation staff have been recruited and this resource will be dedicated to the validation of delayed follow-up patients to maintain focus. The Health Board is actively engaged in the national Task & Finish Group established to standardise the approach across all Health Boards in respect of 'Seen on Symptoms' (SoS) approach, the validation proposals will also be targeted to review and appropriate removal from follow-up waiting lists of any patients identified as appropriate for SoS management. Further work is being undertaken to retrospectively review patients identified as SoS appropriate from previous years. An impact assessment was submitted to Welsh Government in January 2020 which describes how Hywel Dda Health Board can monitor, manage and report on these patients. The Health Board has also been working with partners to explore the development of Patient Initiated Follow Ups (PIFU) and will look at establishing these during 2020 following feedback from other Health Boards and NWIS. Pilot work has been progressed within Gynaecology to create a suite of specialty specific reports which highlight delayed follow-ups, by delay cohort, for each clinician within the team. These reports will be rolled out across all specialties to enable targeted action to improve and reduce follow-up delays at team level.

Appendix 1: Turnaround Update

Mental Health & Learning Disabilities

19/20 target £'000s	596	0	0	**Total**	**596**	**Idea in-year potential**	**0**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: • Shared Care project for Older Adults Mental Health • Developing plan for Transformation of Learning Disability Services • Moving forward Transforming Mental Health programme deliverables				
Green schemes	(543)	(543)	0	Progress last period: • Shared Care model – Service model re-costed, illustrating potentially higher savings, circa £30,000. Standing Operating Procedures and medical model agreed. Nursing resource identified. • Learning Disabilities programme – Programme plan developed and awaiting ratification. Programme engagement and consultation requirements scoped. Improving Lives Programme event with staff, understanding latest developments nationally and how they link with the programme. • Transforming Mental Health – Review of workforce to determine whether there are sufficient registered professionals to undertake 24/7 working, provide a Single Point of Assessment and maintain appropriate caseload numbers. Contract review meetings complete and market position statement developed. Evaluation measures finalised and exploration of other clinically verified evaluation tools. Initial positive feedback on Business Case - documentation ready for submission to the Welsh Government. Gorwelion capital works underway to facilitate 24/7 opening and place of safety. Increasing use of Twilight Sanctuary and positive feedback received from local community and statutory services. Project documents created for Single Point of Contact. Demand and capacity modelling being worked through. Recovery Champion has been recruited. TRIP (team recovery implementation plan) completed, including agreed rollout of workshops for Bro Cerwyn and Gorwelion staff. Actions for next period: • Shared Care model – Assure medical model and pathway between medics and Associate Medical Director, Mental Health and Learning Disabilities (MHLD). Standard Operating Procedures to be taken to written control document group, MHLD. Advertise Physician Associate post. • Learning Disabilities programme – Transforming Learning Disabilities (TLD) programme plan to be ratified and resource requirements determined. Planning for engagement events aimed at understanding requirements people with learning disabilities have when we wish to engage with them on service change / transformation. Planning for staff-side engagement workshops, in response to learning from Improving Lives Programme event. • Transforming Mental Health - Nature of project group to be scoped. SPOC working group to meet with Local Authority partners and WG representatives to agree funding and model. Meeting arranged to scope Demand and Capacity opportunities. Timeline to integrate Community Mental Health Teams and Crisis Reduction Home Treatment teams in each area to be agreed. Approval for Transforming MHLD Champions booklet to be circulated to be granted. Engagement plan to be revised.
Total	**(543)**	**(543)**	**0**	

Appendix 1: Turnaround Update

Demand Optimisation – Pathology

19/20 target £'000s	196	0	0	**Total**	**196**	**Idea in-year potential**	**125**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: • Develop a data tool to enable assessment of Pathology test request activity and costs. • Use the data tool (and other data sources and evidence) to investigate potential areas of demand optimisation focussed on reducing unwarranted variation and/or optimising overall care through better use of Pathology. • Work with clinicians and clinical teams to develop, agree and implement demand optimisation interventions.				
Green schemes	(86)	(164)	(78)	Progress last period: • Faecal Cal Protectin (FCP) data linked to clinical records and impact on colonoscopy referrals evaluated. • Refreshed Intensive Care Unit (ICU) data extract sent to Consultant Anaesthetist for review • Anaemia Test Profile Pilot in Primary Care second improvement cycle initiated. • Microbiology demand optimisation review concluded. Actions for next period: • Brain Natriuretic Peptide (BNP) data to be linked to clinical records to enable evaluation of impact on echo referrals. • Review findings of second cycle of anaemia pilot with GP Practice and plan next steps. • Consultant Anaesthetist to present findings from the December19 /Jan 20 pilot in ICU Glangwili General Hospital • Arrange meeting with Gastroenterology team to discuss FCP/Colonoscopy.
Total	**(86)**	**(164)**	**(78)**	

Commissioning & Contracting

19/20 target £'000s	732	80	89	**Total**	**901**	**Idea in-year potential**	**0**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: • Cardiology service model and pathway with Swansea Bay • Reclaiming costs of section 117 after care from external health boards • PPH theatre utilisation				
Green schemes	(682)	(654)	28	Progress last period: • New invoice screening and payment process in place for incoming invoices for Mental Health Non-Contract Activity (NCA). • Initial pilot undertaken for recharging other health trusts for Mental Health NCA activity. Actions for next period: • Develop pilot into process for recharging other health trusts. • Use process to start picking up community cases for recharging.
Amber Schemes	(57)	0	57	
Red schemes	(74)	0	74	
Total	**(813)**	**(654)**	**159**	

Appendix 1: Turnaround Update

Medicines Management

19/20 target £'000s	3,043	0	0	**Total**	**3,043**	**Idea in-year potential**	**0**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: • Consideration of priority areas identified by KPMG. • Excess medicine stock – reduction in stock days to average to reduce obsolescence and disposal costs (£225k). • To scope opportunities for benefits realisation in relation to Biosimilar Insulin (£74k), Lio-thryonine (£15K), repeat prescribing process (£650K), PODs (£150K cost avoidance if 75% use of Patient's own drugs), Aspirin in VTE (£38k). • Embedded Medicines Management (MM) as a core consideration in other Executive Priority work groups • Establish and continue to develop opportunities through collaborative working with other colleagues on: Respirator, Diabetes, Pain Management, Antibiotics, Chronic Condition management, Oxygen, VIPAR phase 2 & 3 and the 1-2-Many Model, • Business case being developed to evidence ROI on MM Business Partner approach with Chronic Conditions and other service areas, which surrounds benefits of cost down on MM and reducing direct burden on clinical staff through pharmaceutical support.				

Green schemes	(2,697)	(3,483)	(786)	Progress last period:
				• Scoping of oxygen work stream completed. Short pilot under development in Prince Philip Hospital to identify opportunities. 3 key areas, expenditure >£300Kpa:
				  ○ Piped oxygen
				  ○ Prescribing Oxygen
				  ○ Cylinders
				• Established work stream with Respiratory, Diabetes, Pain Management
				Actions for next period
				• Develop business and reporting mechanisms- in particular for biosimilar insulin.
				• Agreed oxygen work to commence on Ward 3 in PPH in collaboration with site, respiratory team, pharmacy and QI.
				• Value Based Health Care work with pain management for longer-term assessment of benefits of changing patient pathway.
				• Lio-thyronine work continuing with review and re-assessment of patients prescribed LVM.
				• Identify further actions to progress repeats prescribing reviews at pace
				• Agree approach to implementing the use of biosimilar insulin 1st line

Total	**(2,697)**	**(3,483)**	**(786)**	

Appendix 1: Turnaround Update

Non-Pay

19/20 target £'000s	4,006	45	21	**Total**	**4,072**	**Idea in-year potential**	**395**

Schemes	**YTD planned**	**YTD actual**	**YTD variance**	**Progress**
Objectives: • Seek assurance that managers are effectively managing non-pay claims • Identify opportunities for positive communication with staff to raise awareness of, and support a reduction in, non-pay expenditure • Identify and promote alternative options to individual private travel • Monitor the delivery of all non-pay saving schemes				
Green schemes	(3,398)	(2,847)	551	Progress last period: • Project Group established to progress opportunities to reduce grey fleet usage. • Study Leave Policy currently being reviewed and updated to strengthen adherence to the study leave process. Timescale for completion and re-launch is March 2020. • Pricing band improvement for suture procurement agreed and implemented, consolidated to single supplier for scales. Actions for next period: • Consider Dashboard requirements for Non-Pay. • Implement process that requires Manager sign-off for telephone line rental claims.
Amber Schemes	(41)	0	41	
Red schemes	(18)	(18)	0	
Total	**(3,457)**	**(2,865)**	**592**	

Appendix 1: Turnaround Update

Section 4 – Executive Team Priority Areas – New Workstreams

4.1 The table below provides an update against each of the Executive Team priority areas which do not yet have any identified savings.

Demand Optimisation - Radiology	Objectives: • Develop a data tool to enable assessment of Radiology test; request activity and costs. • Use the data tool (and other data sources and evidence) to investigate potential areas of demand optimisation focused on reducing unwarranted variation and/or optimising overall care through better use of Radiology. • Work with clinicians and clinical teams to develop, agree and implement demand optimisation interventions.
	Progress to date: • Scoping and development of out of hours orthopaedics demand optimisation data. Actions for next period: • Complete and implement changes to out of hours requesting for CT Pulmonary Angiography (CTPA) • Finalise proposal for out of hours demand optimisation intervention for orthopaedics.

Patient Empowerment	Objectives: To develop and deliver a programme of work to modernise the way we communicate with our patients, allowing patients to have a choice in how HDdUHB communicates with them and to provide a future-proofed platform, based around the following: • Attendance Optimisation (i.e. patient reminder, on-line booking, text reminder services). • Patient Feedback. • A full communications platform, including a hybrid mail approach, allowing patient choice regarding how they wish to be communicated with. • A full citizen/ patient portal to allow patients to access their results, letters, appointment details and any other applications or messaging that the Health Board wishes to adopt, and facilitating provision of health education messages, medication alerts, and service improvements.
	No update available

Appendix 1: Turnaround Update

Chronic Conditions	Objectives: • Completion of a 'whole system' review of current practice and resources associated with the management of chronic conditions in HDdUHB. Specifically, the review will focus on Diabetes, Respiratory Disease and Heart Failure. • Produce a 'current state' baseline. • Develop and agree a 'Whole System' Integrated Pathway Framework. • Test the 'Whole System' Integrated Pathway Framework as an organising and planning tool to redesign clinical and preventative care pathways to improve outcomes in the 'future state' in the identified pathways. • Propose transformational care pathways that align to our 'Healthier Mid and West Wales' strategy for consideration by the Executive Team. • Preparation for roll-out of framework in other disease areas.
	Progress last period: • "Discover" work continued with development of finance reports of spend by chronic condition. Analysed further by locality. • Bottom up data received to complete picture of diabetes pathway information. • Respiratory pathway pilot being rolled out, led by WAST/Aneurin Bevan, will have a positive impact on reducing unscheduled admissions for COPD. • Developments in diabetes pathways including lead consultant and GP roles appointed. Actions for February 2020: • Findings to be presented to Transforming our Communities group on 5th March • Risks and issues flagged to project sponsor around recent developments and the purpose of the chronic conditions group in overseeing pathway developments • Using ToC as effectively a "check and challenge" to design the longer term workplan for this project.

Appendix 1: Turnaround Update

Community	Objectives: • To explore a longer term vision (in conjunction with other community hospitals) to develop Amman Valley Hospital (AVH) as an intermediate care / rehab / recuperation that accepts patients as a step up from community care. • Reduce the reliance on AVH as a step down facility from acute sites in the Health Board, namely GGH. • Improve length of stay performance and patient flow in current AVH step down ensuring SAFER methodology i.e clinical discharge criteria, patient recovery plan transfer to community. • Review medical provision for the facility and historic arrangements in place from GP practices in line with development of the new model. • Ensure safe nursing staffing levels and links with out of hours when necessary. • Link effectively with the asset mapping and locality resilience workstream to understand what local services could be developed in line with the future community model.
	Progress last period: • Terms of reference agreed. • Sub-group created to look specifically at data gathering in order to assess patient flow. • Acknowledgement that sub-group outputs must be the initial project plan for AVH. • Further discover work taking place on research/benchmarking and community engagement. • Engagement sessions held in Tumble & Glanaman linked to asset based community development. Actions for next period: • Support sub-group with data gathering requirements and how best to analyse the information. • Culminate this work in a service improvement workshop, highlighting areas for improvement in patient flow.

Stroke Pathway	Objective: To redesign the Stroke pathway for HDdUHB to align with the Health Board's Health and Care Strategy "A Healthier Mid and West Wales", National guidance, best practice and regional planning for Hyper Acute Stroke Unit (HASU) at Morriston Hospital.
	Progress last period: • Progress with the development of an engagement plan for wider engagement with both staff and service users on the pathway redesign. • Further analysis of Workforce and Finance modelling. • Informatics evaluation of the assumptions/ baseline. Actions for next period: • Continue with the analysis in terms of Workforce and Finance modelling. • Continue with the informatics evaluation on length of stay and patient flows. • Finalise the Engagement strategy for the pathway redesign. • Undertake engagement training for the clinical teams.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Risk and Assurance

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As part of the end of year reporting, the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) is presented to the Board to advise of the principal risks of Hywel Dda University Health Board (HDdUHB) and provide assurance that these risks are being assessed, reviewed and managed appropriately/effectively.

Cefndir / Background

Risk management is a key component of the governance framework, and should underpin organisational strategy, decision-making and the allocation of resources; as such the organisation is required to have effective risk management arrangements in place. The Board should receive sufficient and timely assurance information on the management of risk to enable it to exercise good oversight.

The Board agreed the approach, format and content of the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) at its meeting on 27th September 2018, and that it should receive the CRR and the BAF twice a year. The in-depth scrutiny and monitoring of corporate risks was delegated to Board Committees in order that they could provide assurance to the Board, through their Committee Update Reports, on the management of its principal risks.

The CRR contains risks that have been identified by individual Executive Directors, and are:

- Associated with the delivery of the objectives set out in Annual Plan 2019/20; or
- Substantial operational risks escalated by individual Directors and agreed by the Executive Team as they are of significant concern and require corporate oversight and management.

The BAF should set out strategic objectives, the risks in relation to each strategic objective, together with controls in place and assurance on their operation, and should support the Board in assessing progress against its strategic objectives and strategic risks to inform operational planning and delivery and shape future Board agendas. The attached BAF only includes the risks associated with achievement of the UHB objectives as set out in the Annual Plan 2019/20 as the UHB refreshes its strategic objectives this year.

The Executive Team is responsible for reviewing and discussing the CRR at its monthly formal Executive Team, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Team to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Asesiad / Assessment

There are 26 principal risks on the CRR/BAF at present which have been aligned to the UHB objectives listed below.

1. Deliver the Annual Plan 2019/20 by the end of March 2020
2. Deliver the agreed financial control total for 2019/20 by the end of March 2020
3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020
4. Maintain performance and delivery of Referral to Treatment (RTT) by the end of March 2020
5. Deliver year 1 of the Health and Care Strategy by the end of March 2020
6. Deliver year 1 of Board approved strategies (Health and Well-Being, Continuous Engagement and Quality Improvement) by the end of March 2020
7. Development of the three year plan for 2020 – 2023 (IMTP)

Since the CRR was presented to the Board in May 2019, the principal risks have been reviewed and discussed in detail at its Board Committees in August and December 2019, and reported to the Board via the Committee Update Reports. Where assurance has not been received that principal risks are being managed effectively, the Committees will request a more in-depth report at a subsequent meeting.

Attached to this report to provide the Board with assurance on the management of its principal risks are:

Appendix 1 - CRR Summary
Appendix 2 - BAF Summary
Appendix 3 - Each risk detailing the strategic objective, controls, assurances, performance indicators and action plans to address any gaps in controls and assurances.

The following changes have taken place since the CRR was previously presented to the Board in January 2020.

Total Number of Risks	26	
New risks	0	
De-escalated/Closed	1	*See note 1*
Increase in risk score ↑	0	}
No change in risk score →	24	} *See note 2*
Reduction in risk score ↓	2	}

Note 1 – De-escalated/Closed Risks
Since the previous report to Board in January 2020, the Executive Team has agreed to close/de-escalate 1 corporate risks:

Risk	Lead Director	Close/De-escalated	Date	Reason
Risk 805 - Lack of sustainable service for TAVI procedure at tertiary centre.	Phil Kloer	De-escalate to Medical Directorate level risk register	11/03/20	The Executive Team agreed to de-escalate this risk and remove from it from the CRR as there are no patients currently waiting at the tertiary centre for treatment, the backlog is clear and SBUHB have strengthened resourcing in this service. NB - Whilst this risk related to the potential harm that patients could have experienced whilst awaiting transfer to the tertiary centre for a TAVI procedure, it does not address the potential reputational risk that may impact the UHB following the expected publication of the Royal College report.

Note 2 – Increase/decreases in Current Risk Score

Since the previous report to Board in May 2019, there have been the following changes to current risk scores.

Risk	Risk Owner	Previous risk Score	Risk Score Mar-19	Date	Reason
Risk 633 - Ability to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway	Executive Director of Operations	**4×3=12**	**3×3=9** ↓	02/03/20	The likelihood has been reduced from 4 to 3 based on having a full tracking team in place and an improvement in our ability of identifying date of suspicion.
Risk 634 - Overnight theatre provision in Bronglais	Executive Director of Operations	**3×5=15**	**2×5=10** ↓	10/03/20	This risk has been reviewed by the service and has been reduced as a number of actions have been implemented

General Hospital					and there have been no reported incidences. The Bronglais unit is classed as an obstetric unit with modified criteria for delivery, with mothers assessed as high risk of complications managed through the maternity unity in Carmarthen.

Argymhelliad / Recommendation

The Board is asked to

- Consider whether they have sufficient assurance 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 Board level Committees.

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Corporate Risk Register
Rhestr Termau: Glossary of Terms:	Current risk score – Existing level of risk taking into account controls in place. Target risk score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented.

	Risk appetite can be defined as '*the amount of risk that an organisation is willing to pursue or retain*' (ISO Guide 73, 2009). ISO (2009) define risk tolerance as '*the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives*', however it can be simpler to see it as a series of limits such as lines in the sand beyond which the organisation does not wish to proceed.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Risg: Risk:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Cyfreithiol: Legal:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Enw Da: Reputational:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Gyfrinachedd: Privacy:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Risk Ref	Risk (for more detail see individual risk entries)	Included on BAF	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Mar-20	Trend	Target Risk Score	Risk on page no...
810	Poor quality of care within the unscheduled care pathway	1,5	Carruthers, Andrew	Safety - Patient, Staff or Public	6	4×5=20	4×5=20	→	3×4=12	13
730	Failure to realise all the efficiencies and opportunities from the Turnaround Programme in 2019/20	3	Thomas, Huw	Statutory duty/inspections	8	4×5=20	4×5=20	→	2×4=8	17
245	Inadequate facilities to store patient records and investment in electronic solution for sustainable solution.	1	Carruthers, Andrew	Service/Business interruption/disruption	6	5×4=20	5×4=20	→	1×4=4	20
624	Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives.	5	Miles, Karen	Business objectives/projects	6	4×4=16	4×4=16	→	4×4=16	25
628	Fragility of therapy provision across acute, community and primary care services	1,5	Shakeshaft, Alison	Safety - Patient, Staff or Public	8	4×4=16	4×4=16	→	3×4=12	29
371	Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information	5	Miles, Karen	Business objectives/projects	6	4×4=16	4×4=16	→	3×4=12	32
291	Lack of 24 hour access to Thrombectomy services	1	Carruthers, Andrew	Quality/Complaints/Audit	8	4×4=16	4×4=16	→	2×4=8	35
632	Ability to fully implement WG Eye Care Measures (ECM).	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	4×4=16	4×4=16	→	2×4=8	38
686	Delivering the Transforming Mental Health Programme by 2023	1	Carruthers, Andrew	Service/Business interruption/disruption	6	4×4=16	4×4=16	→	2×4=8	42
718	Failure to undertake proactive health and safety (H&S) management	1	Carruthers, Andrew	Statutory duty/inspections	8	4×4=16	4×4=16	→	2×4=8	45
735	Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board.	2	Thomas, Huw	Finance inc. claims	6	4×4=16	4×4=16	→	2×4=8	48
684	Lack of agreed replacement programme for radiology equipment across UHB	1	Carruthers, Andrew	Service/Business interruption/disruption	6	4×4=16	4×4=16	→	2×3=6	51
627	Ability to implement the UHB Digital Strategy within current resources to support the UHB's long term strategy	5	Miles, Karen	Business objectives/projects	6	4×4=16	4×4=16	→	2×3=6	53
813	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	1	Carruthers, Andrew	Statutory duty/inspections	8	3×5=15	3×5=15	→	3×5=15	56
117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3×5=15	3×5=15	→	2×5=10	61
129	Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients	1	Carruthers, Andrew	Service/Business interruption/disruption	6	5×3=15	5×3=15	→	2×3=6	65
451	Cyber Security Breach	1	Miles, Karen	Service/Business interruption/disruption	6	3×4=12	3×4=12	→	3×4=12	69
295	Inability to maintain routine & emergency services in the event of a severe pandemic influenza event - *Risk being updated to reflect the pandemic planning currently being undertaken for High Consequence Infectious Diseases such as COVID-19 and Influenza*	1	Jervis, Ros	Service/Business interruption/disruption	6	3×4=12	3×4=12	→	3×3=9	73
44	Ability to manage patients awaiting follow up appointments	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3×4=12	3×4=12	→	2×4=8	75
91	Insufficient number of Consultant Cellular Pathologists to meet 14 day timescale set out in the new Single Cancer Pathway	1,4	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3×4=12	3×4=12	→	2×4=8	79
750	Lack of substantive middle grade doctors affecting Emergency Department in WGH.	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3×4=12	3×4=12	→	2×4=8	82
733	Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal Act (Wales) 2018 by Sept 2020	1	Shakeshaft, Alison	Statutory duty/inspections	8	4×3=12	4×3=12	→	2×3=6	84

635	No deal Brexit affecting continuity of patient care - *Risk being updated to reflect potential impact of ongoing trade agreements on the NHS*	1	Jervis, Ros	Service/Business interruption/disruption	6	**4×3=12**	**4×3=12**	→	**2×3=6**	87
646	Ability to achieve financial sustainability over medium term.	2,3	Thomas, Huw	Finance inc. claims	6	**3×4=12**	**3×4=12**	→	**2×3=6**	90
634	Overnight theatre provision in Bronglais General Hospital	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	**3×5=15**	**2×5=10**	↓	**1×5=5**	93
633	Ability to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway	1	Carruthers, Andrew	Quality/Complaints/Audit	8	**4×3=12**	**3×3=9**	↓	**3×2=6**	95

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Risk Ref	Strategic Objectives	Risk Title (for more detail see individual risk entries)	Risk Owner	Controls	Domain	Current Risk Score (L x I)	Target Risk Score (L x I)	Performance Indicators	Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)	Latest paper	Assurance Sufficient? (Y/N)	Control RAG rating (see below key)	Risk on page no...
810	1. Deliver the Annual Plan 2019/20 by the end of March 2020, 5. Deliver year 1 of the Health and Care Strategy by the end of March 2020	Poor quality of care within the unscheduled care pathway	Carruthers, Andrew	# Comprehensive daily management systems in place to manage unscheduled care risks on daily basis including multiple daily multi-site calls in times of escalation. # Reviews of patients admitted to surged areas to ensure patient acuity and dependency is monitored and controlled. # Surge beds continue as per escalation and risk assessment of site demand and acuity. A daily review of the use of surge beds via patient flow meetings to facilitate step down of beds. # Discharge lounge takes patients who are being discharged. # The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. # Regular reviews of long stay patients over 7 days at weekly meetings across all hospital sites. # Discharge planning is a core part of the inpatient documentation & is commenced prior to admission in the A&E Department once the decision to admit is made & included in ward rounds. # Regular training on discharge planning and complex care management is provided to ward based staff through Community Discharge Liaison teams, Social services and the Long Term Care Team support. # Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. # Escalation plans for acute and community hospitals. # Annualised delivery plans aligned to Transforming Clinical Services. # Annual winter plans developed to manage increased activity. # Joint workplan with Welsh Ambulance Services NHS Trust. # 111 implemented across Hywel Dda. # Transformation fund bids in relation to crisis response being implemented across the system.	Safety - Patient, Staff or Public	4×5 =20	3×4= 12	Performance indicators for Tier 1 targets. A suite of unscheduled care metrics have been developed to measure the system performance.	Medically optimised and ready to transfer patients are reported 3 times daily on situation reports (L1) Daily performance data overseen by service management (L1) Delivery Plans overseen by Unscheduled Care Improvement Programme (L2) Bi-annual reports to BPPAC on progress on delivery plans and outcomes (and to Board via update report)(L2) Executive Performance Reviews (L2) IPAR Performance Report to BPPAC & Board (L2) WAST IA Report Handover of Care (L3) 11 x Delivery Unit Reviews into Unscheduled Care (L3) Delivery Unit Report on Complex Discharge (L3)	Whatâ€™s the hold up? Discharging patients in Wales â€“ Wales Audit Office Toolkit Assurance Report - ARAC -Oct19 IPAR - Board & BPPAC (bi-monthly) Winter plan 2019-20 - Finance Committee and Board - Nov19	Y		13
730	3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020	Failure to realise all the efficiencies and opportunities from the Turnaround Programme in 2019/20	Thomas, Huw	Director of Finance leading on Turnaround programme. Fortnightly 'Holding to Account' (HTA) meetings including a monthly Chief Executive HTA session for the highest risk directorates. Each Directorate has signed up to a savings plan and recovery plan - costed a	Statutory duty/inspections	4×5 =20	2×4= 8	Performance against agreed savings plan In-month financial monitoring	Performance against plan monitored through HTA meeting with Services (L1) Executive Performance Reviews (L2) Finance Committee oversight of current performance (L2) Turnaround & Financial Report to Board & BPPAC (L2) WG scrutiny through Targeted Intervention (TI)(L3) WG scrutiny through Joint Executive Team (JET) (L3) WAO Structured Assessment 2019 (L3)	* Mth 9 Finance Report & Turnaround Report - Board Jan20 * Finance Report & Turnaround Update Report Mth 10 - March 2020 Finance Committee (interim papers were circulated as there was no meeting in February)	Y		17

245	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Inadequate facilities to store patient records and investment in electronic solution for sustainable solution.	Carruthers, Andrew	# Annual weeding and destruction programme agreed and facilitated across the Health Board up to 2018/19. # Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin & Secretarial systems/shared drives (Clinic Letters). # Alteration to current racking and purchase of additional racking at GGH. Resourcing of additional racking for the offsite facility. # Agreed and approved Health Records strategies, policies and procedures (approved Aug15). # Electronic Records Project Group undertaking scoping work for Turnaround Project for long term solution (Sep18). # Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19) # Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.	Service/Business interruption/disruption	5×4 =20	1×4= 4	Service KPIs in place.	Weekly management audit to assess current capacity against demand (L1) Deputy Health Records Managers Meetings to review storage & weeding (L1) Health Records Audits (L1) Electronic Records Group (L2) Health Records Modernisation Programme Group (L2)Medium) Oversight by IGSC (L2) IA Records Management Report - Feb19 (Limited Assurance) (L3)	* Destruction of records report - Exec Team - Dec17, * Records Management Brief report - Exec Team Nov 2018, Dec18, Jul19. * Records Management Brief report - BPPAC Apr19 & Jun19. * Health Records Management Report - BPPAC Oct 2019. * Programme Management Office Support report - Exec Team Jul19 & Nov19.	N		20
624	5. Deliver year 1 of the Health and Care Strategy by the end of March 2020	Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives.	Miles, Karen	* There is an annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process. * The Business Planning & Performance Committee (BPPAC) and Capital Estates & IM&T Sub Committee (CEIM&T) (with IM membership and wide stakeholder engagement in prioritisation process), receive reports and recommendations on the prioritisation and allocation of available capital. * When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB. * Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds. * Retention of a medical equipment capital contingency to manage urgent issues of repair or replacement. * Review of regulatory reports which have a capital component ie. HIW, WAO, CHC. * Investigating the potential for 'Charitable' funding rather than Discretionary Capital Programme as appropriate. * Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings. * Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle. * Reports to CE&IMT SC set out priorities for imaging equipment and established a much firmer baseline position in relation to medical devices backlog.	Business objectives/projects	4×4 =16	4×4= 16	Performance against plan & budget.	Reports of delivery against capital plan & budget (L1) Capital Audit Tracker in place to track implementation of audit recommendations (L1) Monitoring returns to WG include Capital Resource Limit (L1) Datix & risk reporting at an operational management level (L1) BPPAC & CEIM&T Sub-Committee reporting (supported by sub-groups) (L2) Bi-monthly Capital Review Meetings with WG to discuss/monitor Capital Programme (L2) NWSSP Capital & PFI Reports on capital audit (L3) WAO Structured Assessment 2017 (L3)	* DCP and Capital Governance Report - BPPAC Feb19 and CEIM&T Sub-Committee Jan20 * Radiology Equipment Risk CEIM&T Sub-Committee Jan20 * Strategic Medical Device Replacement CEIM&T Sub-Committee Jul19 * Estate Infrastructure CEIM&T Sub-Committee Nov19 * IM&T Infrastructure CEIM&T Sub-Committee Nov19 & Board Jan20	N		25
628	1. Deliver the Annual Plan 2019/20 by the end of March 2020, 5. Deliver year 1 of the Health and Care Strategy by the end of March 2020	Fragility of therapy provision across acute, community and primary care services	Shakeshaft, Alison	# Individual service risks identified and discussed at a range of for a; i.e. QSEAC, OQSESC, Performance Reviews and Therapy Forum. # Priority areas agreed in the 2019/2020 Annual Plan, to increase capacity in these areas. # Some additional funding agreed f0r 19/20 with the Director of Finance. # Locum staff utilised where appropriate, funded from within core budget (2 vacancies fund 1 Locum) # Short-term contracts/additional hours within budget used to cover maternity leave. # Training of support staff to safely deliver delegated tasks. # Over-recruitment of Newly Qualified Staff were appropriate and approved by the Director to mange foreseeable future decrease in staffing levels. # Local solutions include review of each vacant post to make them attractive, including skill mix review, early advertisements for new graduates. # Prioritisation of patients is undertaken through triage and risk assessment by therapy services. # Introduction of the Malcomess Care Aims Framework for Paediatric Therapy Services.	Safety - Patient, Staff or Public	4×4 =16	3×4= 12	Maintenance of 14 week waiting times for therapy services. Clearance of backlog for pulmonary rehabilitation, with 100% achievement of 14 week maximum wait by Dec20. Improved compliance with minimum standards for stroke therapy care by Q3 2020/21 (Dec20). Improved staffing ratios for priority areas by Dec20.	Management monitoring of breaches of 14 week waiting times (L1) Exceptions to achieving 14 week waiting times reported via IPAR to BPPAC (L2) Monitored nationally via SSNAP and monitored via Stroke Steering Group & RCP Annual Report with recommendations produced (L2) External Peer Reviews, Delivery Unit Reviews & national audits, eg Diabetes paediatric audit - action plans developed (L3)		N		29

371	5. Deliver year 1 of the Health and Care Strategy by the end of March 2020	Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information	Miles, Karen	# Processes have been reviewed to identify any improvements that can be made to current working practices. The review has been unsuccessful in identifying any gains. # The coding backlog is monitored on a regular basis and reported via the IPAR and the Quality Indicators Group. Establishing the cost of contract coders to deal with the current backlog as a short term measure. # Overtime is being implemented to address some of the short fall in the completeness factor. # Reminders to end users of coded information that completeness levels does not meet national targets. # Notes are moved across the Health Board to support the teams that have less than required resources. # An outsourcing tender has been awarded to GSA for the coding of the Hywel Dda backlog, with a completion date of 27th June 2019, which is the requirement for the statutory costing returns.	Business objectives/projects	4×4 =16	3×4= 12	Number of episodes coded Number of episodes outstanding 95% of episodes coded within 1 month of discharge 98% of episodes coded in a rolling 12 months	Department monitoring of KPIs (L1) IGSC monitoring of Clinical Coding Targets (L2) WAO Follow-up Report on Clinical Coding - Apr19 (L3)	Information Governance Sub-Committee Jul18, Sep18, Nov18, Feb19, Apr19, May19, Jul19, Sep19	Y		32
291	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Lack of 24 hour access to Thrombectomy services	Carruthers, Andrew	Re-commencement of thrombectomy services in Cardiff and Vale Health Board, dependent upon capacity WHSSC currently putting in place a service in North Bristol which is planned to be in place by May 2019 and will support the Cardiff and Vale service	Quality/Complaints/Audit	4×4 =16	2×4= 8	Datix incident reports	Daily/weekly/monthly/ monitoring arrangements by management (L1) Executive Performance Reviews (L2) IPAR Performance Report to BPPAC & Board (L2) Stroke Delivery Group review of patient cases (L2)	Thrombectomy Report - ET - Sep17.	N		35
632	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Ability to fully implement WG Eye Care Measures (ECM).	Carruthers, Andrew	# Eye Care Action Plan in place. # Ophthalmology RTT delivery plan in place. # Identification of delivery opportunities to reduce costs of RTT delivery (identified in RTT paper to Board 26/07/18). # Commissioning arrangements for outsourcing ophthalmology activity secured via an extension to 2017/18 contractual arrangements. # Eye Care Collaborative Group established and meet quarterly to oversee performance against eye care standards. # ECM Coordinators recruited. # WG Monitoring information from W-PAS 18.1.standards is now functional and information is being submitted. # Incident Management Group in place and meeting monthly to monitor incidents of irreversible sight loss due to delayed / cancelled appointments. # Tender process completed to ensure outsourcing arrangements for activity are agreed for 2019 - 2021. # Text validation of FUNB Waiting List undertaken to ensure current waiting list is a true record. # Communications group set up and internet page developed and launched including FAQs. # Primary Care Communications campaign to include a short video to increase awareness on the range of services Community Optometrists can offer. # Direct communication sent to all patients on a new or follow up waiting list informing them of new Eye Care Measures. # Identification of sustainable funding solutions from Apr20 onwards. This is being considered as part of the UHB's developing 3 Year Plan and the resource implications of this have been highlighted. # Cataract Referral Refinement scheme to support community optometrist assessment of patients, designed to release HES outpatient capacity to be re-prioritised for R1 patients. # Process for management of duplicate records agreed and implemented from Jan 2020.	Safety - Patient, Staff or Public	4×4 =16	2×4= 8	Reduction in number of follow-ups. Reduction in the number of patients, assessed as health risk factor 1, waiting outside of target date. Delivery of zero 36 week RTT breaches. Reduction in the number of Serious Incidents relating to Hospital Eye Services.	Monitoring arrangements by management (L1) Executive Performance Reviews (L2) IPAR Performance Report to BPPAC & Board (L2) Monthly oversight by WG (L3)	* EC Collaborative Group Meeting Aug19 * IPAR Mth 11 - Board Mar19 * IPAR Mth 12 -BPPAC - Apr19 * EC Collaborative Group Meeting Feb19 * QSEAC SBAR November 2019 * BPPAC SBAR December 2019	Y		38

686	1. Deliver the Annual Plan 2019/20 by the end of March 2020, 5. Deliver year 1 of the Health and Care Strategy by the end of March 2020	Delivering the Transforming Mental Health Programme by 2023	Carruthers, Andrew	Open commitment and mandate from the Board on the implementation of the TMH Programme. Board approved implementation plan (Jan18). Mental Health Implementation Group established to oversee delivery of the TMH Implementation Programme. Established work streams in place for Pathway and Access Design, Workforce and Cultural Change, Transport, and Estates and infrastructure, IT, Partnerships & Commissioning and Data & Evaluation. First proof of concept sites operational.	Service/Business interruption/disruption	4×4 =16	2×4= 8	N/A	Work streams report progress, key risks and issues to Mental Health Implementation Group (L1) Regular reports received at Local Mental Health Partnership Board and MH&LD Business Planning & Performance Assurance Group (L2) TMH Plan is monitored by TMHLD Implementation Group and Planning Sub-Committee and to Board on request (L2)	* TMH Progress Report - Board - Sep18, Nov18 & Jul19 * HOS reports - BP&PAG - Jan 2020 * MHLAC Update - Board - July 2018 * Planning Sub Committee - March 2020	Y		42
718	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Failure to undertake proactive health and safety (H&S) management	Carruthers, Andrew	1 x Head of Health & Safety, 1 x Health & Safety Manager, 1 x Security/Case Manager/Prevent Co-ordinator and 1 x Violence & Aggression Case Manager. Datix Risk module in place. The Health Board has invested in the Datix module which enables services to identify, assess and manage risks associated with health and safety. Health and Safety policies and procedures are in place and are published on staff intranet. Incident/concerns investigations are undertake. Prioritised approach to audit and inspection on acute and community premises. Health and Safety Emergency Planning Committee reporting to BPPAC re compliance with HSE improvement plans.	Statutory duty/inspections	4×4 =16	2×4= 8		Incident and RIDDOR and progress against workplan reports to H&S/EP Sub-Committee (L2) 3 x Control Groups to monitor delivery of actions developed in response to HSE improvement notices/material breaches (L2) Progress against workplan reports to H&S/EP Sub-Committee (L2) IA report on Health and Safety Sep16 (Reasonable Rating) (L3) 8 x HSE Improvement notices plus 13 material breaches (L3)	SBAR Exec Team Oct-18 H&S/EP Sub-Committee HSE Inspection Report - H&S EPSC - Nov19	N		45
735	2. Deliver the agreed financial control total for 2019/20 by the end of March 2020	Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board.	Thomas, Huw	Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions. Turnaround Director Holding to Account meetings. CEO Holding to Account meetings. Executive Performance meetings. Commissioning arrangements with key partners (Local Authorities; Care home sector; Other NHS providers; Primary Care; Third Sector). Process of review of recovery plans process in place and approaching of system-wide issues.	Finance inc. claims	4×4 =16	2×4= 8	Identification and delivery of savings schemes. Financial performance and projections reported on a monthly basis. Breakeven recovery plans where deficits are projected. Financial process assurances. Internal Audit and Wales Audit Office reports.	Finance dashboards (L1) Finance report to Finance Committee and Board (L2)Medium) CEO Holding to Account meetings (L2)Medium) Financial assurance report to Audit Committee (L2)Medium) Year-end reporting to Audit Committee (L3)	* Month 10 Finance Report 2019/20 reports - Finance Committee - March 2020 (interim papers were circulated in February as there was no meeting).	Y		48

684	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Lack of agreed replacement programme for radiology equipment across UHB	Carruthers, Andrew	# Service maintenance contracts in place and regularly reviewed to ensure value for money is maintained. # The difficult to source spares can be obtained through bespoke manufacture but this invariably results in inherent delays in returning equipment to service. # Regular quality assurance checks (eg daily checks). # Use of other equipment/transfer of patients across UHB during times of breakdown. # Ability to change working arrangements following breakdowns to minimise impact to patients. # Site business continuity plans in place. # Disaster recovery plan in place. # CT Scanner including fluoroscopy room and WGH MRI included on all Wales Capital Programme (AWCP)(not yet agreed)and AWCP secured for replacing the BGH MRI. # Replacement programme has been re-profiled by risk, usage and is influenced by service reports.Some funding has been secured from AWCP for some replacements but does not cover all outdated equipment nor the future requirements.	Service/Business interruption/disruption	4×4 =16	2×3= 6	Reduction of waiting times to under 6 weeks by Mar22. Reduction in overtime costs to nil by Mar22.	Monthly reports on equipment downtime and overtime costs (L1) IPAR report overseen by BPPAC and Board bi-monthly (L2) Internal Review of Radiology Service Report (Reasonable Rating (L3) WAO Review of Radiology - Apr17 (L3) External Review of Radiology - Jul18 (L3)	Radiology Equipment SBAR - Executive Team - Mar19 Further updates CEIMT February 2020	N		51
627	5. Deliver year 1 of the Health and Care Strategy by the end of March 2020	Ability to implement the UHB Digital Strategy within current resources to support the UHB's long term strategy	Miles, Karen	Board approved the 5 year Digital Strategy - Jan17. Board Approved the updated 2018 Digital Plan, and Operational Delivery Plan. Development of a Digital Futures Programme.	Business objectives/projects	4×4 =16	2×3= 6		Signed off project plans by the relevant committees (L1) Delivery of digital plans are overseen by Digital Steering Group (reports to Planning Sub Committee) (L2)	Digital strategy/plans included in annual plan document-action to Board.	Y		53
813	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	Carruthers, Andrew	# Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components. # A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG. # Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks. # Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy. # UHB has implemented a governance structure for fire safety reporting. # Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system). # UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety meetings. # Annual prioritisation of investment against high risk backlog.	Statutory duty/inspections	3×5 =15	3×5= 15	Achievement of 50% attendance Level 5 Manager Fire Training for Band 8Bs and above by Jul20 and >95 % by Dec19. Maintain 95% high risk PPM compliance. Zero compliance on outstanding fire risk assessments by Jan20.	Bimonthly review of outstanding actions from fire risk assessments (L1) Site Fire wardens reporting fire safety issues (L1) Review of compliance through fire safety groups (L2) Compliance reports regularly issued to HSEPSC (L2) Fire inspections by Fire Service & Fire Improvement Notices (L3) NWSSP fire advisor inspections (L3) NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance (L3)	IA Fire Precautions Report - ARAC 19/06/18. Regular reports to H&S EM SC	N		56
117	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	Carruthers, Andrew	# All patients are risk scored by cardiac team at SBUHB on receipt of patient referral from HDUHB. # Medical and nursing staff review patients daily and update the Sharepoint referral database as appropriate to communicate and escalate changes in level of risk/priority for patients awaiting transfer. # Bi-monthly operational meeting with Swansea Bay UHB (SBUHB) to monitor activity/patient flow and address associated risks/issues. # Weekday telephone call between SBUHB Cardiology Coordinator and all 4 hospital Coronary Care Units (CCUs) to review patients awaiting transfer, in particular the progress on identified work-up actions. # NSTEMI Treat & Repatriate service in place since January 2019 providing 6 ring-fenced beds at PPH supporting timelier transfer for BGH and WGH patients to SBUHB for angiography/coronary revascularisation. # Cardiology SDM engaged with Regional planning in support of improvements in coronary angiography capacity across South West Wales. # Cardiology SDM engaged with ARCH/Regional planning in support of improvements in pacing capacity across South West Wales.	Safety - Patient, Staff or Public	3×5 =15	2×5= 10	Performance indicators for Tier 1 targets.	Daily/weekly/monthly/ monitoring arrangements by management (L1) Audit of N-STEMI referral undertaken by Clinical Lead show average wait of 5.8 days - currently being reviewed for February 2020 position(L1) Executive Performance Reviews (L2) IPAR Performance Report to BPPAC & Board (L2) Monthly oversight by WG (L3)		N		61

129	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients	Carruthers, Andrew	# GP's rotas are reviewed and updated daily by the OOH staffing team with a view to improve resilience. # 111 now live and embedded across the HB area since 31Oct18. # The clinical advice hub as part of the '111' service is assisting with OOH demand and has been enhanced for winter 2019/20. # Dedicated Advice sessions requested at times of high demand (weekends)-available capacity is limited. # Remote working telephone advice clinicians secured where required/ possible. # Dedicated workforce support from 111 programme team in addressing OOH fragilities secured. # Health Professional feedback form in use between clinicians, service management and 111 (WAST) leads. # Patients directed to alternate OOH care where capacity allows. ED and MIU direction is made for most urgent cases. Where possible, additional ED staffing is secured via OOH service to support pathway. # A new approach to engage with the GP network was held in terms of a workshop in October 2019- further workshops to be held in 2020. # WAST APP support in place and provides significant mitigation to risk contributing to 20% of home visiting demand # Pharmacist deployed locally into GGH but working as extended arm of support hub and being supported by OOH GP mentors. # First salaried ANP has been appointed - with additional bank staff recruited. # GP navigator in place where possible and a dedicated out of hours nurse response care is currently being piloted.	Service/Business interruption/disruption	5×3 =15	2×3= 6	Performance against interim 111 standards Filled rotas and base closure data	Weekly sitreps/Weekend briefings for OOH (L1) Monitoring of performance against 111 standards (L1) Executive Performance Reviews (L2) BPPAC monitoring (L2) QSEAC monitoring (L2) WG Peer Review Oct 19 (L3)	ET- Risk to OOH business continuity - Sep19 QSEAC OOH Update Sep19 ET- OOH resilience - Nov19 BPPAC - update on the OOH Services peer review paper Dec19 BPPAC Quarterly monitoring Nov19 QSEAC OOH Update Feb20 ET - OOH resilience Q3 monitoring Jan20 QSEAC - Peer review - Feb20 BPPAC - OOH service design Feb20	N		65
451	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Cyber Security Breach	Miles, Karen	Controls have been identified as part of the national Cyber Security Task & Finish Group. Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc. £1.4m national investment in national software to improve robustness of NWIS. Further Task and Finish Group established to review the future patching arrangements within NHS Wales - this will lead future work locally to implement recommendations. Capital funding has been made available by WG in 2018/19 to improve cyber security - this will be used to purchase required software/equipment for penetration testing.	Service/Business interruption/disruption	3×4 =12	3×4= 12	No of cyber incidents. Current patching levels in UHB. No of maintenance windows agreed with system owners. Removal of legacy equipment.	Department monitoring of KPIs (L1) IGSC monitoring of cyber security workplan addressing recent internal and external audits/assessments (L2) IGSC monitoring of National External Security Assessment (L2) Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress (L3) WAO IT risk assessment (part of Structured Assessment 2018 (L3) Internal Audit IM&T Security Policy & Procedures Follow-Up - Reasonable Assurance (L3)	External Security Assessment - IGSC - Jul 18 Update on WAO IT follow-up - ARAC - Oct19	N		69
295	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Inability to maintain routine & emergency services in the event of a severe pandemic influenza event	Jervis, Ros	# Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (updated in accordance with current data and approved by Strategic LRF 14/11/18). # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Strategic Group on 11/07/2018. # Health Board Pandemic Influenza Response Framework and associated plan(currently outdated awaiting review). # Quality assurance process via national & local exercise programmes. # Access to national counter measures stockpile.(Planning underway for new training programme for new key stock items which are being replaced). # Welsh Government Pandemic Influenza Guidance and National Pandemic Flu Service. # Hywel Dda participation in Welsh Government Pandemic Influenza Group. # Reinstated Hywel Dda Pandemic Influenza Group.	Service/Business interruption/disruption	3×4 =12	3×3= 9		Reports to Health & Safety and Emergency Planning Sub-Committee (L2) Emergency Planning Action Group (EPAG) Wales meetings re Pandemic Flu (L2) NHS Wales wide workshops (L3) LRF Cygnus Test of plans (L3) Reviewed LRF Pandemic Flu Plan (L3)	No recent reports.			73

44	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Ability to manage patients awaiting follow up appointments	Carruthers, Andrew	The programme of work underway within the Health Board is focussing on a number of key stages, urology and cancer. Admin validation, cleaning up the waiting lists and removing obvious duplicate entries or patients that have been seen and the pathway not closed. Engaging Clinical Leads for each specialty in the prioritisation of their patients and the identification of those most at risk of harm. Specialty Service Delivery Manager (SDM) and clinical lead have identified patients on their follow up list who might be at risk. Lessons learned from SUI / adverse events / complaints relating to delayed care shared through Directorate QSE meetings. Introduction of FUNB metrics into Directorate / Service performance reviews to provide local scrutiny.	Safety - Patient, Staff or Public	3×4 =12	2×4= 8	Reduction of delayed follow up appointments across 5 specialties (Target to be agreed)	Watchtower meetings are held weekly to review all patient waits (L1) Ophthalmology ECM specifically report compliance with the follow up intervals (L1) Outpatients Turnaround Group reviewing levels of follow-up (L2) Planned Care Programme Board (WG) reviewing HB implementation of PCP (L3) Scrutiny of FUNB forms part of the Delivery Unit remit for scrutiny (L3)	* IPAR Report Mth 5 - Board - Sep19 * IPAR Report Mth 6 - BPPAC - Oct19 * Delayed Follow Up Improvement Plan 19/20 - BPPAC - Feb19	Y		75
91	1. Deliver the Annual Plan 2019/20 by the end of March 2020, 4. Maintain performance and delivery of RTT by the end of March 2020	Insufficient number of Consultant Cellular Pathologists to meet 14 day timescale set out in the new Single Cancer Pathway	Carruthers, Andrew	Consultant Cellular Pathologists centralised to Glangwili General Hospital (GGH) site. Tissue processing centralised to GGH site. Consultant Cellular Pathologists are undertaking additional sessions to maintain workload in house to ensure turn around times are maintained. Additional 6 sessions provided by current 3.0WTE substantive consultants. Prioritisation of suspected cancer cases over routine tissue samples. Actively working with medical staffing to recruit to vacant posts.	Safety - Patient, Staff or Public	3×4 =12	2×4= 8	None identified.	Review of KPIs at Monthly Pathology Strategy Group meeting (L1) External Quality Assessments by Consultant Staff - issues picked up through supervision (L1)	QSEAC -Feb19 & Apr19 & Feb20 (planned) Op QSE SC - May19	N		79
750	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Lack of substantive middle grade doctors affecting Emergency Department in WGH.	Carruthers, Andrew	Daily review of team strengths by rota co-ordinators and service manager unscheduled care. Issues identified escalated to GM and SDM. Recruitment program on-going to fill gaps and recruit into vacant posts. Medacs agency filling whenever possible with long term locums. Continuous monitoring of the team strengths to ensure consultant and senior support and supervision. Medical rota team continually manage and report on any short falls to the Triumvirate team. Weekly Urgent Response Group review rotas for next 3 months. 3 x long term locums in place (6 months). Escalation procedures in place.	Safety - Patient, Staff or Public	3×4 =12	2×4= 8	A&E 4hr waiting times (<95%) A&E 12hr waiting times (0 target) Number of ambulance handovers over one hour (0 target) Incidents level 4 or 5	Daily review of rotas (L1) Daily review of incident reports (L1) Local governance meeting monthly (L1) Tier 1 target performance reviewed at Business Planning and Performance Committee (L2)	* Executive Committee - Jul19 * In-committee Board - Jul19	Y		82

733	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal Act (Wales) 2018 by Sept 2020	Shakeshaft, Alison	# DECLO (Designated Education Clinical Lead Officer) appointed (one of the 4 new statutory duties) # DECLO member of the All Wales DECLO Group # DECLO member of Regional ALN Transformation Leadership Group. # Hywel Dda ALN Implementation Group established. # Hywel Dda Readiness Survey completed. # Hywel Dda ALN Implementation Plan in situ. # Hywel Dda represented at the relevant regional ALN work streams. # Local systems in place to capture SEN, which may be transferable to ALN. # Strong local, operational working relationships with Local Authority Education Services, Social Services, Schools and Further Education Institutions. # Successful grant application to fund fixed term Business Support to assist with the implementation of the ALN Implementation Plan. # Project Support Manager - ALN appointed for 12 months. # Information raising session at OD Session of the Board and at Executive Team.	Statutory duty/inspections	4×3 =12	2×3= 6		Hywel Dda ALN Implementation Group monitor the progress against the actions within the implementation plan (L1) Regional ALN Transformation Group monitor progress made against the actions within the ALN Health work stream plan (L1)	Executive Team, ALN Act Implementation - Sep19	N		84
635	1. Deliver the Annual Plan 2019/20 by the end of March 2020	No deal Brexit affecting continuity of patient care	Jervis, Ros	* Regular meetings with CEO, DPH & Head of Emergency Planning plus verbal updates/discussions and papers at Executive Team and Board. * Brexit Steering Group has been established to manage the consequences of Brexit and its interface with partners. * Wider governance infrastructure in place - of note the Dyfed Powys LRF Brexit Group and Welsh Government led groups. * Risk assessments and business continuity plans feed into a dynamic risk summary document which continues to track on-going risks and controls assurance with business continuity. * Scoping exercise undertaken within Workforce to identify EU nationals and resolve data gaps in ESR. Workforce Brexit Plan developed. * Information flows are being co-ordinated to ensure that any discussions with respective Health Board services and national services and/or professional leads are captured within our planning. * The Health Board is represented at the WG SRO's, Comms and Brexit Health & Social Care Civil Contingencies Group and also within the DP LRF Brexit Group. * Staff Brexit Intranet page developed as single point of information plus a closed Facebook Group for EU staff. * Exercise Brexit Challenge undertaken resulting in recommendations and an action plan that will be progressed via the Brexit Steering Group. * Sitrep process in place at local, regional and national level for reporting and escalating impacts of consequences of Brexit. * Systems in place to review and respond to new consequences of Brexit at local, regional and national level. * Review of Health Board Risk Assessments and Business Continuity Plans undertaken Aug/Sep19. * Staff bulletins issued to inform and raise awareness.	Service/Business interruption/disruption	4×3 =12	2×3= 6	None identified.	Response submitted on 19Nov18 to Andrew Goodall letter of 05 October stating approach to be taken by Health Boards confirming progress (L1) Response submitted to Wales Audit Office letter notifying of intention to undertake an initial baseline of arrangements by 30Nov19 (L1) Emergency Planning Team to review UHB no deal Brexit arrangements and associated BCPs (L1) Executive oversight of Brexit arrangements and BCPs (L2) Review of Exercise planned for Jan19 (L3) WAO Review of Brexit Preparedness (L3)	None to date.			87
646	2. Deliver the agreed financial control total for 2019/20 by the end of March 2020, 3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020	Ability to achieve financial sustainability over medium term.	Thomas, Huw	Understanding the underlying deficit. An initial assessment has been completed. Very high level base-case long term financial model. Assessing the full financial implications of A Healthier Mid and West Wales.	Finance inc. claims	3×4 =12	2×3= 6	Operational agreement to underlying deficit assessment. Plan in place to develop a long term financial plan. High level financial assessment of A Healthier Mid and West Wales in place.	Reporting to Finance Committee (L1).	N/A	N		90

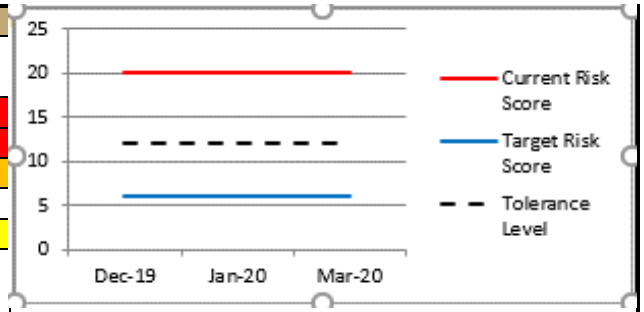
634	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Overnight theatre provision in Bronglais General Hospital	Carruthers, Andrew	Resident Operating Department Practitioners (OPD) Team 24/7 anaesthetic cover on site (obstetrician and consultant anaesthetist). All families are informed by the Maternity Service at Bronglais Hospital of the services available at the hospital and that they will be a Continual Risk Assessment throughout pregnancy for the suitability of the Mother to deliver at BGH. Maternity staff are trained to deal with emergencies, with protocols in place for transfer out to appropriate centre is issues are identified. Principle of removal of on-call compensatory rest approved by Executive Team.	Safety - Patient, Staff or Public	3×5 =15	1×5= 5	No of incidents reported where 30 minute response target is missed.	Maternity Services governance systems review of incident reports (L1) Management audit of cases presented to QSEAC (L2) Discussions with WG Chief Nursing Officer & UHB Medical & Nursing Director (L3)	Executive Team - Jul18 Executive Team - Dec18 ARAC - Jun19	N		93
633	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Ability to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway	Carruthers, Andrew	Working with all Wales Cancer Network to gain full understanding of implications of new pathway. Implementation Group established, reporting to Cancer Board with awareness / engagement sessions held on each hospital site. Shadow monitoring in place. Further Demand & Capacity exercise planned 2020/21 with support from Delivery Unit. New Cancer tracking module in W-PAS now fully operational as of Dec19 with tracking team in place from Dec19 to allow patients to proactively tracked through treatment pathways. Routine daily communication feed from ED to cancer information team which helps identify the point of suspicion.	Quality/Complaints/Audit	3×3 =9	3×2= 6	Deliverable indicator targets - 1% improvement per month during 2020/21. Shadow performance data.	Daily/weekly/monthly/ monitoring arrangements by management (L1) Executive Performance Reviews (L2) IPAR Performance Report to BPPAC & Board (L2) Monthly oversight by Delivery Unit, WG (L3)	* IPAR Report Mth9-Board - Jan20 * Implementation of Single Cancer Pathway Report - BPPAC - Feb20	Y		95

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020* *5. Deliver year 1 of the Health and Care Strategy by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Mar-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Apr-20

Risk ID:	**810**	**Principal Risk Description:**	There is a risk of avoidable harm to patients and poor quality of care within the unscheduled care pathway. This is caused by ambulance delays for patients waiting at home for an ambulance (as a result of ambulances being delayed outside hospitals), overcrowding within Emergency Departments (EDs) from poor patient flow, inability to adequately staff EDs and surge facilities to cope with demand, and deconditioning of patients who are spending too long in an acute hospital setting. This could lead to an impact/affect on patients who will experience significant clinical deterioration, delays to diagnostics and treatment, and poorer outcomes, increased incidents of a serious nature, inability to recruit and retain clinical staff, adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

The current risk remains at the highest levels due to a sustained and ongoing period of pressure. Hospital sites are regularly escalated to RED escalation. In Nov19 the Health Board has experienced the greatest number of ambulance lost hours for many years resulting in a failure to achieve acceptable levels of ambulance response times in the community and patients waiting too long in Emergency Departments. This is a direct consequence also of patients waiting too long in hospital when they could be cared for in a more appropriate setting.

Rationale for TARGET Risk Score:

Across the UK there is a significant challenge across the unscheduled care system. The immediate target score is to reduce the current levels of risk being experienced in the community and in our Emergency Departments.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS** **Identified Gaps in Controls :** (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Comprehensive daily management systems in place to manage unscheduled care risks on daily basis including multiple daily multi-site calls in times of escalation. # Reviews of patients admitted to surged areas to ensure patient acuity and dependency is monitored and controlled. # Surge beds continue as per escalation and risk assessment of site demand and acuity. A daily review of the use of surge beds via patient	Lack of available inpatient beds to meet ED admissions Delays in discharge of medically fit patients Consistent approach to	Redesign of services in unscheduled care through Transforming Clinical Services Programme.	Kloer, Dr Philip	31/03/2028	A Healthier Mid and West Wales: Health and Care Strategy was approved by the Board in Nov18. Since approval, significant work has been undertaken to plan for the delivery phase.

flow meetings to facilitate step down of beds. # Discharge lounge takes patients who are being discharged. # The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. # Regular reviews of long stay patients over 7 days at weekly meetings across all hospital sites. # Discharge planning is a core part of the inpatient documentation & is commenced prior to admission in the A&E Department once the decision to admit is made & included in ward rounds. # Regular training on discharge planning and complex care management is provided to ward based staff through Community Discharge Liaison teams, Social services and the Long Term Care Team support. # Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. # Escalation plans for acute and community hospitals. # Annualised delivery plans aligned to Transforming Clinical Services. # Annual winter plans developed to manage increased activity. # Joint workplan with Welsh Ambulance Services NHS Trust. # 111 implemented across Hywel Dda. # Transformation fund bids in relation to crisis response being implemented across the system.	implementation of Red2Greed and SAFER patient bundles Lack of agreement of discharge standards with partners Workforce issues create an ongoing demand/capacity imbalance. Inability to improve current unscheduled care system due to high reliance on temporary staff. Inability to manage within current unscheduled care capacity continues to cause problems for elective programmes of work. Resilience of out of hours remains a significant challenge.	Clusters through their IMTPs will consider system wide changes that support the provision of seamless care to patients	Paterson, Jill	31/03/2021	Defined plans will be developed as part of the planning process for 21/22
		Implementation Plan to be developed and delivered by UHB following the review on 'Amber' ambulance 999 calls	Bishop, Alison	31/03/2021	The USC system plan will encompass any actions to be delivered in partnership with primary care and WAST colleagues.
		Development and delivery of Unscheduled Care Programme including frailty plan, older people plan, Red2Green, SAFER bundles, PJ paralysis, last 1000 days.	Carruthers, Andrew	31/03/2021	Work progressing and is on target. USC System plans have been developed on a county level, next steps are peer review and agreement of outcome measures. Work is also underway with fortnightly meetings to review unscheduled care improvement plans.
		Develop winter plans for 2019/20.	Carruthers, Andrew	Completed	Winter plan approved by Board 28Nov19.
		A refreshed approach based on the 4 nationally agreed 'Discharge to Assess/Recover' (D2RA) pathways to be developed and approved with each local authority and will be implemented as part of the Unscheduled Care 3 year plan.	Carruthers, Andrew	~~30/11/2019~~ 31/03/2023	Approach agreed with Local Authorities at winter summit in Dec19.
		Implement transformation schemes funded through transformational funding through Regional Partnership Board to support implementation of TCS over next 10 years.	Carruthers, Andrew	31/03/2021	Submission successful in securing £11.9m. Groups now working on implementing three approved programmes and embedding into county plans. Weekly IEG meetings are pushing the pace.
		Redesign of the out of hours system across HDUHB	Carruthers, Andrew	31/03/2021	Temporary closure of overnight rotas at 2 bases from 09Feb20.

				Review of A&E model across the south of the Health Board	Kloer, Dr Philip	~~30/06/2020~~ 30/06/2021	As part of the Transforming Hospitals programme a complete review of the A&E model given current staffing constraints is being implemented.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**			**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Performance indicators for Tier 1 targets. A suite of unscheduled care metrics have been developed to measure the system performance.	Medically optimised and ready to transfer patients are reported 3 times daily on situation reports	1st			What's the hold up? Discharging patients in Wales - Wales Audit Office Toolkit Assurance Report - ARAC - Oct19 IPAR - Board & BPPAC (bi-monthly) Winter plan 2019-20 - Finance Committee and Board - Nov19	Given the position across the system presently the performance of the unscheduled care improvement programme remains a Board level issue. Reporting arrangements needs to be reconsidered in light of the current challenges.	Review of current reporting arrangements with Chairman to clarify assurance gaps and reporting requirements.	Gittins, Alison	31/03/2020	New committee structure to be implemented 01Apr20.
	Daily performance data overseen by service management	1st								
	Delivery Plans overseen by Unscheduled Care Improvement Programme	2nd								
	Bi-annual reports to BPPAC on progress on delivery plans and outcomes (and to Board via update report)	2nd								
	Executive Performance Reviews	2nd								
	IPAR Performance Report to BPPAC & Board	2nd								
	WAST IA Report Handover of Care	3rd								
	11 x Delivery Unit Reviews into Unscheduled Care	3rd								

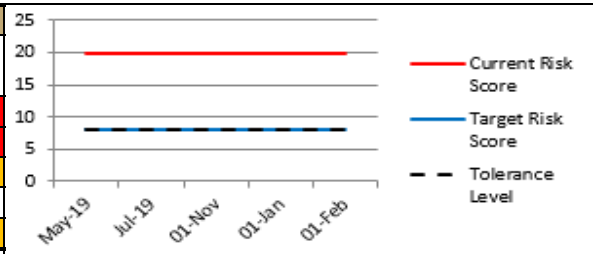
	Delivery Unit Report on Complex Discharge	3rd								

Strategic Objective:	*3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020*

Executive Director Owner:	Thomas, Huw	**Date of Review:**	Feb-20
Lead Committee:	Finance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**730**	**Principal Risk Description:**	There is a risk the UHB not delivering the planned recurrent savings of £24m by end of March 2020. This is caused by a failure to realise the opportunities identified in the Turnaround programme. This could lead to an impact/affect on a failure to meet its financial statutory duty to breakeven, attain an approvable IMTP, loss of stakeholder confidence in the organisation's ability to deliver its objectives and increased scrutiny by WG.
Does this risk link to any Directorate (operational) risks?	yes		

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:

It is factored into the Health Board's end of year forecast the full £24m savings will not be delivered in 2019/20. Currently as at the end of Month 9, the Health Board is forecasting delivery of £18.6m of no risk and low risk schemes against that target for 2019/20. There is a further pipeline of Red schemes and mitigating actions that reduces that gap. Work is underway with Value and Core Team to identify further savings opportunities that can be delivered in the remainder of 2019/20.

Rationale for TARGET Risk Score:

As the Turnaround programme is an intervention aimed at supporting delivery of the overall financial plan, and as such has had the in year recovery actions required to achieve breakeven, the target score has been set to align with the risk to delivery of the overall financial plan.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Director of Finance leading on Turnaround programme. Fortnightly 'Holding to Account' (HTA) meetings including a monthly Chief Executive HTA session for the highest risk directorates. Each Directorate has signed up to a savings plan and recovery plan - costed and RAG rated. Identified Exec lead for red schemes and for key Turnaround Improvement Programmes. Specific aspect of Performance Review focus on finance and link to HTA session. Escalation process to HTA monthly meeting.	Lack of sufficient capacity to support and facilitate the delivery of Turnaround programme. Ability to control operational priorities that adversely affect delivery of savings plans, eg, winter pressures, vacancy position. Lack of clarity in organisation about true priorities specially achieving balance quality performance, TCS and finance delivery.	Increase capacity of programme management office (PMO) and service improvement capability to support delivery of Turnaround Programme.	Ryan-Davies, Libby	Completed	Central Project management, service improvement and analytical resource as has been realigned and allocated to deliver key schemes that support quality and performance improvement, accelerating strategy delivery, and achieving the savings plan. KPMG are also being commissioned to stay with us beyond their WG related contract, to support delivery of opportunities they have identified in that WG review.

Executive Team Turnaround Meetings. The identification of thematic Turnaround Delivery Groups that are Director led.		Work closely with the Director of Operations to ensure robust operational and contingency plans are in place that minimise additional cost, and align with turnaround savings actions.	Thomas, Huw	31/03/2020	Joint Chairs of Operational Effectiveness Group and Unscheduled Care Programme Board.
		Chief Executive setting out the organisations goals for 2019/20 to Executive Team.	Moore, Steve	Completed	Executive Team away day set up to clarify goals and the contribution each portfolio needs to make to them has been held. ET are developing the framework for the IMTP from 2020 onwards.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance against agreed savings plan In-month financial monitoring	Performance against plan monitored through HTA meeting with Services	1st			* Mth 9 Finance Report & Turnaround Report - Board Jan20 * Finance Report & Turnaround Update Report Mth 10 - March 2020 Finance Committee (interim papers were circulated as there was no meeting in February)	None				
	Executive Performance Reviews	2nd								
	Finance Committee oversight of current performance	2nd								
	Turnaround & Financial Report to Board & BPPAC	2nd								
	WG scrutiny through Targeted Intervention (TI)	3rd								
	WG scrutiny through Joint Executive Team (JET)	3rd								

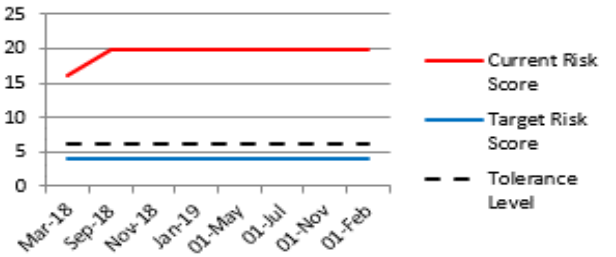
	WAO Structured Assessment 2019	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**245**	**Principal Risk Description:**	There is a risk avoidable interruption to business continuity affecting all clinical teams. This is caused by poor and inadequate facilities within the Health Records Service with insufficient storage capacity to meet patient records demand added to a lack of investment in electronic systems to deliver a sustainable model. This could lead to an impact/affect on patient record service rendering it unable to store records securely with potential for loss, damage or inappropriate disclosure of patient records leading to breach of confidentiality, review and sanction by the ICO, significant service disruption with several localities compromised, indirect adverse impact to patient safety arising from inappropriate clinical decisions, leading to poor patient care, complaints and litigation.
Does this risk link to any Directorate (operational) risks?	Yes		

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	5×4=20
Target Risk Score (L x I):	1×4=4
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

Acute and mental health services are no longer able to transfer records for storage to the UHB's offsite facility. As a result of historical abuse and blood transfusion cases, further weeding and destruction programmes have been curtailed exacerbating the current situation. The relocation of deceased and non active records has also ceased from all main hospital localities.

Rationale for TARGET Risk Score:

This risk financial support to aid planning to identify, fund and implement a long term sustainable solution that will provide more effective patient care, more appropriate working conditions for staff and financial sustainability. Without this, the risk cannot be reduced in the near or long term future.

Key CONTROLS Currently in Place:

(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# Annual weeding and destruction programme agreed and facilitated across the Health Board up to 2018/19. # Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin & Secretarial systems/shared drives (Clinic Letters). # Alteration to current racking and purchase of additional racking at GGH. Resourcing of additional racking for the offsite facility. # Agreed and approved Health Records strategies, policies and procedures (approved Aug15). # Electronic Records Project Group undertaking scoping work for Turnaround Project for long term solution (Sep18). # Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19) # Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.	Lack of sustainable long term solution for records management and storage. Lack of capital funding to support sustainable solution (estimated to be in excess of £8m). Lack of capacity within current storage facilities resulting in more records being stored on wards/service areas. Inability to store all records safely within current storage facility. Difficulties in accessing records to comply with legal access timeframes and enable the UHB to deliver timely and clinical appropriate treatments, affecting RTT and unscheduled care targets.	Implement the agreed weeding plan for 2018/2019.	Bennett, Mr Steven	~~31/03/2019~~ 31/01/2020 31/03/2020	All 2016 records have been relocated from GGH and PPH. Over 70% of the specific records have been relocated from WGH and approximately 20% from BGH. The process is now behind schedule due to daily service pressures. Following the support received from BPPAC and the Exec Team the overtime process has been implemented and has slipped from the originally anticipated Jan 2020 completion date.
		Implementation of the weeding and destruction plan 2017/2018.	Bennett, Mr Steven	Completed	The weeding plan for 2017/2018 was agreed and the plan was implemented in priority order. The plan has now been completed for all hospital localities removing and relocating all non-current records from 2015. The weeding programme for 2018/19 was unable to be undertaken due to the public inquiry into infected blood products during 1970s and 1980s.

Full implementation of Welsh Admin Portal (WAP) electronic referral system.	Tracey, Anthony	~~31/12/2018~~ 31/03/2020	The e-referral has now been fully implemented within 11 specialties across the health board, with a further 2 specialties scheduled to go live in November 2019. Training is currently underway in 2 specialties and mapping has been completed and submitted to NWIS in another 3 specialties. Four specialities are still in the mapping process. Without additional resource the process will not be completed within the identified timescale.
Develop a business case for the implementation of a scanning solution to deal with long term issue.	Rees, Gareth	~~31/03/2019~~ 31/03/2021	The Health Records Modernisation Programme Group has identified 5 specific work streams. To ensure delivery there is an essential requirement of 1.8WTE support staff from the PMO along with £130K financial support. The scanned record project is the most complex and time consuming and 1WTE would be assigned to that specific work stream. The individual will support the project from the point of drafting the business case, all the way through to the commencement of scanning and all the planning in-between. A resourcing needs paper is being developed for submission to the ET(expected 31/03/20).
Re-establish Health Records Group.	Bennett, Mr Steven	Completed	First meeting of the Health Records Group took place on the 19th October 2018.

Development of an implementation plan to improve management of storage arrangements for current records by information asset owners across the UHB.	Bennett, Mr Steven	Completed	Implementation plan has been endorsed by the Executive Team in Dec18 however funding resources will need to be appropriately supported to deliver the outcomes.
Develop a Health Records management paper identifying current issues and including an options appraisal to resolve the interim lack of storage capacity for presentation at BPPAC and Exec team.	Bennett, Mr Steven	Completed	Paper submitted to BPPAC on 27th June 2019 and option 5 within the paper noted by group members as most appropriate option. Paper also presented at Executive Team by Deputy CEO & Director of Operations for approval.
Implementation of the agreed overtime process for condensing records at the Health Records storage facility.	Bennett, Mr Steven	Completed	Process implemented on 13th July 2019, with agreed reviews every 5 weeks.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level		
Service KPIs in place.	Weekly management audit to assess current capacity against demand	1st			* Destruction of records report - Exec Team - Dec17, * Records Management Brief report - Exec Team Nov 2018, Dec18, Jul19. * Records Management Brief report - BPPAC Apr19 & Jun19. * Health Records Management
	Deputy Health Records Managers Meetings to review storage & weeding	1st			
	Health Records Audits	1st			
	Electronic Records Group	2nd			

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Lack of recent independent review of Records Management.	Include on Internal Audit Plan.	Wilson, Joanne	Completed	Already included on IA Plan 2018/19 - planned for Q3.

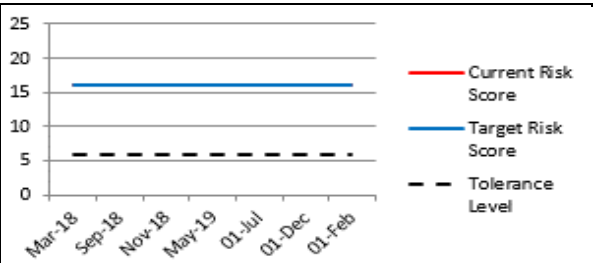
Health Records Modernisation Programme Group Medium)	2nd			Management Report - BPPAC Oct 2019. * Programme Management Office Support report - Exec Team Jul19 & Nov19.				
Oversight by IGSC	2nd							
IA Records Management Report - Feb19 (Limited Assurance)	3rd							

Strategic Objective:	*5. Deliver year 1 of the Health and Care Strategy by the end of March 2020*

Executive Director Owner:	Miles, Karen	**Date of Review:**	Feb-19
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**624**	**Principal Risk Description:**	There is a risk the UHB will not be able to maintain and address either the backlog maintenance or development of its estate, medical equipment and IM&T infrastructure, that it is safe and fit for purpose. This is caused by insufficient capital, both from the All Wales Capital Programme and Discretionary Capital allocation. This could lead to an impact/affect on delivery of strategic objectives, service improvement/development and delivery of day to day patient care.
Does this risk link to any Directorate (operational) risks?	Yes		

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	4×4=16
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

Although there are a number of controls in place, the risk score cannot be reduced significantly within the current capital allocation.

Rationale for TARGET Risk Score:

The target risk score of 16 reflects the actions and processes planned and controls in place to help mitigate the risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
* There is an annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process. * The Business Planning & Performance Committee (BPPAC) and Capital Estates & IM&T Sub Committee (CEIM&T) (with IM membership and wide stakeholder engagement in prioritisation process), receive reports and recommendations on the prioritisation and allocation of available capital. * When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB. * Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds. * Retention of a medical equipment capital contingency to manage urgent issues of repair or replacement. * Review of regulatory reports which have a capital component ie. HIW, WAO, CHC. * Investigating the potential for 'Charitable' funding rather than Discretionary Capital Programme as appropriate. * Communication with Welsh Government via Planning Framework and	Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, IM&T & equipment. An Estates Strategy aligned to the Board approved Health and Care Strategy.	Undertake backlog maintenance through the All Wales Capital programme for new equipment, IM&T and estates infrastructure. The Strategy is to apply discretionary capital in a prioritised way within the UHB however to take advantage of all Wales capital schemes where possible and any additional in-year (2019/20) capital allocations.	Miles, Karen	~~31/03/2019~~ 31/03/2020	As previously reported, significant pressures remain on the All Wales Capital Programme which limits flexibility in relation to backlog capital. The equipment allocation has been supplemented by the allocation of year end monies from WG and the benefit of being able to retain the capital underspend which had been estimated for Cardigan ICC. In total. the equipment backlog has been supported by just over £2m more than thought possible this financial year.

* Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings.
* Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle.
* Reports to CE&IMT SC set out priorities for imaging equipment and established a much firmer baseline position in relation to medical devices backlog.

Development of a medical devices inventory.	Rees, Gareth	Completed	A Medical Devices Coordinator is now in place and maintains the UHB medical devices inventory. The Inventory Report was submitted to the CEIM&T Sub Committee at its meeting Sep18 and formed part of the capital prioritisation process for DCP which was reported to BPPAC at its meeting in Oct18 and Feb19. This has been utilised to inform the prioritisation of equipment to ensure best use of year end capital allocations. The inventory is to be updated to take account the higher than anticipated capital spend on equipment backlog issues.
The annual planning cycle identifies key capital enabling plans and priorities. The 2019/20 planning cycle will also include the start of the development of an Estates Strategy in support of the clinical strategy which will establish the timing and scope of key estate developments which will help address backlog issues across the UHB.	Miles, Karen	31/03/2020	To be evidenced in work in support of implementation of 'A Healthier Mid & West Wales' and inclusion in the Infrastructure and Investment Enabling Plan to be produced as part of the 2019/20 Planning Cycle.
Respond to Welsh Government request of 24Jul19 requesting a prioritised imaging equipment which could be provided 2019/20 (deadline for submission is 7th August 2019).	Miles, Karen	Completed	List was submitted to WG and funding has been allocated which will result in new digital general x-ray room equipment in both PPH and WGH plus new fluoroscopy equipment in GGH in addition, an allocation has been agreed to allow the replacement of the WGH MRI in 2020/21. A further allocation for imaging is expected for 2020/21.

		Following the submission of the Strategic Medical Device Replacement report to the CEIM&T Sub-Committee, discussions need to be had with Welsh Government colleagues at the Capital Review Meeting (CRM) on 30Jul19 about the progression of a business case for funding to help address priority backlog areas.	Miles, Karen	Completed	Completed - As stated above, following the higher than anticipated levels of investment in 2019/20 and 2020/21m in imaging and general equipment backlog, the medical devices inventory is now to be re-assessed to establish our understanding of priority requirements. Further correspondence is to be sent to Welsh Government in support of the need for a replacement CT scanner programme (by 31st January 2020)
		Estate Major Infrastructure backlog has been the subject of a draft Programme Business Case (PBC) which is now being refreshed following the TCS outcome with the purpose to address essential infrastructure backlog on hospital sites pending new developments as part of the UHB Health & Care Strategy.	Miles, Karen	31/03/2020	The Programme Business Case is due to be submitted to WG in Mar20.
		IM&T Bids have been forwarded to Welsh Government to access the £25m in capital and revenue funding available in 2019/20. This is intended however for innovation and the IM&T backlog issues contained in the PBC submitted to Welsh Government along with other UHBs in 2017 remains unresolved. Year end capital may be made available to top up DCP at the end of 2019/20 however this is insufficient to address all the risk areas.	Miles, Karen	Completed	Confirmation of capital and revenue allocation to be received for 2019/20. The funding letter was received 19/12/2019, detailing the allocation from the Digital Priorities Investment Fund (DPIF) of £1,486,000. This total is made up of £1.010m capital and £476,000 revenue. A further allocation of £151,500 capital from year end slippage. A meeting is to be held on the 28Feb20, to discuss the allocations for 2020/21.

ASSURANCE MAP	Control RAG	Latest Papers	Gaps in ASSURANCES

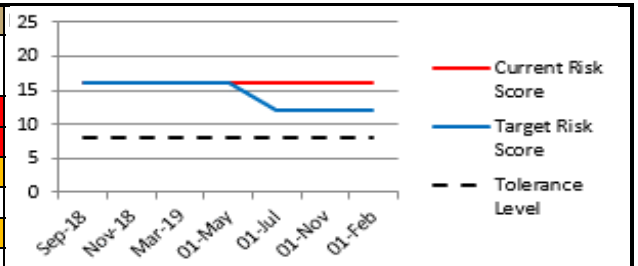
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level	Rating (what the assurance is telling you about your controls	(Committee & date)	Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance against plan & budget.	Reports of delivery against capital plan & budget	1st			* DCP and Capital Governance Report - BPPAC Feb19 and CEIM&T Sub-Committee Jan20 * Radiology Equipment Risk CEIM&T Sub-Committee Jan20 * Strategic Medical Device Replacement CEIM&T Sub-Committee Jul19 * Estate Infrastructure CEIM&T Sub-Committee Nov19 * IM&T Infrastructure CEIM&T Sub-Committee Nov19 & Board Jan20					
	Capital Audit Tracker in place to track implementation of audit recommendations	1st								
	Monitoring returns to WG include Capital Resource Limit	1st								
	Datix & risk reporting at an operational management level	1st								
	BPPAC & CEIM&T Sub-Committee reporting (supported by sub-groups)	2nd								
	Bi-monthly Capital Review Meetings with WG to discuss/monitor Capital Programme	2nd								
	NWSSP Capital & PFI Reports on capital audit	3rd								
	WAO Structured Assessment 2017	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020* *5. Deliver year 1 of the Health and Care Strategy by the end of March 2020*

Executive Director Owner:	Shakeshaft, Alison	**Date of Review:**	Feb-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**628**	**Principal Risk Description:**	There is a risk that patients in need of therapy services do not receive them or do not receive the required level of them. This is caused by gaps in the therapy service provision across acute, community and primary care settings from historical under-resourcing, exacerbated by recurrent savings targets, vacancies and recruitment/retention issues due to national shortages. This could lead to an impact/affect on on patient outcomes, longer recovery times, increased length of stay, a reduction in performance against 14 week waiting time and non-compliance with clinical guidance, with a potential adverse impact on patient safety/harm.
Does this risk link to any Directorate (operational) risks?	yes		

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:
There are significant gaps in the therapy service provision across acute, community and primary care, the reasons for this are described in the cause section. Across all therapy services, current demand does not align to current capacity and whilst this is being managed as far as possible by the controls in place, it is not sustainable.

Rationale for TARGET Risk Score:
The target risk score has been assessed as 12 as although priority areas have been agreed and progressed, the risk will not be completely addressed in the coming year. A sustainable therapy workforce solution aligned to the Health and Care Strategy has been agreed. The following 3 high impact/workforce priority areas have been identified within the Annual Plan for focus during 2019/20: older people (incorporating frailty, dementia and stroke); improving self-management (including pulmonary rehabilitation and diabetes); therapists as first point of contact in primary care (including musculoskeletal, older people and irritable bowel syndrome). An additional area requiring development is the Major Trauma Network and a sustainable solution is also required to maintain the 14 week waiting time target. These areas of development will require practical, prudent and incremental workforce solutions to improve patient care, outcomes and experience, and sustainable funding models will be required through whole-system review and shifting of resource from elsewhere in the health and care system.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# Individual service risks identified and discussed at a range of for a; i.e. QSEAC, OQSESC, Performance Reviews and Therapy Forum. # Priority areas agreed in the 2019/2020 Annual Plan, to increase capacity in these areas. # Some additional funding agreed f0r 19/20 with the Director of Finance. # Locum staff utilised where appropriate, funded from within core budget (2 vacancies fund 1 Locum) # Short-term contracts/additional hours within budget used to cover maternity leave. # Training of support staff to safely deliver delegated tasks. # Over-recruitment of Newly Qualified Staff were appropriate and approved by the Director to mange foreseeable future decrease in staffing levels. # Local solutions include review of each vacant post to make them attractive, including skill mix review, early advertisements for new graduates. # Prioritisation of patients is undertaken through triage and risk assessment by therapy services. # Introduction of the Malcomess Care Aims Framework for Paediatric Therapy Services.	Inability to secure funding for all developments identified in 19/20 annual plan. Shortage of qualified staff nationally and rurality of HDdUHB limits applications to some posts. Unplanned service development opportunities. Lack of cohesive approach to workforce planning across all therapy services.	Developing robust plans to evidence improved patient outcomes and experience through reprovision of resource from elsewhere in the health and care system aligned with strategic direction of the HB. This is a significant, long term piece of work, which will need to run alongside strategic development through the Health and Care Strategy. This will include skill mix review such as new HCSW and Advanced Practice roles.	Reed, Lance	31/03/2020	Plans under development. Funding already secured for developments in pulmonary rehab, dementia, lymphoedema and to support some increase in front door/acute therapy input including plans to address malnutirion. Series of workshops being held with the DoTHS, Director of Operations, HoS, County Directors and GMs to progress further developments to release resource and savings from the wider health and care system through increased therapy provision, including areas of pathway re-design. Therapy Assistant Practitioner HCSW role pilot being developed to support workforce model changes
		Ensure process for robust workforce planning is in place to inform HEIW in respect to future graduate numbers required by the UHB/Region, which are aligned to the Health and Care Strategy workforce plan.	Shakeshaft, Alison	Completed	Long-term piece of work informed by action above on an annual basis. Lead in time of 3 years to benefit from graduate programme.
		Pursue opportunities to attract local people into therapy careers in the HB, eg 'grow your own' schemes, apprenticeship programmes, development of career pathways from HCSW to graduate, development of local graduate training programme.	Reed, Lance	31/03/2020	Commitment given to extend apprenticeship scheme to AHPs, agreed from 2020. Variety of HCSW training modules for level 3 and 4 developed and being implemented. HEIW review to commission local training provision for Physio & Occupational Therapy Undergraduate Training locally.
		Develop robust workforce plans that align to stroke, major trauma and neurology rehabilitation service needs to maximise workforce opportunities.	Shakeshaft, Alison	31/03/2020	Plan being developed as part of Therapy 3 Year Plan 2021/23.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Maintenance of 14 week waiting times for therapy services. Clearance of backlog for pulmonary rehabilitation, with 100% achievement of 14 week maximum wait by Dec20. Improved compliance with minimum standards for stroke therapy care by Q3 2020/21 (Dec20). Improved staffing ratios for priority areas by Dec20.	Management monitoring of breaches of 14 week waiting times	1st				Reporting improved compliance with the Dementia Action Plan, including increased diagnostic rates.				
	Exceptions to achieving 14 week waiting times reported via IPAR to BPPAC	2nd								
	Monitored nationally via SSNAP and monitored via Stroke Steering Group & RCP Annual Report with recommendations produced	2nd								
	External Peer Reviews, Delivery Unit Reviews & national audits, eg Diabetes paediatric audit - action plans developed	3rd								

Strategic Objective:	*5. Deliver year 1 of the Health and Care Strategy by the end of March 2020*

Executive Director Owner:	Miles, Karen	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**371**	**Principal Risk Description:**	There is a risk that the UHB will not improve its delivery against the national completeness target for clinical coding (of 95% within month coding and 98% on a rolling 12 months) and that inaccurate/incomplete information will be used in decision-making in relation to service delivery and clinical strategy. This is caused by insufficient staff numbers within the Clinical Coding Department. This could lead to an impact/affect on the existing backlog of 20,000 episodes that require clinical coding (this increases by 2,000 per month with a projected backlog of 44,000 by end of 2019/20), the Welsh costing returns which use the derived Healthcare Resource Grouping (HRG) as a key element and that any reconfiguration of clinical services might not achieve the UHB's strategic goals to improve patient care.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	**No trend information available.**
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	6
Trend:	⟺

Rationale for CURRENT Risk Score:
The UHB is operating with a recurrent backlog of 20,000 episodes that require clinical coding. The backlog increases by 2,000 per month, with a projected year end backlog of 44,000. This requires a number of actions to be taken, significant investment in contract coders at the end of the year. This affects the clinical information available for audit/research and the year end costing returns for the UHB. Due to competing priorities, requests for additional resources have not been agreed by the Executive Team, therefore the UHB will only be able to achieve an average of 82% against the required target of 95% episodes coded within 1 month of discharge. A recent WAO follow up review on clinical coding concluded that clinical coding continues to be low priority for the UHB and non-compliance with completeness is impacting overall improvement in accuracy and staff morale, with the use of coding data as business intelligence being underdeveloped. Previous recommendations to be progressed.

Rationale for TARGET Risk Score:
Although overtime has been utilised throughout the year, there is still an underlying backlog of episodes that require clinical coding. Fundamentally the department has seen an increase of 22% in terms of episodes that required clinical coding and not the necessary increase in staffing to cope with the underlying growth. The requirement for additional resources should also be considered against the aging workforce with 5 staff have indicated that the will be retiring within the next 2-3 years, and the fact that it takes 18 months to train a clinical coder. The resources required to achieve the coding target are outlined below: • 5/6 wte - Senior Clinical Coder (Band 4)

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# Processes have been reviewed to identify any improvements that can be made to current working practices. The review has been unsuccessful in identifying any gains. # The coding backlog is monitored on a regular basis and reported via the IPAR and the Quality Indicators Group. Establishing the cost of contract coders to deal with the current backlog as a short term measure. # Overtime is being implemented to address some of the short fall in the completeness factor. # Reminders to end users of coded information that completeness levels does not meet national targets. # Notes are moved across the Health Board to support the teams that have less than required resources. # An outsourcing tender has been awarded to GSA for the coding of the Hywel Dda backlog, with a completion date of 27th June 2019, which is the requirement for the statutory costing returns.	Resourcing the clinical coding team, to take account of underlying growth A revised workforce plan for the succession planning for the department	Develop a workforce plan to address current shortfall and address future staffing/succession needs (current shortfall is calculated as 5.5wte clinical coders and 2.5 WTE clerks)	Beynon, Gareth	31/10/2020	This will be put forward for consideration in the IMTP 2020/23 prioritisation process.
		Additional funding has been provided to the Clinical Coding Team for 1 additional coder	Beynon, Gareth	Completed	The interviews for a fully trained coder were unsuccessful, therefore a further job advert was release for a trainee coder. Interviews for a trainee coder took place on the 10Dec19, and we appointed 2 trainee coders, however it should be noted that it will take 18 months for the individual to be fully trained and therefore the impact upon the coding backlog will not be seen until the individual is fully trained.
		A further tender will be placed out to market for a weekend contract coder	Beynon, Gareth	Completed	The contract weekend coders, began on 02Nov19 and are targeting the backlog cases.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**		
Number of episodes coded Number of episodes outstanding 95% of episodes coded within 1 month of discharge	Department monitoring of KPIs	1st			Information Governance Sub-Committee Jul18, Sep18, Nov18, Feb19, Apr19, May19, Jul19, Sep19
	IGSC monitoring of Clinical Coding Targets	2nd			

Gaps in ASSURANCES				
Identified Gaps in Assurance:	**How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
None identified				

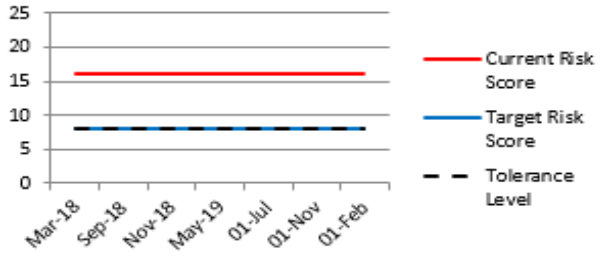
98% of episodes coded in a rolling 12 months	WAO Follow-up Report on Clinical Coding - Apr19	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**291**	**Principal Risk Description:**	There is a risk patients having poorer outcomes and increased mortality due to the lack of access to mechanical clot retrieval services (thrombectomy). This is caused by thrombectomy services being withdrawn by Cardiff and Vale Health Board due to a lack of interventional neuroradiologists. This could lead to an impact/affect on increased mortality rates, increased dependency of patients and an inability to access a National Institute for Health and Care Excellence (NICE) approved intervention within 5 hours of onset of stroke symptoms.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:

Mechanical intervention for Stroke is available at North Bristol NHS Trust (NBT) (and Walton Centre NHS Foundation Trust for Bronglais Hospital). However this service is only available Mon to Fri 9-5pm therefore there is still a risk during out of hours. A protocol for referral for Hywel Dda UHB is currently being finalised, with a pathway for referral under development by clinicians who have been involved with WHSSC regarding establishing a service with NBT. NBT have issued a Thrombectomy checklist and referral document which the HDUHB clinicians will use until further clarity has been received from WHSSC.

Work is still continuing regarding the redesign of the stroke service at the UHB. Three workshops have been held during Aug19. The Health Board is undertaking a whole system re-design of its stroke services, which will culminate in a business case in Mar20 for consideration by the Board in early 2020-21.

Rationale for TARGET Risk Score:

The uncertainty surrounding the changes proposed in the Transforming Clinical Services programme have a significant impact upon the development of acute and hyper acute services within the UHB. Thrombectomy services continue to be sought and escalated with English Neuroscience units until the Cardiff and Vale service is reinstated and the instigation of a WHSSC commissioned service with North Bristol NHS Trust.

Mechanical intervention for Stroke is now available at Bristol (and Walton for Bronglais. However this service is only available 9am to 5pm (at Bristol) Mon to Fri. The risk for out of hours would stay the same.

Key CONTROLS Currently in Place:

(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

Re-commencement of thrombectomy services in Cardiff and Vale Health Board, dependent upon capacity WHSSC currently putting in place a service in North Bristol which is planned to be in place by May 2019 and will support the Cardiff and Vale service	Timely investigations that are required to support transfers for thrombectomy not supported 24/7 on all sites. Work is ongoing to ensure that CT Angiography is available in all Hywel Dda units to provide the necessary diagnostic investigations prior to transfer to a specialist neuroscience centre.	Develop and review the Thrombectomy pathway, throughout the Health Board.	Mansfield, Simon	Completed	Review of thrombectomy pathway undertaken, no facility to procure ad hoc services from North Bristol or Stoke. National Stroke Implementation Group have worked with WHSSC to commission an all Wales Thrombectomy service with North Bristol NHS Trust for Welsh patients.
		Development of pathway and protocols for the referral of stroke patients within each of the Hywel Dda Acute Hospitals to suitable neuroscience in England.	Mansfield, Simon	Completed	Briefing paper and protocols developed for the direct commissioning of ad hoc thrombectomy services from English Neuroscience units.
		Negotiate short-term commissioning arrangements with neuroscience units.	Teape, Joe (Inactive User)	Completed	Completed - however unable to secure new commissioning arrangements whilst WHSSC work to commission all Wales service
		Work with WHSSC to ensure all Wales thrombectomy service is commissioned.	Teape, Joe (Inactive User)	~~31/12/2018~~ 31/05/2019, 30/11/19, 31/05/2020	WHSCC are in the process of negotiating provision of all Wales service with North Bristol NHS Trust. Update from WHSCC awaited. Delivery Unit auctioning on behalf of Health Boards across Wales. A service is now available from

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Datix incident reports	Daily/weekly/monthly/ monitoring arrangements by management	1st			Thrombectomy Report - ET - Sep17.					
	Executive Performance Reviews	2nd								
	IPAR Performance Report to BPPAC & Board	2nd								

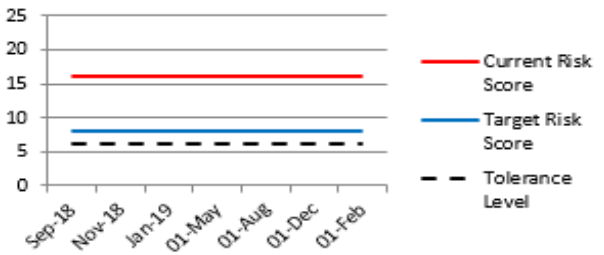
	Stroke Delivery Group review of patient cases	2nd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**632**	**Principal Risk Description:**	There is a risk the UHB not being able to fully comply the WG Eye Care Measures (ECMs). This is caused by a lack of identified on-going funding to support Community Optometrists to undertake enhance referrals and also the capacity within the Hospital Eye Service to support progress with the ECM Plan due to on-going recruitment challenges. This could lead to an impact/affect on delivery of the Ophthalmology RTT plan, lead to delays in the treatment and care of patients, adverse publicity/reduction in stakeholder confidence and increased scrutiny/escalation from WG.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:
The known number of current delays in ophthalmology follow-ups would indicate that the UHB would not currently meet the new ECM standards.

Rationale for TARGET Risk Score:
The UHB aim to have a service where demand and capacity is aligned to meet the new ECM standards.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Eye Care Action Plan in place. # Ophthalmology RTT delivery plan in place. # Identification of delivery opportunities to reduce costs of RTT delivery (identified in RTT paper to Board 26/07/18). # Commissioning arrangements for outsourcing ophthalmology activity secured via an extension to 2017/18 contractual arrangements. # Eye Care Collaborative Group established and meet quarterly to oversee performance against eye care standards. # ECM Coordinators recruited. # WG Monitoring information from W-PAS 18.1.standards is now	Lack of 3 year balanced plan for ophthalmology. Lack of funding to utilise primary care to meet eye care standards. Delay in go-live of IT systems to support shared care / remote delivery of evaluations away from acute sites.	Identify funding sources for ECM Coordinators and ophthalmology staff required to deliver Eye Care Plan.	Hire, Stephanie	Completed	RTT financial plan provides for partial progress with ECMs (recruitment of Ophthalmology co-ordinators) but not redirection of activity to Optometry service.
		Development of a 3 year eye care plan.	Hire, Stephanie	Completed	A 3 year plan has been developed and submitted for scrutiny & comment.

functional and information is being submitted. # Incident Management Group in place and meeting monthly to monitor incidents of irreversible sight loss due to delayed / cancelled appointments. # Tender process completed to ensure outsourcing arrangements for activity are agreed for 2019 - 2021. # Text validation of FUNB Waiting List undertaken to ensure current waiting list is a true record. # Communications group set up and internet page developed and launched including FAQs. # Primary Care Communications campaign to include a short video to increase awareness on the range of services Community Optometrists can offer. # Direct communication sent to all patients on a new or follow up waiting list informing them of new Eye Care Measures. # Identification of sustainable funding solutions from Apr20 onwards. This is being considered as part of the UHB's developing 3 Year Plan and the resource implications of this have been highlighted. # Cataract Referral Refinement scheme to support community optometrist assessment of patients, designed to release HES outpatient capacity to be re-prioritised for R1 patients. # Process for management of duplicate records agreed and implemented from Jan 2020.	Lack of investment/staffing funding to support required service developments across primary and secondary care.	Identify funding sources to support primary care.	Hire, Stephanie	~~31/05/2019~~ 31/10/2019 31/01/2020 31/03/2020	Welsh Government have provided project funding, however, there will be the requirement to identify sustainable funding to continue the use of this scheme beyond Mar20. Funding requirement has been identified as part of the 3 year plan that has been developed.
		Development bid of £1.42million made to WG Planned Care Program to support infrastructure, staffing and IT deficits identified by the Eye Care Collaborative Group as key to the implementation of a sustainable model of care.	Hire, Stephanie	Completed	UHB received £196,117 in capital revenue to support infrastructure deficits. The service have completed the capital purchases and taken delivery of those items to support infrastructure deficits.
		Ability to use W-PAS 18.1 to identify, monitor and report on outcomes against ECM.	Beynon, Gareth	Completed	Analysis of errors underway to isolate where data errors are occurring. Ongoing with NWIS.
		Recruitment of ECM Coordinator	Wragg, Gordon	Completed	Successful candidate commenced in Nov18.
		Installation of MediSIGHT software to allow for joint management of VR, Cataract, Medical Retinal and AMD patient pathways.	Tracey, Anthony	Completed	All work within the secondary care setting has been completed. Infrastructure has been built, tested and implemented, and MediSIGHT has been rolled out to the areas indicated. In terms of the community elements, VPN tokens have been allocated to the community areas identified, however a more sustainable solution for community optometrists is part of a wider work programme around the implementation of a Eye System for NHS Wales (the delivery date for this is yet to be determined).

Joint work with informatics team to resolve issue of FUNB patients on duplicate follow up pathways.	Buckingham, Carly	Completed	Validation of FUNB list completed and changes to follow up booking and recording started in Jan 2020. Process and management of duplicate records agreed within service and monitored on a monthly basis to resolve and close any duplicate records.
Joint work with informatics team to identify a process with NWIS to complete all blank HRF on current follow up waiting list.	Buckingham, Carly	Completed	All follow up records have now been allocated a HRF
Glaucoma Community Data Capture to commence in Oct19 will see approx 5,000 patients receive follow ups for Glaucoma monitoring in a local Optometric practice.	Buckingham, Carly	Completed	Commenced will run until 31/03/2020. 716 patients have been sent to their local Optometric Practice for Glaucoma monitoring.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**		
Reduction in number of follow-ups. Reduction in the number of patients, assessed as health risk factor 1, waiting outside of target date. Delivery of zero 36 week RTT breaches. Reduction in the number of Serious Incidents relating to Hospital Eye Services.	Monitoring arrangements by management	1st			* EC Collaborative Group Meeting Aug19 * IPAR Mth 11 - Board Mar19 * IPAR Mth 12 - BPPAC - Apr19 * EC Collaborative Group Meeting Feb19 * QSEAC SBAR November 2019
	Executive Performance Reviews	2nd			
	IPAR Performance Report to BPPAC & Board	2nd			

Gaps in ASSURANCES				
Identified Gaps in Assurance:	**How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
3 year operational plan requires Executive sign-off and funding to delivery actions to achieve ECM.	Develop new IT reporting measures.	Hire, Stephanie	Completed	Completed - Welsh (PAS) Patient Administration System went live on 13/08/18.
	Identification of source of data errors.	Beynon, Gareth	Completed	Analysis of errors underway to isolate where data errors are occurring. Ongoing with NWIS.
	Root and branch review of operational, workforce and financial plans and sustainability models.	Buckingham, Carly	~~31/10/2019~~ 31/01/2020 31/03/2020	Discussions commenced with Swansea Bay to deliver a regional Ophthalmology service for the South West Wales Region. ARCH have confirmed support with this work-stream. Paediatric Ophthalmology confirmed as the first sub-speciality to undergo a regional discussion for joint working.

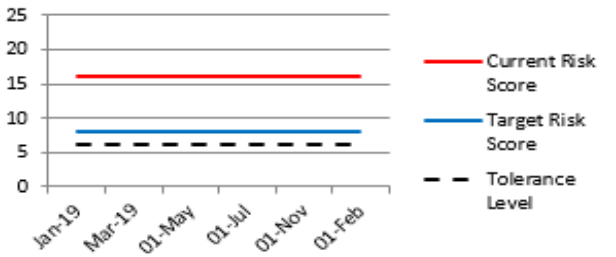
	Monthly oversight by WG	3rd			* BPPAC SBAR December 2019		Review of management meetings and accountability structures within service.	Buckingham, Carly	Completed	Recent change in management structure has prompted a review of systems and plans to support the delivery of service. * Monthly Team meetings with Consultants, SNM, Senior Sisters, Service Management Team set up from Jul19 * Fortnightly meetings with Clinical Lead to review Governance, Finance and Delivery.

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020* *5. Deliver year 1 of the Health and Care Strategy by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**686**	**Principal Risk Description:**	There is a risk that the UHB will be unable to fully deliver Transforming Mental Health (TMH) Programme by 2023. This is caused by a number of key challenges, specifically the securing of £20/29m capital to implement TMH, potentially increased revenue costs from newer buildings, limited capital resources to fund implementation of both TMH and HCS, potential delays from co-production with service users, staff and key stakeholders, understanding of IT requirements, and adequate programme support. This could lead to an impact/affect on the UHB's ability to meet the rising demand on mental health services, meeting service users' expectations, recruitment and retention of professional staff, and result in adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

Delivery of TMH is critical to the UHB's ability to manage the increasing demand on mental health services and improving recruitment and retention in key professional groups. Whilst there are work streams in place to identify keys risks and issues, the delivery of TMH is reliant on a significant amount of capital. Capital resources are limited and there is a risk that some elements of TMH may need to align with the UHB's Transforming Clinical Services programme which could result in a delay in the overall delivery of TMH. Capital is also dependent on the UHB demonstrating that it will be able to manage the increasing revenue costs associated with the increasing demand on services since the development of the TMH.

Rationale for TARGET Risk Score:

The Mental Health and Learning Disabilities Directorate has completed a consultation in respect of a revised service model which should reduce the reliance on our inpatient services. Delivery of the TMH programme within the timescales agreed by Board is dependent on securing the required capital and programme support therefore the target score reflects the uncertainty associated with both these requirements.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS** **Identified Gaps in Controls :** (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Open commitment and mandate from the Board on the implementation of the TMH Programme. Board approved implementation plan (Jan18). Mental Health Implementation Group established to oversee delivery of the TMH Implementation Programme. Established work streams in place for Pathway and Access Design, Workforce and Cultural Change, Transport, and Estates and	Lack of dedicated Programme Director and adequate programme support. Lack of agreed capital investment which is dependent on a balanced revenue position which will be able to address estates, IT and infrastructure	Establishment of additional workstreams for Partnerships and Commissioning, IT and Data Evaluation. Further development of the Communications and Engagement Plan to support delivery phase of TMH.	Jones, Richard Jones, Richard	Completed Completed	Additional work streams now in place. Progressing and will remain a working document throughout implementation.

Infrastructure, IT, Partnerships & Commissioning and Data & Evaluation. First proof of concept sites operational.	requirements. Competing demand for capital with Transforming Clinical Services Programme.	Develop a programme business case to secure required capital allocation (currently estimated at £15m) to deliver TMH.	Jones, Richard	Completed	Business case has been submitted to Welsh Government.
		Secure additional programme management support to the programme.	Jones, Richard	Completed	Addition PMO secured.
		TMH programme fully aligned with TCS to ensure that risk of delays to TMH developments are minimised and opportunities for support are maximised.	Jones, Richard	Completed	TMH now formally sits and reports as one of three arms of the delivery of the new healthcare strategy.
		Establish continuous review process of demand and capacity within Adult Mental Health Services.	Jones, Richard	~~01/01/2020~~ 30/06/2020	Discussions held between Transformation Programme Office, Assistant Director of Informatics and Transforming Mental Health team to explore options. Work plan has been proposed by Assistant Director of Informatics to build bespoke demand and capacity model to meet need. Service lead has reviewed workforce requirements to meet demand in 24/7 Community Mental Health Centres.
		Confirmation that Adult Mental Health Service will remain revenue neutral following completion of demand and capacity process and Transforming Mental Health workforce review.	Jones, Richard	~~31/03/2020~~ 31/08/2020	First proof of concept sites are now operational and data from these areas will provide an indication of efficiencies likely to be made to offset increased revenue costs within new buildings. Demand and capacity work will also inform whether current staffing model remains viable.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

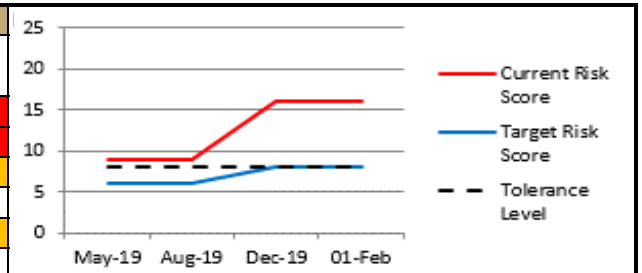
N/A	Work streams report progress, key risks and issues to Mental Health Implementation Group	1st			* TMH Progress Report - Board - Sep18, Nov18 & Jul19 * HOS reports - BP&PAG - Jan 2020 * MHLAC Update - Board - July 2018 * Planning Sub Committee - March 2020	Assurance structure for Transforming Mental Health & Learning Disabilities is being reviewed in March 2020.				
	Regular reports received at Local Mental Health Partnership Board and MH&LD Business Planning & Performance Assurance Group	2nd								
	TMH Plan is monitored by TMHLD Implementation Group and Planning Sub-Committee and to Board on request	2nd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**718**	**Principal Risk Description:**	There is a risk the UHB will face enforcement action under the Health and Safety at Work Act 1974 and subordinate regulations. This is caused by This is caused by a failure to comply with legislation by not undertaking proactive health and safety (H&S) management (such as audits & inspections) and the ability to provide awareness training to managers. This could lead to an impact/affect on harm to patients, staff and the public, improvement notices, large fines and/or criminal prosecutions following HSE investigations, adverse publicity/reduction in stakeholder confidence.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:

Following HSE inspection in Jul19, the UHB has received 8 improvement notices and 13 material breaches. In response, the UHB has developed a governance structure comprising of 3 control groups, 3 task and finish group, with progress overseen monthly by the Health and Safety and Emergency Planning Sub-Committee. Funding has now been agreed for 2 additional Health&Safety adviser posts with appointments due to commence in Mar20 and 1 x Violence&Aggression case management post who commenced in Feb20 to assist with delivering the required improvements in response to the HSE and improving overall compliance with H&S legislation within the UHB.

Rationale for TARGET Risk Score:

Due to the scale, diversity and range of functions with health care, the inherent risk is high and therefore a reasonable level of risk rating has been considered as a score of 8. It is anticipated that the additional staff and the focused work now being undertaken will reduce this risk to the target level.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
1 x Head of Health & Safety, 1 x Health & Safety Manager, 1 x Security/Case Manager/Prevent Co-ordinator and 1 x Violence & Aggression Case Manager. Datix Risk module in place. The Health Board has invested in the Datix module which enables services to identify, assess and manage risks associated with health and safety. Health and Safety policies and procedures are in place and are published on staff intranet.	Lack of staff capacity to undertake proactive H&S management such as audits, inspections, timely learning and follow up after incident investigations, promotion and implementation of H&S policies. Lack of UHB support for victims of assault and also lack of follow up with potential prosecutions.	Appointment to additional H&S Adviser plus V&A Case Management posts.	Elliott, Rob	~~31/12/2019~~ 29/02/2020 31/03/2020	2x H&S Advisers appointed start date Mar20. 1x V&A Case Manager appointed start date Feb20. Prioritised work plan to include a programme of inspections that the new staff will perform has been submitted to BPPAC to provide assurance that this risk will be reduced.

Incident/concerns investigations are undertake. Prioritised approach to audit and inspection on acute and community premises. Health and Safety Emergency Planning Committee reporting to BPPAC re compliance with HSE improvement plans.	Lack of incident/concerns follow-up to identify and address lessons learnt. Limited environmental/personal exposure monitoring (COSHH) is undertaken. Non-compliance with UHB Health and Safety policies. Ability to manage sharps effectively Effective control of contractors Effective implementation of Lifting operations and Lifting Equipment Regulations 1998 (LOLER)	Implementation of UHB H&S policies and procedures	Harrison, Tim	31/03/2021	Work to strengthen implementation of the UHB MH & V&A policies will be undertaken as part of work planned in response to HSE improvement notices. Control groups will be overseeing improvements. Work progressing and monitored by 2 x Control Groups. Implementation of other HB H&S policies will form part of the H&S workplan for 2020/21.
		Develop and implement H&S Team workplan for 2020/21 which will address identified gaps in controls, eg, compliance with UHB H&S policies	Harrison, Tim	31/03/2021	Implementation of other HB H&S policies will form part of the H&S workplan for 2020/21 e.g. COSHH compliance
		Implementation of action plans developed in response to HSE improvement notices and material breaches by 01/05/2019 to address gaps in respect of Violence and aggression (V&A), accident investigation, manual handling (MH), LOLER, sharps and control of contractors.	Harrison, Tim	30/04/2020	Progress on actions is reviewed and monitored at 3 x control groups (V&A, Accident Investigation & MH), 3 task&finish groups (LOLER, sharps and control of contractors) and overseen Health&Safety and Emergency Planning Sub-Committee (monthly).
		Additional staff will enable workplace inspections/audits to be undertaken as part of a planned programme	Springthorpe, Adam	31/03/2020	Recruitment process Complete. One out of three posts commenced Feb20, with remaining posts starting in Mar20.
		HB Action plan developed in response to HSE improvement notices/material breaches which will be monitored by H&S/EP monthly	Harrison, Tim	05/05/2020	Control Groups have met and progress noted with actions agreed. Progress being made against the enforcement actions. Met with HSE 17Feb20 to provided an update on progress to date.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress

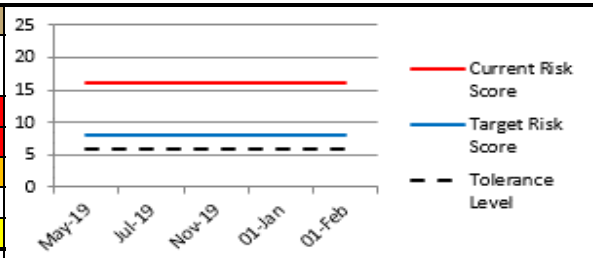
		(1st, 2nd, 3rd)	Current Level	about your controls			Further action necessary to address the gaps			
	Incident and RIDDOR and progress against workplan reports to H&S/EP Sub-Committee	2nd			SBAR Exec Team Oct-18 H&S/EP Sub-Committee HSE Inspection Report - H&S EPSC - Nov19	Lack of H&S related targets, KPIs and management objectives	Develop KPIs to enable management review of compliance with H&S legislation.	Harrison, Tim	30/09/2020	Include in H&S Team Workplan for 2020/21.
	3 x Control Groups to monitor delivery of actions developed in response to HSE improvement notices/material breaches	2nd					Members of each control group as well as hospital management teams will be responsible for implementing improvement measures and report progress at respective control groups.	Harrison, Tim	30/04/2020	TOR written for each Control Group. Each Group have met and progress noted with actions agreed. Hospital Management Groups also met to discuss concerns identified on their sites.
	Progress against workplan reports to H&S/EP Sub-Committee	2nd					Appointment of additional staff will enable the outstanding 2 Internal Audit recommendations to be completed as agreed with BPPAC.	Harrison, Tim	31/03/2020	Starting Date 02/03/20 and 16/03/20 for the H&S Adviser appointments.
	IA report on Health and Safety Sep16 (Reasonable Rating)	3rd								
	8 x HSE Improvement notices plus 13 material breaches	3rd								

Strategic Objective:	*2. Deliver the agreed financial control total for 2019/20 by the end of March 2020*

Executive Director Owner:	Thomas, Huw	**Date of Review:**	Feb-20
Lead Committee:	Finance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**735**	**Principal Risk Description:**	There is a risk the Health Board not achieving its agreed financial plan for the 2019/20 financial year. This is caused by the savings plans for the year not being delivered; or the operational cost pressures arising from the requirement to meet performance targets of quality measures. This could lead to an impact/affect on the Health Board's reputation with Welsh Government and other stakeholders.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

The Health Board has revised the end of year forecast to a deficit of £25m, which is £10m higher than the Control Total requirement of £15m. This is due to the cumulative financial position to date and anticipated continuation of cost pressures, in addition to which the savings requirement for the year is not expected to be fully identified. Operational cost pressures are manifesting primarily within unscheduled care, especially in the latter part of the year; alongside other risks such as the closure of the Aseptic Unit and the management of commissioned solutions which could lead to reduced cost pressures. Primary Care Prescribing is also causing significant pressures across Wales.

Rationale for TARGET Risk Score:

The Health Board needs to demonstrate that it is able to manage its financial position effectively, cognisant of the risks which are inherent in the delivery of safe and timely care. Given the challenge in delivering the financial position this year, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions. Turnaround Director Holding to Account meetings. CEO Holding to Account meetings. Executive Performance meetings. Commissioning arrangements with key partners (Local Authorities; Care	Finance support is not currently sufficient. Responsiveness and accountabilities need to be reinforced. Process to become embedded and refined. Variable arrangements, to be	Complete outstanding appointments to key finance roles through OCP to support in understanding and developing actions.	Thomas, Huw	Completed	All appointments complete. Transitional arrangements in progress to transfer and process improve workstreams from Business Partnering to Process Improvement to give capacity in Business Partnering to further embed this model of working with operational managers.

home sector; Other NHS providers; Primary Care; Third Sector). Process of review of recovery plans process in place and approaching of system-wide issues.	harmonised to enable effective commissioning.	Directorates to sign accountability statements in relation to Budget 2019/20.	Thomas, Huw	Completed	Meetings embedded in monthly business processes. Residual queries resolved and concluded November 2019.
		Review of contracting arrangements.	Thomas, Huw	~~30/06/2019~~ 10/12/2020	Team in place following Finance OCP - Interim Band 8d, Band 8c, Bands 8a, 7 and 6. Regular Papers providing updates on progress timetabled into Finance Committee Agendas. Strategy presented June and July 2019, update Papers presented monthly thereafter, at Finance Committees by Interim Assistant Director to address identified gaps in assurance through action plan.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**			**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Identification and delivery of savings schemes. Financial performance and projections reported on a monthly basis. Breakeven recovery plans where deficits are projected. Financial process assurances.	Finance dashboards	1st			* Month 10 Finance Report 2019/20 reports - Finance Committee - March 2020 (interim papers were circulated in February as there was no meeting).	None				
	Finance report to Finance Committee and Board Medium)	2nd								
	CEO Holding to Account meetings Medium)	2nd								
	Financial assurance report to Audit Committee Medium)	2nd								

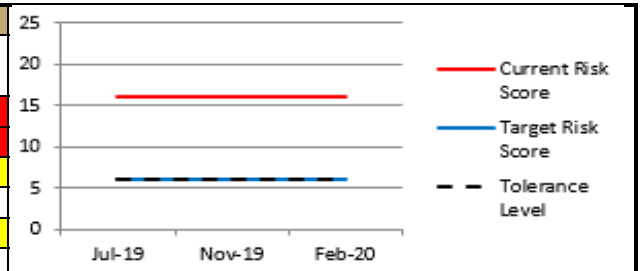
Internal Audit and Wales Audit Office reports.	Year-end reporting to Audit Committee	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**684**	**Principal Risk Description:**	There is a risk radiology service provision from breakdown of key radiology imaging equipment (specifically MRI in WGH and BGH, fluoroscopy room in GGH, insufficient CT capacity UHB-wide and the general rooms in PPH This is caused by equipment not being replaced in line with RCR (Royal College of Radiographers) and other guidelines. This could lead to an impact/affect on patient flows resulting from delays in diagnosis and treatments, delays in discharges, increased waiting times on cancer pathways, increased staffing costs to minimise the impact on patients when breakdowns occur and increased number of breaches over 8 weeks due to increased downtime.
Does this risk link to any Directorate (operational) risks?	644		

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:
The UHB's stock of imaging equipment routinely breaks down causing disruption to diagnostic imaging services across all sites which has a significant impact on the UHB's ability to meet its RTT target and impact to patients can include delays in diagnosis and treatment. Presently equipment downtime can be up to a week which can put significant pressures on all diagnostic services.

Rationale for TARGET Risk Score:
With more modern equipment, breakdowns will be less likely and less significant in terms of downtime together with a reduced impact on the diagnostic services at the remaining hospital sites. Improved business continuity plans will also help reduce the impact of equipment breakdown across the UHB.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS** **Identified Gaps in Controls :** (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Service maintenance contracts in place and regularly reviewed to ensure value for money is maintained. # The difficult to source spares can be obtained through bespoke manufacture but this invariably results in inherent delays in returning equipment to service. # Regular quality assurance checks (eg daily checks). # Use of other equipment/transfer of patients across UHB during times of breakdown. # Ability to change working arrangements following breakdowns to minimise impact to patients. # Site business continuity plans in place. # Disaster recovery plan in place. # CT Scanner including fluoroscopy room and WGH MRI included on all	Limitation of spare parts for some older equipment leading to extended outages. Increased use of site contingency plans puts pressures on patient flows, discharges, diagnosis at other sites. Lack of coordination between services and radiology department during service disruption.	Review and strengthen site business continuity plans with individual site leads to ensure robust response to breakdown.	Evans, Amanda	Completed	Site leads in process of developing up-to-date and robust business continuity plans which will operationalise procedures following breakdowns. Site leads have met with the business continuity team to agree on the process of updating plans. Due to operational pressures this needs further time to fully complete.

Wales Capital Programme (AWCP)(not yet agreed)and AWCP secured for replacing the BGH MRI. # Replacement programme has been re-profiled by risk, usage and is influenced by service reports.Some funding has been secured from AWCP for some replacements but does not cover all outdated equipment nor the future requirements.		Present report to executive team outlining the current situation and request support for more robust replacement programme.	Evans, Amanda	Completed	Paper presented to the Executive Team. Some further work required.
		Work with planning colleagues about sourcing capital funding through DCP and AWCP.	Evans, Amanda	~~30/06/2019~~ 1/4/20	Monies have now been made available for 4 high risk pieces of equipment but now four CT scanners are due to be replaced and are failing rapidly . A prioritisation of these is being discussed with WG

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance** **(1st, 2nd, 3rd)**	**Required Assurance** **Current Level**		
Reduction of waiting times to under 6 weeks by Mar22. Reduction in overtime costs to nil by Mar22.	Monthly reports on equipment downtime and overtime costs	1st			Radiology Equipment SBAR - Executive Team - Mar19 Further updates CEIMT February 2020
	IPAR report overseen by BPPAC and Board bi-monthly	2nd			
	Internal Review of Radiology Service Report (Reasonable Rating	3rd			
	WAO Review of Radiology - Apr17	3rd			
	External Review of Radiology - Jul18	3rd			

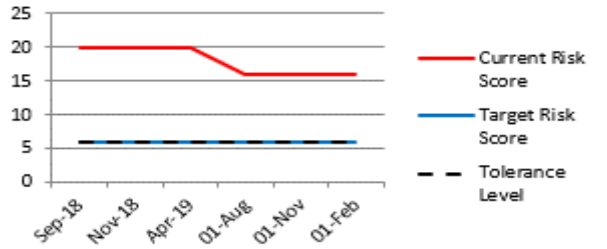
Gaps in ASSURANCES				
Identified Gaps in Assurance:	**How are the Gaps in ASSURANCE will be addressed** **Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Lack of process of formal post breakdown review.	Formalise post breakdown review process to ensure lessons are learnt and improvements implemented following the most impactful breakdowns.	Evans, Amanda	Completed	RSM has discussed with site leads and further work is underway. Equipment and risk information is included in regular site lead meetings . performance reviews include downtime Administrator coordinating issues and respones

Strategic Objective:	*5. Deliver year 1 of the Health and Care Strategy by the end of March 2020*

Executive Director Owner:	Miles, Karen	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**627**	**Principal Risk Description:**	There is a risk the digital capability of the organisation not supporting the delivery of the outputs from the Transforming Clinical Services Programme (A Healthier Mid and West Wales: Health and Care Strategy). This is caused by a lack of resources to support the implementation of the UHB digital strategy. This could lead to an impact/affect on delays in implementing the Health Board's long term strategy and improvements to support the delivery of safe and effective patient care.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

The current Informatics Teams are not resourced to take forward the current strategic options. Around 96% of staff time is dedicated to "keeping the lights onâ€• which comprises of ensuring that the infrastructure is robust and operational. The teams are not resourced to take forward any innovation or new builds at this time. Anything that is currently progressed, in terms of new builds is undertaken at the expense of guaranteeing robust ICT systems. There has been a reduction in the risk score as additional analytical support has been made available for the modelling element of the clinical services strategy.

Rationale for TARGET Risk Score:

An updated Digital Programme Plan has been developed with resources mapped against specific themes, to illustrate which programmes / projects / products will be developed, however without additional investment the UHB will miss the opportunities that digital can provide.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Board approved the 5 year Digital Strategy - Jan17. Board Approved the updated 2018 Digital Plan, and Operational Delivery Plan. Development of a Digital Futures Programme.	Resourcing of digital strategy. Resourcing of digital programme to deliver the Health and Care Strategy.	Where resources are required then Business Cases will be developed, in line with the digital plan.	Tracey, Anthony	~~31/03/2018~~ Mar20 in line with the budget setting excercise	Progress is being monitored via the Planning Sub-Committee and the CE&IM&T Committee. As part of the revised Digital Programme Plan, a detailed resource plan was included alongside a refreshed Strategic Outline Programme (SOP), which provided further information on the projects / schemes and timescales that will be delivered if additional resources were to be made available.

A paper has been prepared to request additional revenue resources from the Executive Team.	Tracey, Anthony	31/12/2019	Progress is being monitored via the Planning Sub-Committee and the CE&IM&T Committee. The Planning Sub Committee has approved the establishment of a digital steering group to take forward the digital agenda. A number of sub-groups will also be established to ensure that a robust resource plan is identified, and to also improve the project management of large projects.
Work with the 'A Healthier Mid and West Wales' Team to ensure that there is synergy and cross mapping of requirements.	Tracey, Anthony	Completed	An initial meeting has taken place between the Project Team and the ADI and CCIO, to ensure that the Digital Plan is linked to the strategy. Following the meeting a revised Digital Plan will be developed and presented as part of the updated enabling plans.
Develop a clear vision/scope for the digital workstream following the formal feedback from the consultation.	Tracey, Anthony	Completed	An initial meeting has taken place between the newly appointed management consultants and the Director of Planning, Performance, Informatics and Commissioning along with the ADI to provide an update specification of the work required to enable digital transformation.
A revised proposal for additional resources for a digital futures programme will be discussed with the Executive Team.	Tracey, Anthony	Completed	A detailed resource plan was included alongside a refreshed Strategic Outline Programme (SOP), which provided further information on the projects / schemes and timescales that will be delivered if additional resources were to be made available.

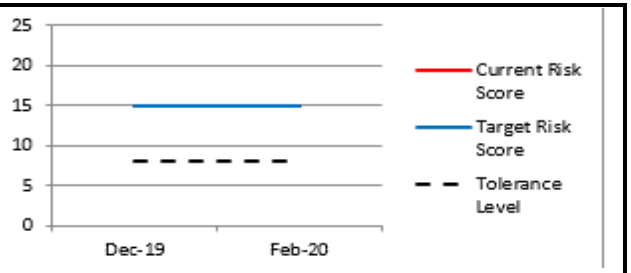
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Signed off project plans by the relevant committees	1st			Digital strategy/plans included in annual plan document- action to Board.	Lack of committee oversight	Information to be supplied to Planning Sub-Committee and CE&IM&T.	Tracey, Anthony	Completed	A newly established Digital Steering Group under the auspices of the Planning Sub Committee to ensure the appropriate governance is in place for the digital plan.
	Delivery of digital plans are overseen by Digital Steering Group (reports to Planning Sub Committee)	2nd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**813**	**Principal Risk Description:**	There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO). This is caused by 1. A lack of available resources within the current operational maintenance function, to undertake a fully HTM compliant pre planned maintenance programme (PPM's) for all fire safety components across the entire HB's estate. 2: The age, condition and scale of physical backlog, circa £20m relating to fire safety across our estate significantly affects our ability to comply with the requirements of the RRO in every respect. 3: A lack of fire safety ownership and understanding of fire safety responsibilities at local hospital management level. This could lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	3×5=15
Target Risk Score (L x I):	3×5=15
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:

Despite significant progress being made since the NWSSP IA Fire Precautions Report in May 2017 with regards to the key recommendations, such as, the establishment of a fully resourced fire safety team, the embedding of appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across the UHB. There are still some significant challenges faced by the UHB to fully comply with the fire safety order.

Whilst the fire safety team are in a position to provide support now to the UHB in the form of expertise and technical knowledge. The UHB still needs to embed an improved fire safety management culture and management ownership for fire safety. This is evident from the recent fire safety improvement notice (FSIN) served on the UHB in Sep19 for Withybush General Hospital.

Rationale for TARGET Risk Score:

Whilst it is likely that the UHB will address its staff shortfall issues in respect of fire safety for HTM compliance there are further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (circa £8m at present predicted to increase following additional surveys) that will remain until appropriate measures are put in place to address the deficit.

Despite annual investment from statutory capital for fire safety components (circa £200k), the scale of current investment is clearly not adequate to address the true scale of backlog the UHB has.

Key CONTROLS Currently in Place:

(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components. # A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG. # Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks. # Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy. # UHB has implemented a governance structure for fire safety reporting. # Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system). # UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety meetings. # Annual prioritisation of investment against high risk backlog.	Significant staff shortfall to achieve agreed level of operational compliance (>85% target) for fire safety and other Health Technical Memorandum (HTM) engineering disciplines Significant additional investment is required to address physical and engineering backlog shortfall for the UHB (approx circa £20m). Inability to allocate fire risk actions to appropriate owners on current fire risk assessment system hosted by NHS Wales Specialist Estates Services (NWSSP-SES). Inability to manage and control recommendations within the HB's own Fire Risk Assessments. Shortfall in advanced fire safety training especially in bariatric evacuation.	Secure funding for the identified staffing gap identified in the operational staff gap analysis (based on size, geography and estate of the organisation)	Williams, Heather	Completed	A business case for additional staff support has been approved by the executive team subject to review by NWSSP-SES to substantiate its accuracy. Job descriptions have now been created for these roles, jobs are on Trac and interviews scheduled for April 2020.
		Reassess remaining backlog and develop a prioritised plan that will address the high risk areas and where possible, will align to TCS modernisation programme for the UHB. A Programme business case is being developed for the remaining acute hospital sites to identify key fire safety compliance issues in order to seek for additional capital funding.	Elliott, Rob	31/03/2020	Following the FSIN at WBH a detailed action plan has been developed. Additional capital funding has also been made available to address a range of recommendations. However UHB must show regular progress to address other ongoing fire risks before the TCS remodelling programme. Discussions with business case developers has already commenced to outline the work requirements on this.

Introduce a system to manage fire risk assessment recommendations more effectively. System to have the ability to assign risks to risk owners, to track/manage risk and to demonstrate progress on the actions.	Lloyd, Gareth	31/03/2020	The fire team are utilising the current system as best as possible. An Excel system is being introduced (completion March 2020) and the data extracted from the main online system will been stored centrally and accessible to nominated General Managers and Estates Managers to allow the management of actions. Progress on these actions will be reported at regular HB wide Fire Safety Meetings. An alternative robust fire system is needed by the HB and a system demonstration has now been provided. Fire team producing specification to procurement team to procure a system via MultiQuote.
Undertake a review of fire training to address identified shortfall in training provision, specifically the evacuation of bariatric patients and site fire management responsibilities.	Lloyd, Gareth	31/03/2020	A review is currently being undertaken by the Head of Fire Safety to identify where improvements can be made in respect of addressing this demand and how training can be delivered now and in the future.
Clarify responsibilities and identify management ownership for fire safety to facilitate an improved fire safety management culture across all sites	Lloyd, Gareth	30/09/2020	General Managers and Responsible Persons have been identified across the UHB who have responsibility for fire safety on sites. This will be supplemented with site management training (level 5 training for all responsible managers which will be introduced by Mar20.

	Undertake a review of scale of work required to improve fire drawings in the UHB.	Evans, Paul	31/03/2020	A review of this has already commenced as to the scale of the work required through the appointment of external contractors/specialists to undertake this work for the UHB and the availability of capital money. The scale of outstanding work will be identified a part of the operational maintenance review report as identified below. Capital will be bid for in 2020/21.
	Review the compliance report to include the gaps associated with any risks on the fire safety components and not just levels of PPM performance.	Evans, Paul	29/02/2020	An update template has already been produced and discussed amongst the fire and operational maintenance teams. The draft ops compliance paper was presented at the Dec20 Fire Safety Group meeting and it was agreed that the new version was significantly improved and offered more assurance. This is now being taken forward as the model for the department and is being finalised by the operational teams to include all aspects of maintenance.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level		
Achievement of 50% attendance Level 5 Manager Fire Training for Band 8Bs and above by Jul20	Bimonthly review of outstanding actions from fire risk assessments	1st			IA Fire Precautions Report - ARAC 19/06/18. Regular reports

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
General site management checks/walkarounds on all sites	Responsibilities of site management to undertake routine workarounds to be implemented level 5 training	Lloyd, Gareth	30/09/2020	Site management training (level 5) training for all responsible managers which will be introduced by Mar20.

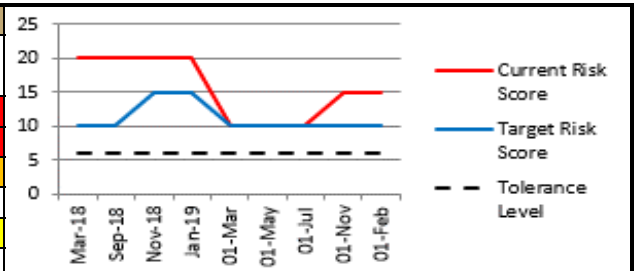
and >95 % by Dec19. Maintain 95% high risk PPM compliance. Zero compliance on outstanding fire risk assessments by Jan20.	Site Fire wardens reporting fire safety issues	1st			to H&S EM SC					
	Review of compliance through fire safety groups	2nd								
	Compliance reports regularly issued to HSEPSC	2nd								
	Fire inspections by Fire Service & Fire Improvement Notices	3rd								
	NWSSP fire advisor inspections	3rd								
	NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Mar-19

Risk ID:	**117**	**Principal Risk Description:**	There is a risk avoidable patient harm or death and serious deterioration in clinical condition, with patients having poorer outcomes. This is caused by the delay in transfers to tertiary centre for those requiring urgent cardiac investigations, treatment and surgery. This could lead to an impact/affect on delayed treatments leading to significant adverse clinical outcomes for patients, increased length of stay, increased risk of exposure hospital acquired infection/risks, impaired patient flow into appropriate tertiary cardiac pathways with secondary care CCU and cardiology beds exceeding capacity and inhibiting flow from A&E/Acute Assessment wards.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	3×5=15
Target Risk Score (L x I):	2×5=10
Tolerable Risk:	6
Trend:	



Rationale for CURRENT Risk Score:

The UHB is still experiencing delays in transferring patients to Swansea Bay UHB (SBUHB) tertiary service for a range of cardiac investigations, treatments and surgery. The historic risk specifically associated with transfer delays for N-STEMI patients (NICE: 'within 72 hours') has reduced since development of the NSTEMI Treat & Repatriate service. However, patients waiting for other reasons, such as cardio-thoracic surgery, permanent pacemaker implantations and electrophysiology studies continue to wait prolonged periods for transfer to the tertiary service.

Rationale for TARGET Risk Score:

The target score was reduced to 10 in March 2019 on account of the Anticipated benefits of the Regional N-STEMI 'Treat & Repat' arrangement. The service initiated in January 2019 saw a reduction in transfer wait from an average of 10.7 to 3 days by April 2019. Between April and July 2019 waiting times increased to an average of approximately 5.8 days and is reflected in the increased current risk score of 15. Update on February 2020 waiting time position currently awaited from SBUHB.

Key CONTROLS Currently in Place:

(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# All patients are risk scored by cardiac team at SBUHB on receipt of patient referral from HDUHB. # Medical and nursing staff review patients daily and update the Sharepoint referral database as appropriate to communicate and escalate changes in level of risk/priority for patients awaiting transfer. # Bi-monthly operational meeting with Swansea Bay UHB (SBUHB) to monitor activity/patient flow and address associated risks/issues. # Weekday telephone call between SBUHB Cardiology Coordinator and all 4 hospital Coronary Care Units (CCUs) to review patients awaiting transfer, in particular the progress on identified work-up actions. # NSTEMI Treat & Repatriate service in place since January 2019 providing 6 ring-fenced beds at PPH supporting timelier transfer for BGH and WGH patients to SBUHB for angiography/coronary revascularisation. # Cardiology SDM engaged with Regional planning in support of improvements in coronary angiography capacity across South West Wales. # Cardiology SDM engaged with ARCH/Regional planning in support of improvements in pacing capacity across South West Wales.	Lack of capacity in tertiary centre to manage a range of specialised cardiac investigations, treatments and surgery. Lack of available data and business intelligence to support daily monitoring/escalation of waiting times across all sites for the full range of cardiac investigations, treatments and surgery. Lack of cardiac catheter capacity in HDUHB to reduce reliance on tertiary centre angiography. Lack of theatre / pacing capacity in HDUHB to reduce reliance on tertiary centre pacing. Lack of CT Coronary Angiography capacity in HDUHB to reduce reliance on in-house and SBUHB angiography.	Develop business case to outline and evidence the benefits of increasing in-house coronary angiography capacity in 2020/21 as part of a broader plan to reduce reliance on tertiary service angiography.	Smith, Paul	~~31/01/2019~~ 30/04/2020	Cardiology SDM is engaged with JRPDF concerning this development. SDM/Clinical Lead currently prioritising development of CT Coronary Angiography in support of reducing reliance on conventional in-house and tertiary care coronary angiography. SDM currently working with Commissioning Manager to review scope and potential to repatriate an element of elective angiography activity (LTA) from SBUHB.
		Develop long term regional plan.	Carruthers, Andrew	~~30/09/2019~~ 31/12/2020	Decision taken not to establish a regional Cardiac Network/ Collaborative. Development of long term regional plan now being overseen by Joint Regional Planning and Delivery Forum and Committee and ARCH workstreams. SDM/Clinical Lead are engaged with these workstreams.
		Develop business case to support the long-term sustainability of the N-STEMI 'Treat & Repat' service, in particular for the following cost elements: • the transportation costs to ensure early transfer of patients to Morriston for same day cardiac catheter treatment and same day repatriation to HDdUHB; and • Consultant co-ordination/advice on the HDdUHB patients referred to the regional centre.	Smith, Paul	Completed	Long-term funding now in place for PPH N-STEMI 'Treat & Repat' service - this service is now established and this action is now complete.

Address issues identified regarding needed improvements to referral processes as reported in August JRPDC paper: • the internal communication and transfer processes within HDdUHB are a critical part of the success of the treat and repatriate pathway; and • Secondary care Cardiology referrals now have Consultant to Consultant discussion ahead of the electronic referral being made.	Smith, Paul	Completed	Current controls working well. SharePoint system and daily weekday coordination calls between Morriston Hospital and 4 HDUHB hospital sites working well.
Develop more robust reporting of data and business intelligence to support daily monitoring/escalation of waiting times across all sites for the full range of cardiac investigations, treatments and surgery.	Smith, Paul	Completed	Currently piloting system at GGH for roll-out across all 4 hospital sites. In-house system monitored by Cardiology SDM works well in supporting escalation of prolonged waits to Morriston Cardiac Centre.
Develop business case to outline and evidence benefits of increasing in-house pacing capacity in 2019/20 as part of a broader plan to repatriate the pacing LTA from SBUHB.	Smith, Paul	~~31/10/2019~~ 30/04/2020	Pacing SBAR (Aug '19) approved by Execs in Sept '19 supporting repatriating Simple Bradycardia Pacing (LTA) from SBUHB. Initial plan to phased repatriation from October/November 2019 impeded by HDUHBs pacing operational/capacity pressures (loss of 50% capacity at GGH site; loss of 33% Health-board-wide). SDM/Clinical Lead currently working to return service capacity to baseline and accelerate plans around activity repatriation. HDUHB Pacing Group meets bi-weekly to review local development plan progress. SDM/Clinical Lead engaging with ARCH Brady Pacing Sub Group.

ASSURANCE MAP	Control RAG	Latest Papers	Gaps in ASSURANCES

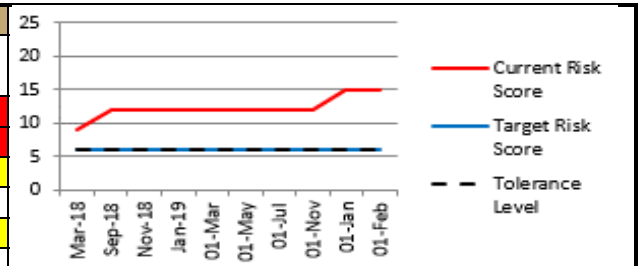
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level	Rating (what the assurance is telling you about your controls	(Committee & date)	Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance indicators for Tier 1 targets.	Daily/weekly/monthly/ monitoring arrangements by management	1st				Lack of oversight at the Board and Committees.	Review reporting arrangements of emergency and elective waits.	Carruthers, Andrew	~~01/10/2018~~ 30/04/2020	Discussions continue with SBUHB for information on cardiac patients(on all pathways)to be provided to Hywel Dda for inclusion in the IPAR. Whilst access has been agreed to SBUHB's cardiac activity, there are still issues with accessing the system which have raised with SBUHB. once this is resolved, a routine report can be developed to allow the reporting of time taken from referral in HDUHB to treatment in SBUHB.
	Audit of N-STEMI referral undertaken by Clinical Lead show average wait of 5.8 days - currently being reviewed for February 2020 position	1st								
	Executive Performance Reviews	2nd								
	IPAR Performance Report to BPPAC & Board	2nd								
	Monthly oversight by WG	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Mar-20

Risk ID:	**129**	**Principal Risk Description:**	There is a risk disruption to business continuity of the Hywel Dda Out of Hours (OOH) Service. This is caused by a lack of available of labour supply as GPs near retirement age and pay rate differentials across Health Boards in Wales, changes to HMRC tax scheme; implementation of the '111' service, workforce flexibility and other service change. In addition there is lack of available alternative workforce supply. This could lead to an impact/affect on further weakening of an already fragile service and a detrimental demand impact on patient experience and the unscheduled care pathway.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×3=15
Current Risk Score (L x I):	5×3=15
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

Unprecedented and frequent shortfalls in rota cover throughout the 3 counties continue to be seen with very limited additional work being undertaken by the sessional workforce. This is indicative of the Q4 financial year (tax threshold) position. Current availability of times of highest demand are variable with instances of 20% staffing level seen at times. Significant sickness levels amongst salaried GP workforce continue to add to adverse rota positions specifically in Pembs and Ceredigion and being managed as per policy and OCC Health advise. APP model is providing significant resilience (when available) but not sufficient to reduce overall risk at this stage. There is a plan to increase the model to 3 WTE but they will not be available until May20 onwards- subject to successful educational examination.

Rationale for TARGET Risk Score:

Short term actions are required as well as a long term plan for OOH Services to reduce this risk and ensure the out of hours service provision is not interrupted. The project management office is supporting service leads in the development of both an immediate plan and medium to long term options. The Exec team has approved a short term action in terms of the rationalisation of bases. This is subject to an engagement plan with a provisional roll out date of March 2020.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# GP's rotas are reviewed and updated daily by the OOH staffing team with a view to improve resilience. # 111 now live and embedded across the HB area since 31Oct18. # The clinical advice hub as part of the '111' service is assisting with OOH demand and has been enhanced for winter 2019/20. # Dedicated Advice sessions requested at times of high demand (weekends)-available capacity is limited. # Remote working telephone advice clinicians secured where required/ possible. # Dedicated workforce support from 111 programme team in addressing	Workforce availability remains fragile and results in frequent disruption - there is very little resilience within the system to support further reductions in cover. Need for formalised workforce plan and redesign required - support from PMO to achieve this has been obtained and initial meetings held.	The service is actively looking to recruit Advanced Paramedic Practitioners to the service.	Rees, Gareth	Completed	Completed and in place.
		Develop long term service model for OOH.	Rees, Gareth	Completed	Completed - A long term model has been developed however this will need to align with the UHB Clinical Services Strategy going forward.

Dedicated workforce support from 111 programme team in addressing OOH fragilities secured.
Health Professional feedback form in use between clinicians, service management and 111 (WAST) leads.
Patients directed to alternate OOH care where capacity allows. ED and MIU direction is made for most urgent cases. Where possible, additional ED staffing is secured via OOH service to support pathway.
A new approach to engage with the GP network was held in terms of a workshop in October 2019- further workshops to be held in 2020.
WAST APP support in place and provides significant mitigation to risk contributing to 20% of home visiting demand
Pharmacist deployed locally into GGH but working as extended arm of support hub and being supported by OOH GP mentors.
First salaried ANP has been appointed - with additional bank staff recruited.
GP navigator in place where possible and a dedicated out of hours nurse response care is currently being piloted.

Ensure Transforming Clinical Services Programme incorporates a long term, viable plan for OOH.	Rees, Gareth	31/03/2020	Project Management Office (PMO) has convened a working group to develop short to medium term service development plan for inclusion in the IMTP 2019/22 to manage the current fragilities within the Out of Hours Service. As of January 2020 the development of a detailed redesign plan is underway but the timescale has yet to be identified. Feb 2020- this work is continuing to progress and work on medium term resolution has now commenced.
Development of home working provision for GPs.	Rees, Gareth	Completed	Completed and evolving.
Recruitment programmes for increasing nurses and doctors into the services.	Rees, Gareth	Completed	APP posts with WAST commenced on 01.11.18 - 2 WTE APP deployed at peak demands to provide a degree of rota resilience. Additional APPs being deployed on an ad hoc basis. Rolling recruitment for salaried GP continues- high view count however no uptake - to be reviewed with recruitment. 5 new GPs have signed up for shifts in the Carms locality (Adhoc) in last 5 months.
Rollout of 111 to all 3 counties.	Rees, Gareth	Completed	Completed and in place from 31st October 2018.
Implement a change to the pathway in PPH Minor Injury Unit as authorised by Executive Team 06/11/19	Davies, Nick	~~28/06/2019~~ 31/03/2020	ET approval gained following discussions with affected GP groups. Further engagement with affected staffing groups has been completed. New provisional dates agreed by engagement on 07/01/20. On target for rationalisation of night base cover from 09 March 2020

		Investigate potential external alternatives to current workforce position.	Davies, Nick	30/04/2020	Specifically to assess the potential for outsourcing of clinical sessions to external agencies/ creation of a "chamber" approach. to support the provision of immediate resilience. This will include a need to review the introduction of similar schemes in the UK including one in Merthyr.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**			**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Performance against interim 111 standards Filled rotas and base closure data	Weekly sitreps/Weekend briefings for OOH	1st			ET- Risk to OOH business continuity - Sep19 QSEAC OOH Update Sep19 ET- OOH resilience - Nov19 BPPAC - update on the OOH Services peer review paper Dec19 BPPAC Quarterly monitoring Nov19 QSEAC OOH Update Feb20 ET - OOH resilience Q3 monitoring Jan20	None identified.				
	Monitoring of performance against 111 standards	1st								
	Executive Performance Reviews	2nd								
	BPPAC monitoring	2nd								

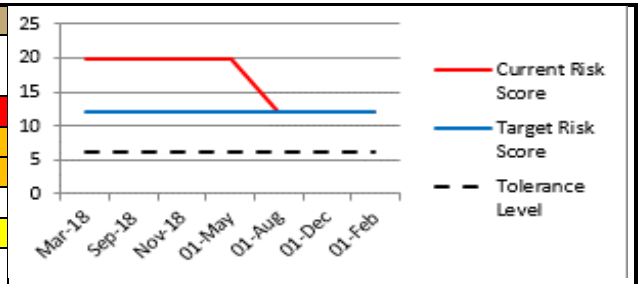
QSEAC monitoring	2nd			Jun20 QSEAC - Peer review - Feb20 BPPAC - OOH service design Feb20					
WG Peer Review Oct 19	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Miles, Karen	**Date of Review:**	Feb-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Apr-20

Risk ID:	**451**	**Principal Risk Description:**	There is a risk the Health Board experiencing a cyber security breach. This is caused by a lack of defined patch management policy, lack of management on non-ICT managed equipment on network, end of life equipment no longer receiving security patching from the software vendor, lack of software tools to identify software vulnerabilities and staff awareness of cyber threats/entry points. This could lead to an impact/affect on a disruption in service to our users cause by the flooding of our networks of virus traffic, loss of access to data caused by virus activity and damage to server operating systems.
Does this risk link to any Directorate (operational) risks?	451, 356		

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:
There are daily threats to systems which are managed by NWIS and UHB. Current patching levels within the UHB of is on average 76% for desktop/laptops and 69% for the server infrastructure (Jan20). The patching levels fluctuate during the month depending on the number of updates released by the 3rd party vendor. Alongside the fluctuations there is lack of capacity to undertake this continuous work at the pace required. Impact score is 4 as a cyber-attack has the potential to severely disrupt service provision across all sites for a significant amount of time, however the processes and controls in place have reduced the likelihood due to the improvements in patching.

Rationale for TARGET Risk Score:
Increased patching levels will help to reduce to impact of disruption from a cyber threat. However this work is continuous and is dependent on obtaining the appropriate level of resources to undertake the patching anti-virus work at pace. A paper was prepared for the Formal Executive Team in Sep18 which identified the revenue resources required. The target risk score of 12 reflects the wider risk to other applications not Microsoft. The Board have accepted that there is an inherent cyber risk to the organisation, and have therefore accepted that the risk cannot be reduced lower than 12.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Controls have been identified as part of the national Cyber Security Task & Finish Group. Continued rollout of the patches supplied by third party companies, such	Lack of comprehensive patching across all systems used in UHB. Lack of staffing capacity to undertake	Continue to focus on critical and security updates to clinical critical systems.	Solloway, Paul	Completed	These are implemented when received however this work does take time with current staffing resource level.

as Microsoft, Citrix, etc. £1.4m national investment in national software to improve robustness of NWIS. Further Task and Finish Group established to review the future patching arrangements within NHS Wales - this will lead future work locally to implement recommendations. Capital funding has been made available by WG in 2018/19 to improve cyber security - this will be used to purchase required software/equipment for penetration testing.	continuous patching at pace. Lack of dedicated maintenance windows for updating critical clinical systems.	Review of cyber security measures underway following wannacry virus incident.	Solloway, Paul	Completed	Additional resources were received from Welsh Government to implement the necessary software to monitor cyber incidents. A further all Wales bid was submitted for additional staff to undertake the remedial work, confirmed on the 28Feb20 that the UHB is able to go out to recruit. The aim is to have these staff in post in Apr20 to take forward the recommendations of the Stratia and Internal Audit reports.
		Implement local UHB workplan developed in response to the National External Security Assessment.	Tracey, Anthony	~~30/09/2019~~ 31/03/2020 31/08/2020	Progress is reported to IGSC at every meeting.However as outlined by Internal Audit the slow progress can be attributable to the lack of dedicated resources. As outlined above the Welsh Government have indicated that we are able to go out to recruitment for additional staff, which it is anticipated will begin in April20.

	A paper has been prepared to request additional revenue resources from the Executive Team.	Tracey, Anthony	Completed	The Executive Team considered the paper and acknowledged that the steps outlined should be incorporated within Emergency Planning procedures as recommended. The Executive Team also requested that money saving opportunities elsewhere will need to be considered, and a risk assessment exploring all options needs to be undertaken and presented to the Board for considerations. The Executive Team acknowledged the importance of Cyber Security and requested a Dashboard on compliance to be developed, which is now operational highlighting server/desktop areas where additional patching is needed.
	Work with system owners to arrange suitable system down-time or disruption.	Solloway, Paul	Ongoing	Patching policies have been created however little progress has been made due to lack of resources. Service catalogue creation is progressing well and this will be amalgamated with Information Asset Owners group to agree down-time for the key local systems. However patching KPI's will not be met until sufficient technical resources are in place.
	Purchase Vulnerability Scanning to adopt a proactive approach to identifying cyber threats.	Tracey, Anthony	Completed	The required software was purchased with year end capital released from Welsh Government. It has been implemented and is operational within the Health Board.

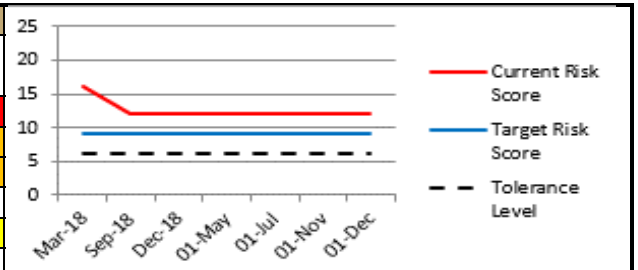
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
No of cyber incidents. Current patching levels in UHB. No of maintenance windows agreed with system owners. Removal of legacy equipment.	Department monitoring of KPIs	1st			External Security Assessment - IGSC - Jul 18 Update on WAO IT follow-up - ARAC - Oct19	Lack of committee oversight.	Update IGSC TORs to include responsibility to monitor cyber security.	Tracey, Anthony	Completed	Regular reports on progress on External assessment.
	IGSC monitoring of cyber security workplan addressing recent internal and external audits/assessments	2nd					Internal Audit (IA) of GDPR (Dec 18) and cyber security (Sep 18).	Tracey, Anthony	Completed	The IA GDPR final report in Apr19 reported 'Substantial Assurance' whilst the Internal Audit deferred Cyber Security to the 2019/20 Internal Audit Plan.
	IGSC monitoring of National External Security Assessment	2nd					The Internal Audit work plan has a further review on Cyber Security programmed in for Qtr4 of 2019/20	Tracey, Anthony	31/03/2020	Await report.
	Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress	3rd					Achieve the Cyber Essential certification.	Tracey, Anthony	31/03/2020	Work is continuing on achieving certification.
	WAO IT risk assessment (part of Structured Assessment 2018	3rd								
	Internal Audit IM&T Security Policy & Procedures Follow-Up - Reasonable Assurance	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Jervis, Ros	**Date of Review:**	Dec-19
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	Feb-20

Risk ID:	**295**	**Principal Risk Description:**	There is a risk the Health Board being unable to maintain routine & emergency service provision across the organisation in the event of a severe pandemic influenza event. This is caused by a novel influenza virus causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the influenza outbreak. This could lead to an impact/affect on patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss, adverse publicity/reduction in stakeholder confidence, increased mortality and ill-health across our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×3=9
Tolerable Risk:	6
Trend:	⟺



Rationale for CURRENT Risk Score:
Pandemic Flu is the highest risk on the UK National Risk Register. Current likelihood scored at a 3 to reflect the risk of the Health Board being able to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

Rationale for TARGET Risk Score:
Following outcome of Cabinet Office review and subsequent updating of Hywel Dda plans, in line with new and revised Welsh Government Guidance and planning assumptions, it is hoped to reduce either the likelihood and/or impact score.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (updated in accordance with current data and approved by Strategic LRF 14/11/18). # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Strategic Group on 11/07/2018. # Health Board Pandemic Influenza Response Framework and associated plan(currently outdated awaiting review). # Quality assurance process via national & local exercise programmes. # Access to national counter measures stockpile.(Planning underway for new training programme for new key stock items which are being replaced). # Welsh Government Pandemic Influenza Guidance and National Pandemic Flu Service. # Hywel Dda participation in Welsh Government Pandemic Influenza Group. # Reinstated Hywel Dda Pandemic Influenza Group.	Current Health Board pandemic framework will need to updated to incorporate new Cabinet Office review implications/recommendations however Pan Flu agenda and Cabinet Office review still delayed due to refocus of key staff to Brexit agenda at Cabinet Office and Welsh Governments levels.	Reinstate local Pan Flu Group to enact Cabinet Office Review implications (originally due Sept 2018) and develop ongoing work programme.	Hussell, Sam	~~01/12/2018~~ 31/03/2019 31/12/2019 30/06/2020	First meeting held on 09 Oct 2018. Workshop to be scheduled once Cabinet Office (CO) review is published (CO review currently delayed due to Brexit focus).

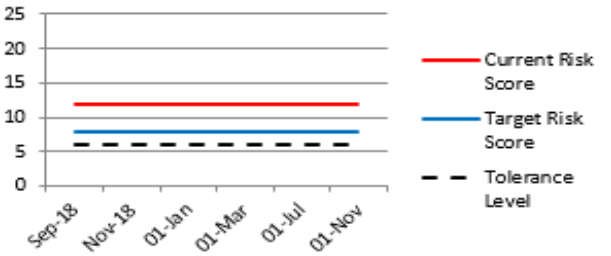
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Reports to Health & Safety and Emergency Planning Sub-Committee	2nd			No recent reports.					
	Emergency Planning Action Group (EPAG) Wales meetings re Pandemic Flu	2nd								
	NHS Wales wide workshops	3rd								
	LRF Cygnus Test of plans	3rd								
	Reviewed LRF Pandemic Flu Plan	3rd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Jan-20

Risk ID:	**44**	**Principal Risk Description:**	There is a risk harm to patients on follow up waiting lists who have exceeded their follow up date. This is caused by the high number of patients on the follow up lists, the lack of capacity to review these patients in clinics, the lack of a sustainable plan to decrease the number of patients on follow up lists, the availability of clinical, OPD staffing and clinic space, the requirement to review clinical pathway management on W-PAS, and the necessity to rebalance patient pathways across primary and secondary care. This could lead to an impact/affect on the ability to meet follow up waiting times across all scheduled care specialties, poorer outcomes for patients, increased complaints, litigation and reputational harm.
Does this risk link to any Directorate (operational) risks?	180		

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⟺



Rationale for CURRENT Risk Score:

It is acknowledged that too many patients experience lengthy delays in receiving their follow-up care and that significant improvement work is required to improve patient experience and reduce the potential for clinical harm to patients who experience delays. An improvement plan has been implemented under the Outpatient Improvement Group and Patient Pathway Management Group. Despite the year-on-year growth in the number of patients experiencing a delay in follow-up review being halted in 2018/19, there has been an increase in delayed follow up appointments for the 6th consecutive month (IPAR, Mth 6) and the 12 month improvement target or the 2019/20 ambition was not met. The underlying cause for the unexpected increase in reported number of delayed follow-ups has been attributed to a WPAS system upgrade implemented in early 2019/20.

Rationale for TARGET Risk Score:

The clinical risk for long-term condition patients remains high for all patients if they are not reviewed / seen in line with clinical follow-up intervals.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
The programme of work underway within the Health Board is focussing on a number of key stages, urology and cancer. Admin validation, cleaning up the waiting lists and removing obvious duplicate entries or patients that have been seen and the pathway not closed. Engaging Clinical Leads for each specialty in the prioritisation of their	Variations in practice in application of access policy. Duplicate patient pathways creating inaccurate waiting list. Workforce issues create an on-going demand/capacity imbalance	Review of Myrddin to ensure that the system is able to identify sub-specialties and clinical conditions within the waiting list.	Hire, Stephanie	Completed	Subspecialty and clinical conditions set up in some specialties, work on-going.
		Redesign of services through IMTP planning to reduce capacity gap	Hire, Stephanie	31/03/2020	Service transformation plans being prioritised via Planned Care IMTP.

Engaging Clinical Leads for each specialty in the prioritisation of their patients and the identification of those most at risk of harm. Specialty Service Delivery Manager (SDM) and clinical lead have identified patients on their follow up list who might be at risk. Lessons learned from SUI / adverse events / complaints relating to delayed care shared through Directorate QSE meetings. Introduction of FUNB metrics into Directorate / Service performance reviews to provide local scrutiny.	demand/capacity imbalance. High new/follow up ratio.	Efficiency & productivity work streams for all teams to reduce ratios to levels comparable to other Health Boards.	Hire, Stephanie	31/03/2020	Target performance set for all specialties and monitored through Transformation Workstream governance. A significant increase in the total number of patients delayed year to date has been avoided with an overall increase since Apr18 of 1.6%. 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.
		Pathway management training to ensure that all staff groups are trained in the application of the RTT / Access Policy and WPAS usage.	Jones, Keith	31/03/2020	Project plan developed to role out the bespoke training has been developed for different staff groups.
		Clinical Validation: Clinical time to be established in Job Planning to support protected validation time.	Hire, Stephanie	31/03/2020	Part of the Medical Job Planning exercise undertaken by Service Development Managers within Planned Care.
		Clinical Outcomes: monitoring of outcome reporting against guidelines and recording of clinical condition to support pathway management.	Jones, Keith	31/03/2020	Work programme overseen by the Outpatient Improvement Group to support appropriate pathway management.
		Development and implementation of Clinical Guidance for discharge.	Hire, Stephanie	31/03/2020	Pilot undertaken in Gynaecology to support detailed audit of follow-up practice in order to establish agreed practice for follow-up / discharge. Implementation under way in Respiratory and Paediatrics.

Development and implementation of Self-Management strategies as alternatives to traditional clinic based follow-up reviews.	Jones, Keith	31/03/2020	Longer term strategy of self management and digital transformation to develop alternative ways to follow up patients. Opportunities are begin assessed by the Outpatient Improvement Group for project planning.
Implementation of WG National Planned Care Programme (PCP).	Jones, Keith	31/03/2020	National project / guidance are being implemented under the PCP for ENT, Ophthalmology, Urology & Orthopaedics to support appropriate follow-up care.
Development and agreement of a strategy and programme of work to reduce delays in follow-up care.	Hire, Stephanie	Completed	Presented to BPPAC in Feb19.
Review of validation resources to apply to follow-up pathway management following temporary reduction in capacity within the Validation Team	Hire, Stephanie	~~15/08/2019~~ 31/03/2020	Investment secured via Planned Care Programme to enhance validation capacity within UHB. Recruitment/commissioning underway.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**		
Reduction of delayed follow up appointments across 5 specialties (Target to be agreed)	Watchtower meetings are held weekly to review all patient waits	1st			* IPAR Report Mth 5 - Board - Sep19 * IPAR Report Mth 6 - BPPAC - Oct19 * Delayed Follow Up Improvement Plan 19/20 - BPPAC - Feb19
	Ophthalmology ECM specifically report compliance with the follow up intervals	1st			
	Outpatients Turnaround Group reviewing levels of follow-up	2nd			

Gaps in ASSURANCES				
Identified Gaps in Assurance:	**How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
None identified to date				

Planned Care Programme Board (WG) reviewing HB implementation of PCP	3rd							
Scrutiny of FUNB forms part of the Delivery Unit remit for scrutiny	3rd							

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020* *4. Maintain performance and delivery of RTT by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Feb-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Apr-20

Risk ID:	**91**	**Principal Risk Description:**	There is a risk of avoidable clinical deterioration of cancer patients waiting for diagnosis. This is caused by a significant number of vacant Consultant cellular pathologist posts(currently 3.0WTE vacant positions out of 9.0WTE establishment) to enable the timely analysis of tissue samples where there is suspected cancer within the 14 day timescale set out within the new Single Cancer Pathway. This could lead to an impact/affect on patients having poorer outcomes from delays in the commencement of treatment, reliance on locums, delays to decison-making at MDTs (multidisciplinary Team), increased complaints and claims and increased scrutiny from Welsh Government.
Does this risk link to any Directorate (operational) risks?	96		

Risk Rating:(Likelihood x Impact)		**No trend information available.**
Domain:	Safety - Patient, Staff or Public	
Inherent Risk Score (L x I):	4×4=16	
Current Risk Score (L x I):	3×4=12	
Target Risk Score (L x I):	2×4=8	
Tolerable Risk:	6	
Trend:	⟷	

Rationale for CURRENT Risk Score:
There is a national recruitment issue in relation to consultant cellular pathologists. There is a current gap of 3.0WTE Consultant cellular pathologist posts (out of 9.0WTE established posts) in Hywel Dda which significantly impacts the UHB's ability to meet timescales set out in the new single cancer pathway. The vacancy budget is being used to fund additional sessions and ILOL claims by the current substantive staff, however this is not sufficient to meet required timescales or enable the service to attend MDTs to review cancer cases. The service is also unable to source agency consultant cellular pathologist locums within the All Wales Framework due to the current price cap.

Rationale for TARGET Risk Score:
The service is actively trying to recruit into the remaining vacant posts. An NHS locum commenced in Sep19 with a further consultant taking up position in Jan20 taking the consultant position to 3 substantive and 3 NHS locums, 2 of which require CESR, with 3 vacancies remaining. Whilst this does not fully address the shortfall, it will provide capacity for cellular pathologist consultant representation at MDTs to review cancer cases. The long term plan is to develop a regional cellular pathology and immunology service with Swansea Bay UHB and Public Health Wales. A strategic outline case (SOC) has been submitted through ARCH to Welsh Government with a response awaited.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

Consultant Cellular Pathologists centralised to Glangwili General Hospital (GGH) site. Tissue processing centralised to GGH site. Consultant Cellular Pathologists are undertaking additional sessions to maintain workload in house to ensure turn around times are maintained. Additional 6 sessions provided by current 3.0WTE substantive consultants. Prioritisation of suspected cancer cases over routine tissue samples. Actively working with medical staffing to recruit to vacant posts.	National shortage of available consultant cellular pathologists. Inability to secure locum consultant cellular pathologists within All Wales Framework. Inability to develop new staffing model whilst significantly understaffed.	Full implementation of digital pathology solutions to enable scanning of tissue samples to help reduce delays in analysis.	Stiens, Andrea	~~31/03/2021~~ (TBC)	Phase 2 of project has developed and tested the Hub and spoke concept - this phase closed in Nov 2019. Phase 3 has just started with a business case that will support national scale up, infrastructure and data storage solution currntly being developed. Date of completion for Phase 3 will depend on approval and funding from WG.
		Implementation of regional service through the ARCH project.	Stiens, Andrea	~~31/03/2024~~ 30/09/2020	Strategic Outline Case (SOC) approved by Hywel Dda UHB, Swansea Bay UHB and Public Health Wales, has been submitted to Welsh Government (WG) for scrutiny and the UHB is awaiting WG approval.
		Commence the modernisation of the technical workforce through recruitment of staff trained in dissection.	Stiens, Andrea	~~31/12/2019~~ 31/03/2020	This has been delayed as the application for funding from RTT (cancer funding) was unsuccessful. However, an additional consultant has commenced in Jan20 which may may provide enough capacity to enable this inititive to commence as consultant time is required to mentor staff. However progress may be limited until regional model is adopted.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

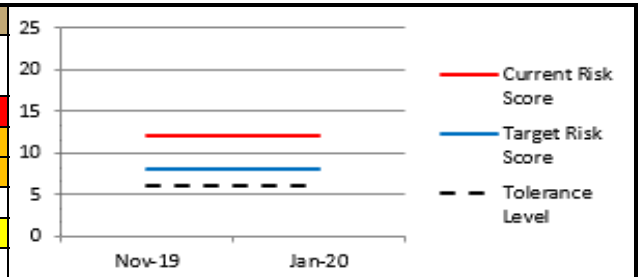
None identified.	Review of KPIs at Monthly Pathology Strategy Group meeting	1st			QSEAC -Feb19 & Apr19 & Feb20 (planned) Op QSE SC - May19	Lack of independent assurance of service	Submit application for pre-assessment visit accreditation (UK Accreditation Scheme) re compliance with ISO 15189 Laboratory Standards)	Stiens, Andrea	~~31/03/2020~~ 30/09/2020	Rigorous accreditation process requires a pre-assessment visit which is unlikely to be before Sep20.
	External Quality Assessments by Consultant Staff - issues picked up through supervision	1st								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Jan-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Feb-20

Risk ID:	**750**	**Principal Risk Description:**	There is a risk unavoidable delays in the treatment of patients in Emergency Department (ED) at WGH. This is caused by a lack of substantive middles grade and high reliance on agency locum cover, which is not always available. This could lead to an impact/affect on patient care through prolonged stays in ED and delays in transferring to specialty, delays in diagnosis and treatment, poorer outcomes, and increased ambulance off load delays. Further impacts include inability to run a full rota and a decreased level of supervision of junior doctors, as well as deterioration in Tier 1 performance for 4 hours waiting time in A&E, and increased pressure on WGH financial position through use of agency at an enhanced rate.
Does this risk link to any Directorate (operational) risks?	229		

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⟺



Rationale for CURRENT Risk Score:
WGH should have 7 middle grade doctors to fill rota. Despite improvement through locum staff being secured, middle grade rota remains under constant review and management as the department are fully reliant on temporary staff. The risk has however been reduced to 12 based on 5 long term agency/NHS locum/zero hours doctors being secured. Unfortunately, only 2 of these doctors work a full rota, including nights. This has resulted in a number of nights currently still uncovered over the Christmas period.

Rationale for TARGET Risk Score:
It is anticipated that the completion of the recruitment process of 4 middle grade posts will provide some stability to the department. The contingency plan, which is currently under development, will ensure that robust procedures are in place in the event that the middle grade rota cannot be filled.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Daily review of team strengths by rota co-ordinators and service manager unscheduled care. Issues identified escalated to GM and SDM. Recruitment program on-going to fill gaps and recruit into vacant posts. Medacs agency filling whenever possible with long term locums. Continuous monitoring of the team strengths to ensure consultant and senior support and supervision. Medical rota team continually manage and report on any short falls to the Triumvirate team.	Contingency plan for when middle shift is uncovered. Inability to recruit middle grade doctors at WGH.	Develop contingency plan to respond to incidences when middle grade rotas cannot be filled in WGH ED.	Cole-Williams, Janice	~~30/09/2019~~ 30.3.20	Draft procedure under review. Plan A drafted and circulated. Unable to provide ED with ad hoc paediatric middle grade or consultant cover when ED middle grade position is uncovered. Therefore, Plan B currently being drafted.

Weekly Urgent Response Group review rotas for next 3 months. 3 x long term locums in place (6 months). Escalation procedures in place.		Complete the recruitment of 4 middle grade doctors.	Cole-Williams, Janice	~~31/12/2019~~ 28/02/2019	Three confirmed appointments. One expected to start in Dec 19, one in January 2020 and one in February 2020. One further offer has been made, confirmation of acceptance is awaited.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
A&E 4hr waiting times (<95%) A&E 12hr waiting times (0 target) Number of ambulance handovers over one hour (0 target) Incidents level 4 or 5	Daily review of rotas	1st			* Executive Committee - Jul19 * In-committee Board - Jul19	None identified.				
	Daily review of incident reports	1st								
	Local governance meeting monthly	1st								
	Tier 1 target performance reviewed at Business Planning and Performance Committee	2nd								

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Shakeshaft, Alison	**Date of Review:**	Feb-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Apr-20

Risk ID:	**733**	**Principal Risk Description:**	There is a risk of the Health Board not meeting fully its statutory duties under the Additional Learning Needs and Education Tribunal Act (Wales) 2018 by 1st September 2021. This is caused by a deficit in Information Management requirements to inform performance reporting and assurance, lack of service/department systems and processes, lack of staff awareness and understanding of the relevance of ALNET Act upon their practice, inability to fully meet requirements in relation to Welsh Medium provision and dispute resolution. This could lead to an impact/affect on complaints and tribunals, loss of reputation and possible judicial review.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	**No trend information available.**
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	8
Trend:	⟷

Rationale for CURRENT Risk Score:
The ALNET Act (Wales) 2018 places new statutory duties on the Health Board. The full impact of these new statutory duties on individual services/departments/directorates is not fully understood as yet.

Rationale for TARGET Risk Score:
The focus of the actions is to prepare all relevant services/departments/directorates so that they can fulfil their duties under the Act or support the organisation in fulfilling its duties under the Act. However, the impact of the implementation of the Act will only become fully clear over time. Lessons will be learned from the implementation which will inform further actions which may reduce the target score to below tolerance level.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# DECLO (Designated Education Clinical Lead Officer) appointed (one of the 4 new statutory duties) # DECLO member of the All Wales DECLO Group # DECLO member of Regional ALN Transformation Leadership Group. # Hywel Dda ALN Implementation Group established. # Hywel Dda Readiness Survey completed. # Hywel Dda ALN Implementation Plan in situ. # Hywel Dda represented at the relevant regional ALN work streams. # Local systems in place to capture SEN, which may be transferable to ALN. # Strong local, operational working relationships with Local Authority Education Services, Social Services, Schools and Further Education Institutions. # Successful grant application to fund fixed term Business Support to assist with the implementation of the ALN Implementation Plan. # Project Support Manager - ALN appointed for 12 months. # Information raising session at OD Session of the Board and at Executive Team.	A deficit in information management requirements to inform performance reporting. A lack of service/ department/directorate systems and processes to ensure adherence with the statutory requirements of the ALNET Act . A lack of staff awareness and understanding of the relevance of ALNET Act upon their practice. Inability to fully meet requirements in relation to Welsh Medium provision and dispute resolution.	Implement ALN Implementation Plan, which includes actions to address the assurance gaps	Vanderlinden, Natalie	31/08/2020	Relevant actions being progressed and are on track.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level		
	Hywel Dda ALN Implementation Group monitor the progress against the actions within the implementation plan	1st			Executive Team, ALN Act Implementation - Sep19
	Regional ALN Transformation Group monitor progress made against the actions within the ALN Health work stream plan	1st			

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance and governance arrangements currently not in place to provide the necessary assurance that the organisation fulfils its duties under the Act.	Confirm key performance indicators	Vanderlinden, Natalie	31/08/2020	Underway.
	Confirm key performance reporting arrangements	Vanderlinden, Natalie	31/08/2020	Underway
	Confirm key quality, safety and experience indicators	Vanderlinden, Natalie	31/08/2020	Underway.

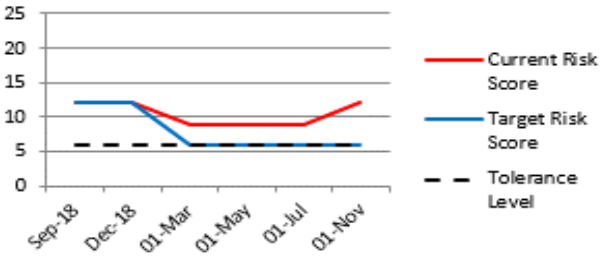
							Confirm key quality, safety and experience assurance arrangements	Vanderlinden, Natalie	31/08/2020	Underway

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Jervis, Ros	**Date of Review:**	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	Jan-20

Risk ID:	**635**	**Principal Risk Description:**	There is a risk of a no-deal Brexit impacting on the business continuity of health care services. This is caused by a lack of clarity regarding UK position on Britain's exit from EU. This could lead to an impact/affect on the UHB being unable to continue to run services, patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss and adverse publicity/reduction in stakeholder confidence and increased mortality and ill-health across our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	3×4=12
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	



Rationale for CURRENT Risk Score:
Despite the reflection of on-going work, and plans at local, regional and national levels, we have increased the current score to take account of the compounding effect of a Brexit no-deal scenario with winter plans and the increasing concern regarding the fragility of the independent social care sector.

Rationale for TARGET Risk Score:
This will be affected by confirmation of Brexit outcome by UK Government.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
* Regular meetings with CEO, DPH & Head of Emergency Planning plus verbal updates/discussions and papers at Executive Team and Board. * Brexit Steering Group has been established to manage the consequences of Brexit and its interface with partners. * Wider governance infrastructure in place - of note the Dyfed Powys LRF Brexit Group and Welsh Government led groups. * Risk assessments and business continuity plans feed into a dynamic risk summary document which continues to track on-going risks and controls assurance with business continuity.	Full understanding of potential impacts and implications for the UHB due to the unknown final outcome of Brexit.	Scoping Exercise and liaison with other HBs and WG.	Hussell, Sam	Completed	Completed.

* Scoping exercise undertaken within Workforce to identify EU nationals and resolve data gaps in ESR. Workforce Brexit Plan developed. * Information flows are being co-ordinated to ensure that any discussions with respective Health Board services and national services and/or professional leads are captured within our planning. * The Health Board is represented at the WG SRO's, Comms and Brexit Health & Social Care Civil Contingencies Group and also within the DP LRF Brexit Group. * Staff Brexit Intranet page developed as single point of information plus a closed Facebook Group for EU staff. * Exercise Brexit Challenge undertaken resulting in recommendations and an action plan that will be progressed via the Brexit Steering Group. * Sitrep process in place at local, regional and national level for reporting and escalating impacts of consequences of Brexit. * Systems in place to review and respond to new consequences of Brexit at local, regional and national level. * Review of Health Board Risk Assessments and Business Continuity Plans undertaken Aug/Sep19. * Staff bulletins issued to inform and raise awareness.		Completion of suite of risk assessment and business continuity plans (BCPs) by service leads to mitigate highest risks.	Hussell, Sam	Completed	Completed.
		Completion of workforce scoping exercise and resolution of ESR data gap.	Gostling, Lisa	~~31/01/2019~~ ~~30/06/2019~~ 31/10/2019	ESR Data Gap significantly reduced with on-going campaign to complete. Line managers being directly approached to resolve data gaps within their teams.
		NHS Wales exercise planned for Jan19 to rehearse Brexit no-deal contingencies.	Hussell, Sam	Completed	Completed.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
None identified.	Response submitted on 19Nov18 to Andrew Goodall letter of 05 October stating approach to be taken by Health Boards confirming progress	1st			None to date.	Further sources to be identified when risk is fully understood.	Respond to WG letter of 05/10/18 requesting further information on the approach taken by UHB and progress to date.	Hussell, Sam	Completed	Response sent by 19/11/18.

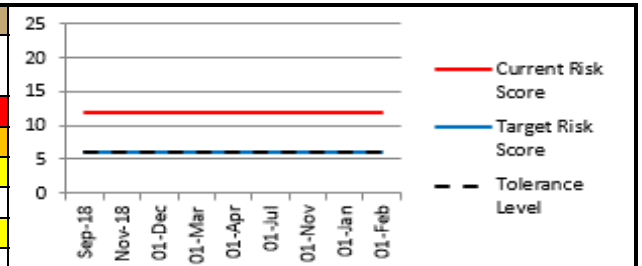
Response submitted to Wales Audit Office letter notifying of intention to undertake an initial baseline of arrangements by 30Nov19	1st			Respond to WAO request for information to inform their baseline assessment of arrangements for Brexit.	Hussell, Sam	Completed	Response provided by 30/11/18.
Emergency Planning Team to review UHB no deal Brexit arrangements and associated BCPs	1st			Respond to request for written evidence of Brexit preparations to Health, Social Care and Sport Committee, Welsh Government	Hussell, Sam	Completed	Response submitted to CEO Office 20/06/2019.
Executive oversight of Brexit arrangements and BCPs	2nd			Respond to request from Welsh NHS Confederation in relation to providing support to vulnerable patients.	Hussell, Sam	Completed	Response sent 30/07/19.
Review of Exercise planned for Jan19	3rd						
WAO Review of Brexit Preparedness	3rd						

Strategic Objective:	*2. Deliver the agreed financial control total for 2019/20 by the end of March 2020* *3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020*

Executive Director Owner:	Thomas, Huw	**Date of Review:**	Feb-20
Lead Committee:	Finance Committee	**Date of Next Review:**	Apr-20

Risk ID:	**646**	**Principal Risk Description:**	There is a risk the Health Board not achieving breakeven over the medium term. This is caused by the inability to either: 1. Develop a sufficiently robust financial plan which shows an achievable improvement trajectory, or 2. Manage the necessary changes in such a way that the financial gains are realised and an improvement trajectory is achieved. This could lead to an impact/affect on a detrimental impact on the Health Board's reputation with Welsh Government and other stakeholders.
Does this risk link to any Directorate (operational) risks?		Corporate risk	

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

The Health Board has not developed a full long term financial base-case model, which can then be used to assess the impact of A Healthier Mid and West Wales and other medium term changes. The Health Board's underlying deficit also requires further work to fully explore and understand the opportunities for improvement which can be realised over the medium term.

Rationale for TARGET Risk Score:

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS** **Identified Gaps in Controls :** (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Understanding the underlying deficit. An initial assessment has been completed. Very high level base-case long term financial model. Assessing the full financial implications of A Healthier Mid and West Wales.	Calculation has not been subject to operational scrutiny. Assessment not subject to planning scrutiny. High level assessment of resource requirements for social model for health.	Testing the underlying deficit assumptions with directorates.	Thomas, Huw	~~30/11/2018~~ 31/05/2019 31/12/2019 12/02/2020 04/03/2020	Welsh Government and UHB commissioning external advisers to prepare report on deficit position. Specification agreed and work commenced July 2019. Final written reports received from external advisers in December 2019. A number of action plans already underway in response to observations and recommendations during the workplan. Summary paper to be presented to Executive Team in March 2020 to review completeness of actions.

	Refining assessment in conjunction with W&OD and Planning.	Thomas, Huw	~~30/11/2018~~ 31/03/2020	Initial calculations regarding the effect of the zero based review allocation and early high level affordability for option B of consultation shared via the TCS Design Team and with the Director of Finance. The Strategic Financial Planning Group (Strategy Finance Enabling Group) met in May and agreed a series of actions to inform the work of the forthcoming meetings of the 3 Strategy Programme Delivery Groups and Enabling Group. Work underway.
	Developing a high level assessment of the resource requirements of "A Heathier Mid and West Wales" Strategy. Understanding full financial implications of TCS, including the Community/Social Care model.	Thomas, Huw	~~31/03/2019~~ 31/03/2020	Activity Based costing refined based on updated Activity and Capacity Assumptions and impact on the 2017/18 baseline financial data + Zero based Review funding (Completed) Collated detail in draft Strategy to begin to build up a bottom up financial costing. Strategic Enabling Group working with Health and Care Strategy Programme Groups to both inform the groups regarding current detail and translate into financial and workforce end point model. Also to assist in this the Finance team have met with Capita and the

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress

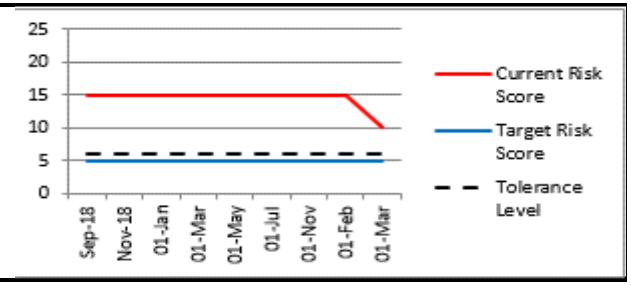
Operational agreement to underlying deficit assessment. Plan in place to develop a long term financial plan. High level financial assessment of A Healthier Mid and West Wales in place.	Reporting to Finance Committee .	1st			N/A	Process to be put in place over Q4. Approach to costing impact of A Healthier Mid and West Wales to be developed.	Communication with directorates and responses required from July for the duration of the engagement.	Thomas, Huw	~~31/10/2018~~ 31/07/2019 31/12/2019 12/02/2020 04/03/2020	Welsh Government and UHB commissioining external advisors to prepare report on deficit position. Specification agreed and work commenced July 2019. Final written reports received from external advisors in December 2019. A number of action plans already underway in response to observations and recommendations during the workplan. Summary paper to be presented to Executive Team in March 2020 to review completeness of actions.
							Now Strategy is agreed we are moving on to a bottom up assessment of the Financial Planning options and implications of "A Heathier Mid and West Wales". TCS Finance Enabling "Plan for a Plan" - has been considered by the Strategic Financial Planning Group and Finance Committee.	Thomas, Huw	~~31/03/2019~~ 31/03/2020	Initiating the establishment of a multidisciplinary Strategic Enabling Group as agreed by the Board on 28/03/19 tied into the Strategy Governance to begin to flesh out service design options and trade-offs to inform and promote debate in co-design process. Intensive work initiated for 2019-20 to support de

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Mar-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	**Date of Next Review:**	May-20

Risk ID:	**634**	**Principal Risk Description:**	There is a risk avoidable harm of maternity patients who require an emergency c-section (category 1) at Bronglais General Hospital (BGH) outside of normal working hours. This is caused by not being able to meet the required standard of 'call to knife' within 30 minutes as there is no overnight theatre provision located on site. This could lead to an impact/affect on complications for mother and baby resulting in long term, irreversible health effects.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	3×5=15
Current Risk Score (L x I):	2×5=10
Target Risk Score (L x I):	1×5=5
Tolerable Risk:	6
Trend:	



Rationale for CURRENT Risk Score:

There is currently a resident Operating Department Practitioner 24/7 at Bronglais Hospital alongside a resident anaesthetic and obstetric team. The theatre scrub currently work on an on-call basis from home, which must be within 20 minutes travelling distance from the site. There is the potential for outside factors to impede timely arrival on site which are outside the control of the team which is reflected in the likelihood score of 3. While there have been no breaches of the 30 minute target it remains a potential risk which could have significant consequences. The Bronglais unit is a obstetric unit with modified criteria for delivery, with mothers assessed as being at high risk of complications during labour requiring medical intervention, being managed though the Maternity Unit in Carmarthen.

Rationale for TARGET Risk Score:

The UHB is aspiring to reduce this risk to the minimum by establishing a resident primary theatre team 24/7 in Bronglais Hospital to mitigate against the potential for outside factors to impact upon the delivery of care.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Resident Operating Department Practitioners (OPD) Team 24/7 anaesthetic cover on site (obstetrician and consultant anaesthetist). All families are informed by the Maternity Service at Bronglais Hospital of the services available at the hospital and that they will be a Continual Risk Assessment throughout pregnancy for the suitability of the Mother to deliver at BGH. Maternity staff are trained to deal with emergencies, with protocols in place for transfer out to appropriate centre is issues	Not having 24/7 resident theatre team.	Establish funding for 24/7 resident theatre team.	Teape, Joe (Inactive User)	Completed	Funding approved by Executive Team. Implemented new rota Oct19.
		Advertise and appoint to expanded theatre Team following agreement on funding.	Hire, Stephanie	Completed	Every vacancy is advertised although applicants can be limited. Exploring options for bulk shifts with on-contract agencies agency.

with protocols in place for transfer out to appropriate centre is issues are identified. Principle of removal of on-call compensatory rest approved by Executive Team.		Agreement with theatre teams (employee relations) for removal of compensatory rest. Formal 90 day OCP for Scrub and Band 3 circulatory staff to commence 16/01/19.	Barker, Karen	~~30/11/2018~~ ~~30/04/2019~~ ~~14/06/2019~~ ~~15/07/2019~~ 31/03/2020	OCP completed for SCRUB and Band 3 team. Compensatory rest day was to be removed from 15/07/19 however this has been subject to further discussions with staff.
		E-roster build to support the new resident on call theatre team rota	Barker, Karen	Completed	Complete - e-roster is in place.
		Develop a formal implementation plan for the new staffing arrangements.	Barker, Karen	Completed	Establishment confirmed and work patterns in place. Recruitment ongoing.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**		
No of incidents reported where 30 minute response target is missed.	Maternity Services governance systems review of incident reports	1st			Executive Team - Jul18 Executive Team - Dec18 ARAC - Jun19
	Management audit of cases presented to QSEAC	2nd			
	Discussions with WG Chief Nursing Officer & UHB Medical & Nursing Director	3rd			

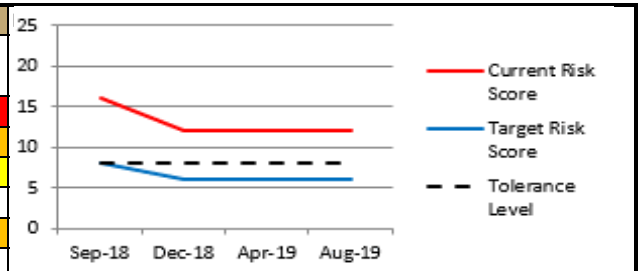
Gaps in ASSURANCES				
Identified Gaps in Assurance:	**How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
None identified.				

Strategic Objective:	*1. Deliver the Annual Plan 2019/20 by the end of March 2020*

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Mar-20
Lead Committee:	Business Planning and Performance Assurance Committee	**Date of Next Review:**	May-20

Risk ID:	**633**	**Principal Risk Description:**	There is a risk of the UHB not being able to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway (SCP Performance targets tbc by WG). This is caused by the lack of capacity to meet expected increase in demand for diagnostics and treatment delays at tertiary centre. This could lead to an impact/affect on meeting patient expectations in regard to timely access for appropriate treatment, adverse publicity/reduction in stakeholder confidence and increased scrutiny/escalation from WG.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	3×2=6
Tolerable Risk:	8
Trend:	



Rationale for CURRENT Risk Score:
Public reporting in respect of the new single cancer pathway will significantly reduce performance across Wales compared to current USC/NUSC pathways, as evidenced by current monitoring. The current impact is rated as a 3 due to the current absence of confirmed targets in respect of the SCP. The likelihood has been reduced from 4 to 3 based on having a full tracking team in place and an improvement in our ability of identifying date of suspicion.

Rationale for TARGET Risk Score:
The aim is to treat patients within target waiting times (which are yet to be confirmed). The tolerance level will be met if the UHB continues to meet the 1% per month improvement trajectory throughout 2020/21.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Working with all Wales Cancer Network to gain full understanding of implications of new pathway. Implementation Group established, reporting to Cancer Board with awareness / engagement sessions held on each hospital site. Shadow monitoring in place. Further Demand & Capacity exercise planned 2020/21 with support from Delivery Unit. New Cancer tracking module in W-PAS now fully operational as of Dec19 with tracking team in place from Dec19 to allow patients to proactively tracked through treatment pathways.	Anticipated significant gaps within key diagnostic services to address required levels of activity to support SCP - unlikely to be addressed by August 2019 Full engagement for all supporting services. Performance is lower than USC/NUSC published performance. Key diagnostic information systems do not support effective demand /	Demand & capacity assessment work continuing. Solutions will necessitate regional cooperation to address anticipated capacity gaps.	Humphrey, Lisa	31/03/2020	Currently managing SCP workload via pathway redesign.
		Additional awareness / engagement sessions planned across HB.	Jones, Keith	Completed	Initial round of health board awareness sessions were held during Sep18, followed by a second round of awareness sessions, including attendance at MDT Site Specific Business meetings and hospital Grand Round sessions in early 2019.

Routine daily communication feed from ED to cancer information team which helps identify the point of suspicion.	capacity planning. Need for new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.	See above re diagnostic services plus improved systems to support identification of 'date of suspicion'.	Humphrey, Lisa	~~31/03/2019~~ 31/08/2019 31/07/2020	HB performance compares well with other HBs however below current USC/NUSC performance level. Ongoing work in progress with OPD, Diagnostic & ED teams along with the informatics department to improve real time identification of date of suspicion.
		Planned upgrade of Tracker 7 system via NWIS targeted for Summer 2019.	Humphrey, Lisa	Completed	The new Tracker 7 system was implemented within in the health board in Mar19. The service is currently looking at staffing levels to enable us to use the system fully.
		Explore opportunities for alternative providers to address tertiary centre delays for cancer treatment.	Humphrey, Lisa	30/04/2020	Work is underway.
		Each MDT to review and adopt recommended optimal tumour site specific pathways	Humphrey, Lisa	31/08/2020	Each MDT is currently assessing implications of published proposed pathways. A Macmillan Cancer Quality Improvement Manager has been appointed to work with the teams with regards to implementing the new pathways, starting with Lung and Urology pathways.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**			**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Deliverable indicator targets - 1% improvement per month during 2020/21. Shadow performance data.	Daily/weekly/monthly/ monitoring arrangements by management	1st			* IPAR Report Mth9- Board - Jan20 * Implementation of Single Cancer Pathway Report - BPPAC - Feb20	No gaps identified.				
	Executive Performance Reviews	2nd								
	IPAR Performance Report to BPPAC & Board	2nd								

	Monthly oversight by Delivery Unit, WG	3rd								

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
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. Due to the timings of meetings, as outlined below, there are no Board level Committee meeting reports for consideration.

- Charitable Funds Committee (CFC) met on 17th March 2020, and will report to the May 2020 Public Board meeting;
- Health & Care Strategy Delivery Group (HCSDG) was disestablished as a formal reporting committee of the Board at the January 2020 Public Board meeting;
- Mental Health Legislation Assurance Committee (MHLAC) is due to meet on 6th April 2020, having stood down its meeting on 3rd March 2020;
- Primary Care Applications Committee (PCAC) was disestablished at the January 2020 Public Board meeting;
- University Partnership Board (UPB) was disestablished as a formal committee of the Board at the January 2020 Public Board meeting.

An update report from the In-Committee Board meeting held on 30th January 2020 is appended.

This report also provides an update to the Board in respect of recent Advisory Group meetings held, as follows:

- Healthcare Professionals Forum meeting held on 20th January 2020;
- Staff Partnership Forum meeting held on 10th February 2020.

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
- Mental Health Legislation Assurance Committee
- Quality, Safety and Experience Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Finance Committee
- Health & Safety Assurance Committee
- People, Planning & Performance Assurance Committee (formerly Business Planning & Performance Assurance 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
- Staff Partnership Forum
- Healthcare Professionals Forum

Asesiad / Assessment

Matters Requiring Board Level Consideration or Approval:

The Healthcare Professionals Forum requested that the following item be raised at Board level:

- New Chair of Healthcare Professionals Forum – Dr Mo Nazemi (approved by Forum).

There were no matters raised by the In-Committee Board or Staff Partnership Forum which require Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

The In-Committee Board raised the following key risks and issues/matters of concern:

- Concerns regarding Trans-Catheter Aortic Valve Implantation (TAVI) provision.

The Healthcare Professionals Forum raised the following key risks and issues/matters of concern:

- 'Empowering Clinicians' – the draft paper was welcomed as a positive development in Hywel Dda. Caution is required, as different clinicians have different perceptions of what

‘empowerment’ means for them. This will need to be more fully clarified in the Design Phase. An additional strand, which focuses on how clinicians can have a stronger voice in planning and change at a strategic level, may be valuable.

The Staff Partnership Forum raised the following key risks and issues/matters of concern:

- Managing Attendance at Work – given the increasing rate of sickness absence reported due to anxiety/stress/depression/other psychiatric illnesses, for a further update to be provided to a future meeting.
- Obligatory Response to Violence in Healthcare – recognising the increased support required in this area, for a further update to be provided to a future meeting.

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 reports in respect of recent Advisory Group meetings;
- Note that the Healthcare Professionals Forum has elected and approved Dr Mo Nazemi to become Chair of the Forum. A recommendation will now be made to the Minister of Health and Social Services for the new Chair of HPF to become an Associate Member of the Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review

Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee and Advisory Group Chairs

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Explicit within the individual Update Reports where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Explicit within the individual Update Reports where appropriate.
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership Forum, the activities of which require reporting to the Board.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Miss Maria Battle
Cyfnod Adrodd/ Reporting Period:	Meeting held on 30th January 2020

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

- **Draft Three Year Plan 2020/23, incorporating the Annual Plan 2020/21** – the In-Committee Board considered this document and provided comments and feedback.
- **Welsh Health Specialised Services Committee (WHSSC) 2020-23 Integrated Commissioning Plan** – the In-Committee Board supported this plan, which had also been received at Public Board on 30th January 2020.
- **Tuberculosis (TB) Outbreak** – the In-Committee Board received an update on the Tuberculosis (TB) Outbreak, Llwynhendy.
- **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 the In-Committee ARAC meeting held on 19th December 2019.
- **In-Committee Quality, Safety & Experience Assurance Committee (QSEAC)** – the In-Committee Board received an update report from the In-Committee QSEAC meeting held on 3rd December 2019.
- **In-Committee Finance Committee** – the In-Committee Board received an update report from the In-Committee Finance Committee meeting held on 19th December 2019.
- **In-Committee Welsh Health Specialised Services Committee (WHSSC)** – the In-Committee Board received an update report from the In-Committee WHSSC meeting held on 12th December 2019.
- **Any Other Business** – an update was provided regarding the UHB's response to, and preparations around, the recent outbreak of Novel Coronavirus.

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:

Concerns regarding Trans-Catheter Aortic Valve Implantation (TAVI) provision.

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:
26th March 2020.

Enw'r Pwyllgor / Name of Committee	Health Care Professionals Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Dr Kerry Donovan (outgoing Chair)
Cyfnod Adrodd/ Reporting Period:	Meeting held on 20th January 2020

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

Formal approval of New Chair for the Forum

In line with the Terms of Reference of the Forum, the Forum voted for and approved its new Chair, Dr Mo Nazemi. Dr Nazemi will take up the role as of March 2020 and provide representation for the Forum at Public Board (following recommendation from the Health Board Chair and approval by Welsh Government). The Forum thanked Dr Kerry Donovan for serving as Chair for the last two and a half years.

Presentations

The forum received 2 presentations:

1. Empowering Clinicians – presented by John Evans, Assistant Medical Director
2. Value Based Health Care – Simon Mansfield

Presentation on Empowering Clinicians

John Evans provided an overview to the membership of how the Health Board is working towards 'Empowering Clinicians' and sought views on the proposals from the membership. The Forum heard that the best functioning organisations have clinicians who are the most empowered working for them. Mr Evans presented a draft paper which set out the aims and objectives, with a timeline for developing the plan for empowering clinicians throughout the organisation. He informed members that the plan and contents would be subject to a process of Discovery, Design and Delivery. Key enablers, identified in the plan, as core to empowering clinicians included:

Clinician Level information (information in order to enable clinicians to make real-time decisions); Medical Management & Leadership Programmes; the Health & Care Strategy; review of job plans to enable leadership with change; digital strengthening; and Quality Improvement (projects to improve outcomes for staff and patients).

Members of the Forum appreciated this paper being brought to their attention at an early stage of development. Members welcomed the attention to IT solutions and enabling clinicians to have the information that they need in order to do their jobs; outlining their current frustrations around this. The focus on leadership was also endorsed. Members noted that the paper comes across as very 'senior' in terms of the target audience and suggested that consideration be given to empowering all clinicians, as well as other staff such as porters and domiciliary staff, whilst recognising the challenges involved in this.

Members of the forum also raised the point that different clinicians may have different ideas about what 'empowerment' means for them. For example, some clinicians may consider empowerment to mean having a greater say in organisational matters and a greater influence in terms of the organisational decision-making which impacts upon them. There is, therefore, the risk that some clinicians may perceive this document as a means of enabling the organisation to perform better, rather than

focusing on empowering clinicians. The presenters noted that the emphasis needs to be more on how the organisation can empower clinicians to do their job. The potential of another strand, focussed on how clinicians can influence change in the organisation, was also noted as an opportunity.

Presentation. Value Based Health Care (VBHC)

Simon Mansfield presented to the Forum on how the Health Board is approaching VBHC, which has a 2 year funding period. He informed the Forum that, despite our challenges, the UK is consistently ranked the overall number one healthcare system and that the NHS provides the second most cost effective system after New Zealand. This indicates that the NHS is a technically efficient system. However, we fail to support healthier lives, as we do not deliver the best healthcare outcomes.

The Forum was informed of the framework set out by Michael Porter and Muir Gray, for restructuring health care systems around the globe, with the overarching goal of creating value for patients. The Forum was advised that the focus moves from looking at effectiveness of interventions (i.e. targets and driving the volume of activity) to the success of the whole system from the patient's perspective. This involves a whole system redesign and a focus on prevention, resilience and self-care.

The Forum was informed of the VBHC areas within Hywel Dda. These included: Lung cancer; Heart failure ; Ambulatory care; Respiratory; Chronic pain; Stroke; Dermatology; Colorectal Cancer; Trauma and Orthopaedics (Hips & Knees)

The forum welcomed the focus on VBHC and requested an update on progress at a later date.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:

New Chair of Health Care Professionals Forum – Mo Nazemi (approved by Forum)

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

'Empowering Clinicians' – the draft paper was welcomed as a positive development in Hywel Dda. Caution is required, as different clinicians have different perceptions of what 'empowerment' means for them. This will need to be more fully clarified in the Design Phase. An additional strand, which focuses on how clinicians can have a stronger voice in planning and change at a strategic level, may be valuable.

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

Adrodd yn y Dyfodol / Future Reporting:

- Director of Operations – first hundred days and planned changes
- Annual Plan
- Primary Care Developments
- Dementia – developments and improvements throughout the healthcare system

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

18th March 2020

Enw'r Pwyllgor / Name of Committee	Staff Partnership Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Lisa Gostling, Director of Workforce & Organisational Development (Joint Chair of Staff Partnership Forum) Ann Taylor-Griffiths (Royal College of Nursing Representative/Joint Chair of Staff Partnership Forum and Chair of Ceredigion County Partnership Forum)
Cyfnod Adrodd/ Reporting Period:	Meeting held on 10th February 2020

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

This report summarises the work of the Staff Partnership Forum (SPF) at its meeting held on 10th February 2020, with the following highlighted:

- **Update on Healthy Working Relationships and Respect & Resolution at Work Policy** - Mr James Moore, Assistant Director Organisational Design & Development, Health Education & Improvement Wales (HEIW), presented an update on the Healthy Working Relationships and Respect & Resolution at Work Policy, highlighting the importance of healthy working relationships within the workplace. Staff representatives expressed contentment and support of the policy, however, highlighted the need to change the culture within the workplace in order for people to talk to each other to resolve issues rather than taking the matter straight to management. Members were reminded that it is the responsibility of all staff to ensure this works, and that all are responsible in influencing the change. Mrs Lisa Gostling expressed full support on behalf of the Forum.

- **SPF Annual Report Detailing Work Undertaken Throughout The Year** - the Forum discussed and agreed the draft SPF Annual Report 2019/20 with the addition of an update from the 10th February 2020 SPF meeting, for onward submission to the Extra-ordinary May 2020 Public Board meeting for approval.

- **Trade Union Representation on Health & Safety Control Groups and Task & Finish Groups** - the Forum discussed the Trade Union representation on the 3 newly established Health & Safety control groups and the 3 task & finish groups following the Health & Safety Executive visit in 2019, and Members were pleased to note that good support had been received from Trade Union representatives.

- **Staff Partnership Forum Terms of Reference** – the Staff Partnership Forum Terms of Reference were presented to Forum and discussion was held on whether these adequately cover the Forum's focus. It was agreed for a sub-group to further review the Terms of Reference and to present a draft amended version to the next meeting.

- **Finance/Turnaround Update** – Finance and Turnaround updates were presented to Forum with the Month 9 finance update report representing an adverse variance against plan of £8.2m (adverse variance of £20.1m to breakeven). Members noted this position has been driven by bed pressures, the cost of drugs/medicines management, vacancies covered by premium cost staff within Unscheduled Care, and the impact of unidentified savings. HDdUHB's confirmed control total is £15m with a forecast deficit position of £25m, given the cumulative financial position and on-going operational pressures. Assurance was provided that HDdUHB is on target to achieve the £25m forecast deficit, however, next year is anticipated to be a challenge. The Forum also received the "Duty of Care module for Grey Fleet vehicles" report, noting that this applies to HDdUHB staff undertaking business miles using their own cars with the need to ensure matters such as a driving licence, MOT (if applicable), tax and business usage insurance are in place. It was noted that this module would become operational on the e-expenses system over the next few months.

- **Nurse Staffing Levels (Wales) Act 2016** – Members were presented with a comprehensive report providing the latest six monthly update on the progress being made in implementing/meeting the requirements of the Nurse Staffing Levels (Wales) Act (NSLWA) 2016. The update focussed on the recently issued Royal College of Nursing (RCN) Wales report entitled 'Progress and Challenges: The Implementation of the NSLWA' and Hywel Dda University Health Board's (HDdUHB) response to the report, outlining the progress being made locally.

- **Managing Attendance At Work** – The Managing Attendance at Work report was presented to Forum, providing information relating to sickness absence within HDdUHB for the period ending 30th November 2019. The Forum was advised that the 12-month rolling rate displayed an increase between October 2019 and November 2019 of 0.03%, with the monthly rate for November 2019 at 5.49%, representing an increase from the previous month (October 2019) of 0.20%. Members noted that the reasons for the highest rate for sickness reported in the year against the FTE (full time equivalent) days lost was anxiety/stress/depression/other psychiatric illnesses and that this reason for absence is increasing.

- **Brexit Preparations** – the Forum noted that the Brexit Steering Group continues to meet on a monthly basis to keep abreast of issues and preparations.

- **Obligatory Response to Violence in Healthcare** - the Forum received a verbal update regarding the Obligatory Response to Violence in Healthcare, and attention was drawn to the document "NHS Anti-Violence Collaborative Obligatory response to violence in healthcare", produced jointly by the four police forces in Wales, Welsh Government, Crown Prosecution Service

(CPS), NHS Wales and Unions, which will shortly form part of a Welsh Health Circular. Members noted there had been 985 violence and aggression incidents towards HDdUHB staff within the period March 2019 – February 2020, 76 of which had required police attendance. Recognising the increased support required in this area, Members were pleased to note the appointment of a second Violence & Aggression Manager within Hywel Dda, who will work closely with both the Police and the CPS. A further update would be provided to a future meeting.

- **Employment Policy Update** – The following policies/procedures were presented to Forum and agreed prior to formal approval:
    - Interim Procedure for Volunteer Staff Deployment During Adverse Weather
    - Additional paragraph for the All Wales Special Leave Policy
    - All Wales Employment Break Policy
    - All Wales Pay Progression Policy

- **County Partnership Fora –** Update reports from the Carmarthenshire, Ceredigion and Pembrokeshire County Partnership Fora were presented to Forum for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

There were no matters requiring Board level consideration or approval.

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

The following risks or matters of concern were raised.

- **Managing Attendance at Work** - given the increasing rate of sickness absence reported due to anxiety/stress/depression/other psychiatric illnesses, for a further update to be provided to a future meeting.
- **Obligatory Response to Violence in Healthcare** - recognising the increased support required in this area, for a further update to be provided to a future meeting.

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

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the next Staff Partnership Forum meeting will include a review of the Staff Partnership Forum Terms of Reference and a Speak Up Safely update.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

6th April 2020

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
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:**	Alison Gittins, Head of Corporate & Partnership Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

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 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.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing note from the WHSSC meeting held on 20th January 2020 setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Summary of key matters considered by EASC and any related decisions made at its meeting held on 28th January 2020.
- Confirmed minutes of EASC meeting held on 12th November 2019.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 16th January 2020.

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

Mid Wales Joint Committee for Health and Care (MWJC)

- Next meeting scheduled for 23rd March 2020.

NHS Wales Collaborative Leadership Forum (CLF)

- Next meeting to approve the minutes of the previous meeting held on 15th January 2020 scheduled for 14th April 2020.

Argymhelliad / Recommendation

The Board is asked to receive for information the minutes and updates in respect of recent WHSSC, EASC, NWSSP, CLF, and MWJC meetings.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr 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 Care

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 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 28 January 2020. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee

Action log & matters arising
Members noted the action log.

Chair's Report
The Chair's action appointing Mr Emrys Elias, Vice-Chair of ABUHB as an Independent Member of the Joint Committee and Chair of the WHSSC Quality & Patient Safety Sub-committee was ratified. The Chair apprised members of her meeting with the Minister during the previous week, in which it was noted that good progress had been made on Thoracic Surgery and Major Trauma but that further urgent attention was required on the Perinatal Mental Health Mother and Baby Unit for south Wales and ongoing attention to reduction in out of area CAMHS placements.

Managing Director's Report
The Joint Committee noted the content of the Managing Director's report and, in particular, an update on the All Wales Medical Genomics Service (AWMGS) recently winning an Efficiency through Technology Programme High Impact Award for development of a new non-invasive prenatal test which is now offered to pregnant women in Wales.

Cystic Fibrosis - Home IV Antibiotics Service
Members received a paper that provided an update on the implementation of a prepared Home IV antibiotics service for patients with Cystic Fibrosis in south Wales and southern Powys.

Members:

- Noted the information presented within the report;

- Supported taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020/21 ICP; and
- Supported further evaluation of the impact on inpatient demand to inform the planned bed base to be supported by WHSSC within Phase 2 of the business case.

Cardiac Surgery Performance
Members received a paper that provided an update on Cardiac Surgery Performance in south Wales. It was noted that (1) CVUHB were progressing an arrangement to outsource to University Hospitals of North Midlands NHS Trust, Stoke, (2) SBUHB had a plan to eliminate 36 week RTT waiting time breaches by 31 March 2020, (3) waiting times were being adversely impacted by late transfers from cardiology to cardiac surgery, and (4) lack of recorded pathway start dates for some referrals means that waiting lists have probably been understated for at least the last two years. In addition, the WHHS Team have done work on the Aortic Stenosis pathway with the objective of further reducing waiting times for these critically ill patients. In summary, plans were now in place to address waiting time breaches within the foreseeable future.

Members noted the information presented within the report.

Neonatal Transport Review Recommendations
Members received papers that set out the key recommendations from the Review of the South Wales Neonatal Transport Service and sought support for the next steps to develop a 24 hour neonatal transport service. It was noted that the Neonatal Network had historically suggested duplication of the existing service but this was considered neither cost effective nor clinically effective when previously considered through prioritisation. The Review offered different recommendations. .

The paper included a suggestion that the commissioning of the service might be better suited to EASC. In line with a view expressed by Management Group, members generally expressed a preference for WHSSC to commission the 24 hour service initially and possibly transfer responsibility, after this, to EASC.

Welsh Government had indicated that its Quality Delivery Board members were united in a wish to see interim arrangements introduced as soon as possible, so as to minimise the risks of further avoidable harm being caused by the absence of a 24 hour service. Members agreed that prioritising a permanent 24 hour solution was preferable, provided there was no further significant delay.

Members noted the draft recommendations within the report; and supported the development of future commissioning arrangements for

neonatal transport services in south Wales with an outline plan and timeline being brought back to Joint Committee in March.

Major Trauma Network Programme Business Case (MTNPBC) – Update

Members received a paper that provided an update on the progress to address any non-financial caveats to health board approvals of the MTNPBC, together with an update on recruitment and acknowledgement of the responsible recruitment process. It was noted that positive work was being done on ongoing recruitment, the patient repatriation process and rehabilitation, also that some governance arrangement proposals were being developed and would be brought back to Joint Committee.

Members noted:

- the outcomes of the health boards' consideration of the MTNPBC;
- the progress to address any non-financial caveats;
- the NHS Wales Budget Allocation 2020-21 as it relates to major trauma; and
- the progress made by the Major Trauma Centre on recruitment and acknowledge the responsible recruitment process.

Welsh Renal Clinical Network (WRCN) Transformation Fund Application

Members received an oral report on the successful WRCN Transformation Fund application, the objective of which was to roll out the Vital Data application for electronic patient records for renal dialysis patients, developed in SBUHB, across the whole of Wales. The initiative was expected to result in patient safety drug administration benefits and cost savings on drug procurement.

Perinatal Mental Health – Mother and Bay Unit

Members received a paper that provided an update on key progress since the November 2019 meeting of the Joint Committee on the development of a Mother and Baby unit located in south Wales and made recommendations on a preferred interim option in line with a letter from the Minister.

Members:

- Supported the proposed option from SBUHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital;
- Supported the urgent development and submission of a Business Justification Case to Welsh Government in order to secure capital funding; and
- Approved the establishment of a task and finish group to review the options for a permanent solution.

Thoracic Surgery Update
Members received a paper that provided an update on the position in relation to the development of a single Adult Thoracic Surgery Service for south Wales based at Morriston Hospital and the network of services which are required to support this. It was noted that good progress was being made with excellent clinical engagement and collaboration between CVUHB and SBUHB.

Members noted the information presented within the report from the Thoracics Programme Implementation team.

Corporate Risk Assurance Framework (CRAF)
Members received a report that provided an update on the WHSSC risk management framework as at 30 November 2019 and incorporated the key risks faced by the organisation which had not changed significantly since the last update.

Members noted the update provided within the report and received assurance that risks are being appropriately assessed and managed.

Other reports
The Joint Committee received the Integrated Performance Report for October 2019 and the Financial Performance Report for Month 9 of 2019-20.

The Joint Committee also received the update reports from the following joint sub committees and advisory groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel;
- Quality & Patient Safety Committee; and
- Welsh Renal Clinical Network.

Coronavirus
It was reported that a Welsh patient had been assessed with a negative result the previous week via NHS England. The WHSS Team had now put contractual arrangements in place with NHSE for any future cases and shared information on the pathways with Public Health Wales and Welsh Government.

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board / NHS Trust Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	28 January 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:
http://www.wales.nhs.uk/easc/easc-meeting-agenda-and-papers-28-januar

CHAIR'S REPORT

Members **NOTED** that the Chair attended the all Wales Chairs Peer Group meetings and Ministerial meetings and the programme of visits with the Chief Ambulance Services Commissioner to all health boards was continuing.

Members **NOTED** that the Chair had recently attended his appraisal meeting with the Minister which had been positive but also recognised the many challenges facing the service.

EASC INTEGRATED MEDIUM TERM PLAN (IMTP)

The draft National Collaborative Commissioning Unit (NCCU) IMTP was received by the Committee. Stephen Harrhy gave an overview of the report and emphasised that the Members were asked to approve the EASC element of the plan and to note any EASC related content contained within the wider plan. Members were also informed of the financial discussions to date.

In relation to the financial position, following discussion, Members agreed:

- The Welsh Ambulance Services NHS Trust (WAST) IMTP figures for 2020/21 would be consistent with the details set out in the Welsh Government allocation letter
- Health Boards agreed **in principle** to fund up to a maximum of £1.8m in additional revenue on a non-recurrent basis for 2020/21. This was the amount that Members would expect to be reflected in the WAST IMTP and presented as such. The draw down from this funding would be made conditional on the delivery of resources in line with the delivery plan and provided to WAST when the expenditure had been incurred.
- The agreement in principle was subject to a detailed implementation/delivery plan being signed off which should include, at both a national level and by health board level, a suite of benefits measures / key performance indicators that demonstrated how the additional funding would be linked to improved outcomes.

James Rodaway provided Members with a high level overview of the content of the plan which had been developed in line with the commissioning intentions previously approved.

Members **NOTED** that the supporting appendix had been developed for inclusion in health board IMTPs to ensure consistency and alignment. James Rodaway was thanked for the work involved in preparing the plan.

Members **NOTED** the NCCU IMTP and **APPROVED** the EASC element; **APPROVED** the financial information subject to the agreed principles above; and **SUPPORTED** the WAST IMTP subject to the points listed above.

DEMAND AND CAPACITY REVIEW (FINAL)

The final version of the Demand and Capacity Review by ORH was received. Stephen Harrhy reminded Members of the work to date and thanked the team at WAST for the cooperation and commitment to work together to deliver the final report. Members noted the high quality of the report and the importance of the next steps in terms of the implementation stage as it was reported that this would also be subject to the scrutiny of the Ministerial Ambulance Availability Taskforce.

Members were aware that the information had been included in the IMTP and clear recommendations for implementation on a health board by health board basis. It was noted some minor adjustments needed to be made to local data and this would be resolved outside of the meeting.

Members **APPROVED** the ORH Demand and Capacity Review and **NOTED** that the implementation would be managed by the EASC Management Group and would be included within the terms of reference of the Ministerial Ambulance Availability Taskforce.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **National Transfer Service for Critically Ill Adults** – Members noted the work underway.

- **Ministerial Ambulance Availability Task Force** – Members were aware of the work to date and noted the 5 key elements included in the Minister's written statement
    - Implementation of recommendations from a recently commissioned independent "Demand and Capacity" review
    - rapid delivery of alternative pathways and community-based solutions to prevent avoidable conveyance to emergency departments
    - optimisation of the ambulance patient handover process
    - improvement in Red performance, and
    - build on progress made by the Amber Review Implementation Programme.

- **Ambulance Quality Indicators (AQIs**) – Members noted that the next release of AQIs would take place on 29 January http://www.wales.nhs.uk/easc/ambulance-quality-indicators and the anticipated position in relation to lost hours at handover and the deterioration in red performance.

- **Performance dashboard** – Members noted that work was continuing on extending the local measures.

- **Emergency Medical Retrieval and Transfer Service (EMRTS):** Progress made on the review of the commissioning framework – Members noted that the Air Ambulance Charity was experiencing difficulties in recruiting pilots in relation to 24/7 working. The Chair of EASC and the CASC would be meeting with the service to discuss the situation in the next few weeks and would report back at the next meeting.

- **Mental Health update** – Carol Shillabeer gave an update on progress in relation to working with the Police and the categorisation of mental health calls to its service. Members noted that the diversity of calls and that helpful data was being collected for further analysis. The work would continue to seek a Once for Wales solution and would be considered by the Ministerial Ambulance Availability Taskforce.

NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) PROGRESS REPORT

The progress report in relation to the NEPT service was received. James Rodaway presented the report. Members noted that the Quality and Delivery Framework had been in place since October 2019 and that good representation from all health boards had been seen at the NEPTS Delivery Assurance Group which monitored the progress against the Framework and the commissioning intentions.

Work was continuing on improving efficiency in terms of the operational practice. Members noted that a quarter of bookings were still being sent by Fax and a large number of appointments booked on the day. Members noted that every provider was quality assured and Members felt it was a positive improvement and plans were in place for the roll out across all health board areas.

PROVIDER ISSUES

The Welsh Ambulance Services NHS Trust (WAST) gave an overview of the following areas; Members **NOTED**:

- **Performance** – it was expected that the January Red performance would be slightly higher than the All Wales target of 65% which would be an improvement from the previous two months. Members noted that demand was less in January 2020 than December 2019.

- **Serious Adverse Incidents** (SAIs) – Members were concerned to note that increased levels of harm had been recorded primarily in two health board areas. A small team from EASC were meeting with staff from WAST to further review SAIs and applying thresholds across Wales and this would be discussed further at the EASC Management Board.

- **Recruitment** – WAST were aiming in their IMTP to increase staffing levels by a minimum of 136 with the vast majority being in post by the end of quarter 3. Members noted that service changes such as the commissioning of the new Grange University Hospital, potential changes to A&E departments and vascular services within NHS Wales would potentially raise the number beyond 136 this would require extra training capacity being secured by WAST. However, the difficulties that had been experienced in recruiting staff in the numbers planned to date were noted.

- **Commissioning Intentions** – Members received the report and noted that the EASC Management Group would be developing a detailed delivery plan for the intentions and the recommendations from the Demand and Capacity Review.

FINANCE REPORT

Members **received** the Finance Report and noted the breakeven position.

EASC GOVERNANCE UPDATE

Members welcomed the new format for the reports which mirrored the approach of the host body. The Risk Register would be reviewed in detail in line with the changing arrangements at the host body and progress would be presented at the next meeting. The evaluation of the sub groups would be presented at the next meeting; Members felt that the Committee itself should also receive an annual report in order to assess efficiency of the arrangements and assist in planning for the future.

Private Session

Members held a private session to receive the minutes from the In Committee meeting held on 12 November 2019.

Key risks and issues/matters of concern and any mitigating actions				
• Handover delays and red performance • WAST staff recruitment				
Matters requiring Board level consideration and/or approval				
• Inclusion of EASC IMTP in each health board's plan				
Forward Work Programme				
Considered and agreed by the Committee.				
Committee minutes submitted	Yes	✓	No	
Date of next meeting	**10 March 2020**			

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 12 NOVEMBER 2019 AT THE NATIONAL COLLABORATIVE COMMISSIONING UNIT, TREFOREST INDUSTRIAL ESTATE

PRESENT

Members	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Gary Doherty (Via VC)	Chief Executive, Betsi Cadwaladr BCUHB
Sian Harrop-Griffiths	Director of Planning, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Jamie Marchant	Director of Primary Care, Community and Mental Health, Powys PTHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
In Attendance:	
Steve Curry	Chief Operating Officer, Cardiff and Vale C&VUHB
Rachel Marsh	Director of Planning, Welsh Ambulance Services NHS Trust
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	Deputy Chief Ambulance Services Commissioner and Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Jo Mower	Clinical Director National Programme Unscheduled Care (in part)
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Gwenan Roberts	Head of Corporate Services, Cwm Taf Morgannwg UHB (Secretariat)
Chris Polden	ORH Consulting (in part)
Chris Moreton	Head of Finance, National Collaborative Commissioning Unit (Observing)

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 19/88	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	

EASC 19/89	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Judith Paget, Glyn Jones, Georgina Galletly, Steve Ham, Anthony Hayward and Tracey Cooper.	
EASC 19/90	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	Chair
EASC 19/91	**MINUTES OF THE MEETING HELD ON 23 JULY 2019** The minutes were **confirmed** as an accurate record of the meeting held on 23 July 2019.	Chair
EASC 19/92	**ACTION LOG** Members **RECEIVED** the action log and **NOTED** progress as follows: **EASC 18/06 & EASC 18/65 & EASC 19/21** The development of local measures had been piloted at ABUHB and a report of progress would be provided as soon as possible to the EASC Management Group. **EASC 19/08 & EASC 19/21 & EASC 19/23** **Emergency Medical Retrieval Service (EMRTS)** **Refresh of the commissioning framework** A further update would be provided at the next meeting. **EASC 19/42** **Ambulance Quality Indicators (AQIs)** Trend analysis had been included in the latest version of the AQIs. **EASC 19/55** **Management Group** A number of further comments had been received on the Terms of Reference which would be discussed at the next management group. The final version would be circulated as well as the dates for future meetings of the management group. **EASC 19/55** **Mental Health** An update of progress to date was provided, it was agreed to share information in relation to the composition of the expert advisory group and a further update would be provided at the next meeting.	James Rodaway James Rodaway CASC Shane Mills and Carol Shillabeer

	EASC 19/77 **WAST Staff Pipeline** WAST had not yet received a response from the provider in relation to the relatively high number of re-sits. A further update would be provided at the next meeting. **Handover Delays** WAST confirmed that meetings were taking place with health boards in relation to handover delays meeting and escalation arrangements. Further information would be provided at the next meeting in relation to how this would work and the proposals for supporting the cohorting of patients. **RED improvement plan** Activity had increased and a copy of the plan would be shared with health boards. **Good SAM app** The Good SAM app had been shared by medical directors and it was agreed to close the action. **EASC 19/78** **Reference Document on the WAST Relief Gap Emergency Ambulance Service** Jason Killens confirmed that he was working on providing a response to the information; this would be received at the next meeting of the Committee in relation to the critical path to meet the commissioning intentions.	Jason Killens Jason Killens Jason Killens Jason Killens
EASC 19/93	**MATTERS ARISING** There were none.	
EASC 19/94	**CHAIR'S REPORT** The Chairs report was **received** by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee. Members **NOTED** that the Chair had been appointed for a further year and reiterated the opportunity for Members to raise and issues or provide feedback on the effectiveness of the work of the committee. Members **RESOLVED** to: • **NOTE** the Chair's Report.	Chair

EASC 19/95	**ORH DEMAND AND CAPACITY REVIEW** Members received the initial findings of the independent emergency medical service Demand and Capacity Review in a private session. Further work would now be discussed at the Demand and Capacity Steering Group and within the Management Group to provide more analysis on the information presented and the identification of the overall efficiencies which could be made in the system. A long discussion took place on the efficiency assumptions included within the Review. Committee members confirmed their support for safe co-horting of patients, particularly in those hospitals that are currently experiencing the highest level of lost hours. Committee members also wanted to ensure that the impact on the whole system was being measured and understood, in order to reduce overall system risk. Reference was also made to the WAST winter plan, and the need to understand the key actions being taken by WAST and net impact of the plan for the system and ambulance performance. Given the immediate need for red performance improvement, with the minimum expectation of achieving 65% at a national level for November the Welsh Ambulance Services NHS Trust were asked to update the Chief Ambulance Services Commissioner on ongoing initiatives and action and a wider assessment of the plans on wider system performance by the following week. Members **RESOLVED** to: • **NOTE** the initial findings • Seek further clarity at the Management Group in line with the queries identified • Receive the final version of the report at the next meeting.	
EASC 19/96	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT** The Chief Ambulance Services Commissioners (CASC) report was **received** by the Committee. Members **NOTED** that slippage had been held back on non recurrent funding for: • Extra clinical staff in the clinical control centres • Enhanced transfer and discharge service and extend use of the St John Cymru Wales service	CASC

	• Additional front line staff via the following schemes - encouraging retire and return - providing more hours part time staff working additional hours - more opportunities for bank staff to become permanent members of staff. Members **NOTED** that the whole time equivalent (WTE) which could be achieved by January 2020 was 46WTE to be funded non-recurrently from 'A Healthier Wales' allocation. It was noted that the staff would not be permanent but there was sufficient slippage to cover the costs incurred. Funding would be provided on evidence that additional spend had taken place. • **Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review** Members noted that information in relation to the review was now expected no later than the end of January 2020. • **Management Group** The schedule of meetings and the terms of reference would be shared with the Members. • **RED Performance requirements** The update report was included in the WAST provider report received. EASC members were very concerned that, although the provider report indicated red performance continued to exceed 65%, doubts were raised about the ability to achieve this in November. • **AMBER Review** The Amber Review Implementation Programme is due to be completed at the end of November 2019. An end of programme review will be undertaken. Discussions are ongoing around the outstanding actions and the next steps. • **Update on Mental Health Staff Clinical Desk** The Mental Health access review, due to report in early 2020, is moving into a data collection phase in winter 2019, with three Police forces, 111, general practitioner out of hours services (GPOoH), the Welsh Ambulance Services NHS Trust (WAST), frequent attenders, I CAN (https://awyrlas.org.uk/ican - I CAN is a campaign to improve the support available to people with mental health problems) and emergency departments all collecting the same information for 2 months.	CASC Carol Shillabeer

EASC 19/97	**WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER UPDATE** The Welsh Ambulance Services NHS Trust team (WAST) gave an overview of the following areas; Members **NOTED**: • Serious Adverse incidents (SAI) – being reviewed at the Serious Case Incident Forum; latest information showed that 80% of incidents were at Aneurin Bevan and Swansea Bay UHB areas; additional information was requested in terms of the common themes of the SAIs (in more detail than handover delays) which would be reported to the Welsh Government • Coroners Activity: since January 2019 a further 207 requests for information have been received • Longest Waits: regular reviews been undertaken and a table of waits over 12 hours included; numbers were worsening although the longest waits were reducing • Demand: increasing by 1.56% overall but in the red category by 7.5%; this needed to be further analysed • Red Performance: maintained about the 65% national target but variation in performance in Hywel Dda and Powys health board areas • Amber response times / Amber Review: Strong correlation between Amber waits, resource allocation and notification to handover lost hours; internal WAST Amber Delivery Group established • Handover lost hours = 12% of available resources daily • Winter Planning: reported that WAST had been working on its tactical winter plans over last 6 months • Resources: working with ORH on Demand and Capacity Review to clearly identify the gap between the budgeted establishment and the number of staff to fill rosters • Service Changes: the launch of the South Wales and South Powys Major Trauma network and its significance for the WAST service • All Wales Transfer and Discharge Service: there remains a commitment to develop a single all Wales service and to be included in commissioning intentions • Electronic patient clinical records: outline business case submitted to the Welsh Government in June 2019 • IMTP 2020/2023: will be submitted to the EASC at the January 2020 meeting. Members **NOTED** the work in relation to winter planning undertaken. Members identified some inaccuracies in the information and agreed to discuss with the WAST team outside of the meeting.	Jason Killens

	Red call and triage categorisation was discussed in detail and Members felt it was important to better understand the reasons, Rachel Marsh agreed to provide further information from a deep dive as soon as possible. Each health board area felt it would be most beneficial to receive locality based information. Members **RESOLVED** to: • **NOTE** the update from the provider service • Receive further information from a deep dive on red call and triage categorisation.	Members Rachel Marsh
EASC 19/98	**PROGRESS REPORT ON NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)** The progress report on NEPTS was received which was presented by James Rodaway. Members noted that the collaborative approach planned was being delivered with positive progress; a story board was also planned to include within the integrated medium term plan. Members were reminded of the initial internal audit report limited assurance findings and the potential to re audit in the future. Members noted that it was anticipated that all health boards would be involved by the end of the financial year. The report outlined the good progress made and the work currently underway to transform Non-Emergency Patient Transport Services in Wales; deliver the Ministerial expectations and implement the 2015 business case "the Future of NEPTS in Wales". Members **RESOLVED** to: **NOTE** the report.	
EASC 19/99	**REGIONAL ESCALATION** Stephen Harrhy provided an oral update on the work in relation to regional escalation and discussed the options available. Members noted that handover delays had significantly increased over the past 12 months from a baseline of 4,500hours lost per month to over 8,000 and were continuing to increase. Each health board areas had different issues and pressures to manage and Members **NOTED** that relationships between handover delays, staff availability, activity and ambulance performance. The safe cohorting of patients was discussed at length, it was agreed that this should be discussed at the Chief Operating Officers meeting along with proposals for changing regional escalation arrangements.	

EASC 19/100	**DEVELOPING A NATIONAL EMERGENCY DEPARTMENT QUALITY AND DELIVERY FRAMEWORK (EDQDF) FOR THE NHS IN WALES** Dr Jo Mower gave a presentation on the development of the EDQDF and the phases undertaken to date. Members thanked Jo Mower and Julian Baker for their work to date and felt that the story board was very useful to provide a support of the work and highlight the next phase. Members were offered the opportunity of receiving health board specific sessions if required. A wider based discussion took place on unscheduled care following the presentation and the following issues were noted: • Clear actions agreed from the last workshop (good representation at workshop) • Clear on the actions for escalation • Flexible deployment of ambulances • Need for regional actions • Need to address local issues in house • Importance of reliable data • The impact of the Welsh Government meeting on the repatriation of patients • Aim to capture information in particular for areas agreed Members **RESOLVED** to: • **NOTE** the presentation • Thank the team for their work to date and receive a further update on progress in the summer of 2020.	Julian Baker
EASC 19/100	**FINANCE REPORT** Members **received** the Finance Report which was presented by Stuart Davies and breakeven position. Members **NOTED** the plan to use the underspend and how the WAST resources would be deployed and looking at how the work could be completed by the end of January. Members **NOTED** that the allocation of the 'A Healthier Wales' 1% funding and would be provided in detail to the Management Group. Members **RESOLVED** to: **NOTE** the report.	Stuart Davies

EASC 19/102	**AMBULANCE QUALITY INDICATORS** The Committee received the report on Ambulance Quality Indicators (AQIs). In presenting the report, Ross Whitehead gave an overview of the key issues which had also been discussed earlier in the meeting including call answering times, conveyance attendances, red performance and handover delays. Members noted that the WAST team were discussing specific issues with the health boards directly. Members **RESOLVED** to: • **NOTE** the overview of the last quarter's AQIs.	Ross Whitehead
EASC 19/103	**EASC GOVERNANCE UPDATE** The governance update report was received and presented by Gwenan Roberts. Members **NOTED** the following: • Officers at the Welsh Government had been revising the model Standing Orders for health board, NHS Trusts and the Welsh Health Specialised Services Committee circulated as a Welsh Health Circular WHC 2019/027 • Model Standing Orders had been produced for EASC for the first time and were presented to the Committee for endorsement and onward adoption at each health board • All health boards were required to incorporate and adopt the latest review into each local health board Standing Orders to form Schedule 4.2 • Previous direction from the Minister in relation to changes to voting arrangements and the importance of all health board to provide the name of the nominated deputies for the Committee. • Model Standing Financial Instructions were being reviewed by a task and finish group led by the Directors of Finance and would be presented to the Committee in the final draft stage. • The Cwm Taf Morgannwg would continue to host the EAS Committee and support the reporting through the CTMUHB Quality and Safety Committee and the CTMUHB Audit and Risk Committee. • The revisions, supporting appendices and glossary to the Standing Orders • The Risk Register would be reviewed in detail following the discussion at the development session for presentation early in 2020.	All Stuart Davies James Rodaway

	Members **RESOLVED** to: • **ENDORSE** the model Standing Orders for approval at all health boards to meet the requirements of the Welsh Health Circular.	
EASC 19/103	**ALIGNMENT OF EASC COMMISSIONING INTENTIONS WITH INTEGRATED MEDIUM TERM PLANS (IMTPs)** Members received the report and a presentation on the Commissioning Intentions. Members noted the approach was in line with the NHS Planning Framework and An All-Wales Review of NHS IMTPs for 2019–22 referenced the positive observations around the collaborative commissioning arrangements for EASC. Members discussed the lessons learned and that the detail would be discussed at the EASC Management Group. The proposed approach to the Commissioning Intentions for EASC commissioned services and their alignment with Welsh Ambulance Services NHS Trust (WAST) and Health Board Integrated Medium Term Plans (IMTPs) was discussed in detail. Financial assumptions were discussed and the level of recurrent funds that would be made available would be consistent with the allocation letter when issued. A non recurrent sum would need to be reserved to support the transitional changes required from WAST. This would be confirmed in due course. It was **AGREED** that the Chief Ambulance Services Commissioner write to the Chief Executive at WAST as soon as possible clarifying the commissioning intentions of EASC for the next year. Following discussion Members **RESOLVED** to: • **APPROVE** the proposed approach to the Commissioning Intentions for EASC commissioned services and their alignment with Welsh Ambulance Services NHS Trust (WAST) and Health Board Integrated Medium Term Plans (IMTPs). • **ENDORSE** the content of presentation on the 2020/21 Commissioning Intentions.	

EASC 19/104	**FORWARD PLAN OF BUSINESS** Members **received** the forward plan of business which will need to include and annual plan and IMTP approval. Members **RESOLVED** to: • **NOTE** the Forward Plan • **AGREE** that the Chair and the Chief Ambulance Services Commissioner review the Forward Plan for future meeting.	*ALL*

ANY OTHER BUSINESS		
EASC 19/105	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/106	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 28 January 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	16 January 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. Medical Examiner Scheme Deep Dive

Andrew Evans, Project Manager, gave a comprehensive update on the Medical Examiner Service. The service is a UK-wide approach to addressing the issues raised in scandals such as Shipman, Morecambe Bay, and Mid-Staffs. The vision for NHS Wales is a single Medical Examiner service, working on behalf of HBs and Trusts that strengthens safeguards for the public, improves the quality of death certification, and avoids unnecessary distress for the bereaved. The service will be run by the Office of the Lead Medical Examiner for Wales, and will be delivered by Medical Examiners (ME) (approx. 8 WTE) supported by Medical Examiner Officers (MEO) (approx. 27 WTE). Initially MEs will work on a regional basis with the ultimate intention of being employed on an all-Wales basis. MEOs will be locally based, largely on DGH sites. The implementation will be split over two phases, with Phase One focusing on four hub sites with one in each of the following regions (North: Mid and West: South Wales Central: South Wales East). Phase Two, due for completion by March 2021, will cover 15 spoke sites, with full implementation of the service from April 2021.

2. Managing Director's Report

The Managing Director updated the Committee on:

Brexit – much of the preparatory work completed to date is being stood down, although this may need to be reinstated dependent on the outcome of UK Government discussion with the EU. NWSSP continues to liaise closely with Welsh Government on both Brexit preparations and the future intentions for IP5, for which the Strategic Outline Case came to the SSPC in early December. It was confirmed that any specific programmes suggested within IP5 would be subject to their own business case type process.

NHAIS – notification has been received from Welsh Government that the capital funding has been approved to allow NWSSP to procure the system from Northern Ireland. Work is also progressing well on the separate Ophthalmic payment system that is being developed in-house.

Lead Employer – The programme of work is on track, and discussions are on-going with HEIW to understand timescales and phasing. Further work will be needed on helping shape the operational and governance arrangements.

3. Items for Approval

IMTP – The Committee approved the plan which is financially balanced and built on a theme of continuous improvement, with consideration of the well-being of our staff, partners and the wider population embedded throughout. The plan was subject to substantial stakeholder engagement and demonstrates leadership on the part of NWSSP in driving all-Wales initiatives. The Vision and Mission statements have been reviewed and a revised statement approved; 'Adding Value through Partnership, Innovation and Excellence.'

Motor Fleet Insurance Renewal – The Committee approved a paper enabling NWSSP to tender for a three year insurance policy, with the option to extend for a further year. The tender will use a current framework to negotiate on an all-Wales basis but in lots by organisation so they each have their own insurance policy.

Legal & Risk Online Resource Library Subscription – The Committee approved the case for new library subscription for the provision of Legal Publications.

4**. Items for Noting**

- **PMO Highlight Report -** The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **Laundry Services Update -** Initial workshops have been held regarding the locations of the new Laundries, and further events are planned for early February to help finalise the locations. There will be one in the north and two in the south. The Committee agreed that once the locations had been agreed at the workshops, formal consultations would start with staff and the outcomes would feed into the final OBC which would be brought to the May Committee for final approval and then submission to Welsh Government. It was envisaged that the consultation process would begin in mid-February 2020. The Committee noted the Report and agreed to begin formal staff consultation once the three sites had been agreed through the workshop process.
- **TRAMS** – The Committee received a verbal update. The final Programme Business Case (PBC) was originally scheduled for the January Committee but has been delayed slightly as further work was required to address a number of areas raised by the Chief Pharmacists. The Chair noted that the Chief Pharmaceutical Officer for Wales in Welsh Government had already written to CEOs, Workforce and Planning Directors to make sure they were

aware of the project and she asked for attendees to discuss the strategic issues around this project within their own health boards before the next meeting.

- **Finance & Workforce Report -** The Committee noted that NWSSP continues to forecast a break-even position which includes the £2m re-distribution to Health Boards. Aged debts and timely payment of NHS invoices remain a concern. Although positive progress had been made over the last few months, more work was still needed. The Welsh Risk Pool risk-sharing position now stands at £9.7m and has been notified through the DoFs Group. Sickness figures were slightly higher than previous periods due to increases in short-term sickness.

- **Corporate Risk Register –** There are two red risks on the register relating to the replacement of the NHAIS system and to the need to replace the Ophthalmic Payments system by May 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays.

- **Audit Committee Highlight Report –** NWSSP continue to receive no limited or no assurance internal audit reports and there are no audit actions outstanding.

6. Items for Information

The following papers were provided for information:

- Finance Monitoring Reports.

Matters requiring Board/Committee level consideration and/or approval	
• The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.	
Matters referred to other Committees	
N/A	
Date of next meeting	24 March 2020

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 March 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Statutory Partnerships Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird, Head of Strategic Partnerships, Diversity and Inclusion Martyn Palfreman, Head of Regional Collaboration

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board.

The purpose of this report is to provide an update to the Board in respect of the recent work of the three Public Services Boards and Regional Partnership Board.

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.

Regional Partnership Boards, based on LHB footprints, became a legislative requirement under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas.

Asesiad / Assessment

Carmarthenshire Public Services Board (PSB)
The PSB met on 22nd January 2020 at the University of Wales Trinity St David. During the meeting a number of presentations were made including Moving Rural Carmarthenshire forward and the Tyisha Community Regeneration Plan. The 10 Rural Towns programme highlights that 60% of the population of Carmarthenshire live in rural areas and the programme includes seeking to retain and attract people back to the area, support economic regeneration

and a circular economy, as well as addressing social isolation. The ten rural towns are: Llandovery, St Clears, Whitland, Newcastle Emlyn, Laugharne, Cwmamman (Amman Valley), Llanybydder, Kidwelly (Gwendraeth), Llandeilo and Crosshands. The presentation provided an opportunity to connect work to the Health Board's Transformation Programme and further meetings will be arranged to progress discussions.

A link to the Carmarthenshire PSB website is provided below, where copies of agenda and meeting papers are available to review.
http://www.thecarmarthenshirewewant.wales/meetings/

Ceredigion Public Services Board (PSB)
Ceredigion PSB last met on 10th February 2020 at the University of Wales, Lampeter. Ceredigion County Council's Economic Strategy and Language Strategy were presented for information, and updates were received from the PSB project group chairs. Discussion also took place regarding the Eisteddfod and the "Ceredigion Village" which is being planned.
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 23rd February 2020 and was hosted by the Port of Milford Haven. Building on previous discussions with Pembrokeshire Youth Assembly, PSB members agreed that it would be helpful to invite the Assembly to establish ambassadors as key links, and "reverse mentors" for the thematic areas of work for the PSB. The Youth Assembly have also offered to support the PSB by developing social media messaging to highlight initiatives and work of the PSB and this was warmly welcomed by PSB members.

Discussion took place regarding the potential to explore sharing of back-office functions, building on work which had commenced some years ago. The Chief Executive of Pembrokeshire County Council also proposed that opportunities for sharing of agile work-spaces would provide a real demonstration of collaborative working. Mapping of possible work space across the PSB partners' estates was an agreed action.

Dyfed Powys Police provided an update on changes to their response arrangements which will be implemented from June 2020 and it was noted that responding and managing protests has become a challenge for local policing teams.

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
There is an expectation from the Future Generations Commissioner and Welsh Government that there will be closer joint working between Public Services Boards, and this was also a recommendation within the recent review by the Auditor General for Wales. To date, an annual regional meeting has been held to bring together colleagues from the three PSBs in the Hywel Dda area, as well as with Powys PSB, and the two Regional Partnership Boards for the respective areas.

A proposal by Carmarthenshire PSB to explore closer joint working and the potential to form a regional PSB arrangement was considered at Ceredigion and Pembrokeshire PSBs respectively. Despite acknowledging the value of regional conversations, neither Ceredigion nor Pembrokeshire PSB wished to lose the local focus of their work and have therefore declined to enter into further exploratory discussions about structural changes to PSBs at this

time. However, Pembrokeshire PSB has suggested moving to a bi-annual regional meeting which the Health Board members fully support.

Regional Partnership Board (RPB) update

RPB meetings

The RPB met on 23rd January 2020 in County Hall, Haverfordwest. The meeting was attended by the Children's Commissioner for Wales, Sally Holland, who has undertaken visits to all seven RPBs across Wales to discuss her aspirations in terms of (1) raising the profile of children's issues within the boards and (2) a clearer role for them in promoting joined up services for children, particularly in relation to mental health and learning disabilities. Findings from across Wales are being analysed and a composite report will be published in mid-March 2020. Detailed discussion with the Commissioner highlighted effective collaborative working in West Wales although it was acknowledged that achieving consistency of provision across the disparate region remained a challenge. The Commissioner expressed particular interest in the planned regional centre for children with complex needs, for which ICF Capital funding has been earmarked and which is aimed at improving independence, learning, employment and wellbeing outcomes by offering accommodation and support within region. The active engagement with the Dream Team in the regional learning disability programme was also commended.

Other items covered in the meeting included an update on deployment of the HDdUHB and RPB winter funding (in respect of which it was agreed that detailed assessment of impact would need to inform advance planning for 2020-21); updates on the ICF including delivery of revenue and Capital programmes (see below); Healthier West Wales update (see below); a mid-term report on the regional carers' plan and consideration of self-assessment pilots for RPBs being run during Spring 2010 by Welsh Government. In respect of the latter it was agreed that West Wales would not apply to be a pilot at this stage but would look to use some of the assessment tools developed by Welsh Government to assess the partnership's current performance and inform a locally designed and delivered development programme over the coming months.

The next meeting of the RPB will take place on 19th March 2020 in Aberaeron. Key items on the agenda will be the ICF revenue investment plan for 2020-21, ICF Capital update, Healthier West Wales update and initial impact of programmes funded through the winter planning monies. Feedback will be provided to the next meeting of the Board.

Healthier West Wales (Transformation Fund)

<u>Core funded programmes</u>

Programmes 1 (Proactive, technology-enabled care) and 3 (Fast-tracked consistent integration) are into delivery phase in Carmarthenshire and Pembrokeshire, with Ceredigion coming on stream shortly, reflecting the phased nature of the overall implementation plan. Core aspects of Programme 7 (Connecting People, Kind Communities) are also being progressed, including establishment of local action hubs, development of the 'Made Open' online tool to facilitate volunteering and time banking and roll-out of the 'Being Kind' programme based on the existing 'Carmarthenshire is Kind' initiative.

A further claim against the grant was submitted at the end of Quarter 3. This amounted to just under £1.1m, meaning that a total of £1.4m has now been claimed against the Grant. A full spend of £11.9m is projected by the end of the funding period in March 2021.

A full quarterly update report on progress with these programmes will be available for the next meeting of the Board.

Additional Transformation Funding

As reported at the last meeting of the Board, Welsh Government announced allocations of residual Transformation Funding to regions for deployment during 2020-21. This has been allocated on a population basis, with West Wales receiving an indicative allocation of £1.4m. Proposals have been developed and were submitted to Welsh Government on 9th March 2020. Mindful of the need to commence programmes as soon as practicable in the new financial year and the need to minimise legacy costs beyond March 2021, the emphasis is intentionally on commissioned capacity to develop infrastructure and purchase of technology and supporting equipment to facilitate a responsive, citizen-centred approach and support increased integration of assessment, care planning and delivery of care and support. Proposals are grouped under the 4 tiers of the care and support triangle adopted by the region and are as follows:

Help for Stronger Communities

- Regional arrangements to support development of social enterprise and third sector capacity (via regional Community Voluntary Council (CVC) 'entity')
- Targeted support to stimulate social and micro-enterprise within communities (building on the Community Catalyst programme currently being piloted in Pembrokeshire)
- Support for the new Regional Innovations Forum, which will provide a mechanism for engagement with providers across sectors in the development of new service models and optimising social value in care and support provision
- Extension of the 'Being Kind' programme under Programme 7 to children and young people, working with education partners
- Development of a competency framework for social prescribers and associated community workers to improve practice and impact

Help to help yourself

- Purchase of on-line scheduling systems to improve the ability of community nursing teams to plan and monitor time with patients and facilitate cross-system communication
- Purchase of the 'Vision Anywhere' IT package to allow GPs to access patient records remotely and improve patient care
- New technology to support the health and care pathway, including the 'WeareQR' programme to support nutrition and hydration
- Purchase of IT-based applications to support the independence of people with mental health and neuro-diverse needs, and facilitate their involvement in support provided through Programme 1

Help when you need it

- Development of cross-service Single Point of Access (SPOA) models in each county, linking mental health, Welsh Ambulance Services NHS Trust (WAST) and 111 service with core access points and enhancing the seamlessness of services

Help long term

- Development of new pathways for people with long-term conditions to support self-management and facilitate the management of multiple conditions

The proposals will be considered by the national panel and recommendations forwarded to the Minister for Health and Social Services by 24th March 2020. Funding decisions will be communicated to RPBs by 31st March 2020, with an opportunity to resubmit bids as

necessary by mid-April 2020.

Research, Innovation and Improvement Coordination Hub

Job descriptions for a Manager and Officer for the Hub are currently out to advertisement, with interviews scheduled for early April 2020. A comprehensive mapping exercise of current resources available to the region and priority needs of partners for the future is due to commence shortly; this will inform the early activity of the Hub.

Evaluation

The mid-term report for West Wales outlining our approach to evaluation, aims of the funded projects and outcomes to date was completed in partnership with our external evaluators and submitted to Welsh Government in January 2020. This will inform a composite, national report to the Minister for Health and Social Services this month. Key messages from our region, including the significant lead-in time required for programmes of this scale and implications in terms of a relatively short delivery period and resulting challenges in evidencing whole-system impact, align with those highlighted by other regions. This needs to inform national discussion about possible extensions to funding for transformation and integration beyond March 2021, when the current Transformation Fund and Integrated Care Fund are due to expire (see below).

ICF

A revenue allocation totalling £11.8m to West Wales in 2020-21 has been confirmed. The revenue investment plan for 2020-21 will be considered by the RPB on 19th March 2020. This will include regional and local projects for older people, people with learning disabilities, children on the edge of care and with complex needs and carers. Separate programmes are also being developed for dementia and roll-out of the Welsh Community Care Information System (WCCIS). Additional ring fenced funding will continue to support the Integrated Autism Service (IAS) in West Wales. A comprehensive programme of Capital projects, totalling £12m and focusing on reablement centres of excellence, supported living for people with learning disability and mental health diagnosis, complex needs and child and family support, is also being taken forward.

A full quarterly update report on the 2019-20 ICF programme will be available for the next meeting of the Board.

Future role of RPBs and funding

A learning event took place involving representatives of RPBs from across Wales on 12th February 2020, in Cardiff. The Minister and Deputy Minister for Health and Social Services addressed the event, which involved cross-regional discussion around the increasing responsibilities of RPBs, implications in terms of governance and capacity and options for potential future funding streams to replace the current Transformation and Integrated Care Funds. Whilst there are currently no guarantees of continued funding beyond the expiry of both funds in March 2021, dialogue between the regions and Welsh Government on both these areas is being encouraged to inform the development of options for consideration by the Minister. An update will be provided at the next meeting of the Board.

Collaborative working between PSBs and RPB

As reported previously, a number of areas for joint working between RPBs and PSBs have been agreed, as follows:

- Technology-Enabled Care (TEC)
- Continuous engagement
- Social and green solutions for health
- Connecting people, kind communities

Attached in Appendix 1 is the update provided to Pembrokeshire PSB on the areas of collaborative working between the PSBs and the RPB. This is attached for information.

Argymhelliad / Recommendation

The Board is asked to:

- Note the progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report.
- Note that scrutiny of integrated funding steams including ICF and Transformation Funding will be undertaken at the Integrated Executive Group, reporting to the Regional Partnership Board, and for the Health Board, scrutiny will take place via the People, Planning and Performance Assurance Committee.
- Note the links to the PSB and RPB websites where the agenda and minutes of recent meetings can be accessed.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr 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:	HDdUHB staff time to support progression of PSB project and delivery group meetings being established to drive forward implementation of the Well-being Plans. The Regional Partnership Board is working collaboratively to deliver "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board". The proposal totalling £18.2m was submitted in November 2018 and Welsh Government has already approved £12m of the proposal, and work is on-going to re-submit some elements of the bid.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving the well-being of the population is at the forefront of the two key pieces of legislation that provide a focus for PSBs and RPBs. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" embraces a "through-age" model which will support people in Starting and Developing Well; Living and Working Well; and Growing Older Well.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" includes a key programme of work focused on "an asset-based workforce".
Risg: Risk:	Whilst each PSB Well-being Plan is different, there are consistent themes of activity. There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. We have a duty as PSB members to encourage consistency of approach where appropriate in order to minimise inequity. Resourcing the project and delivery groups of PSBs could be considered an "add on" responsibility by staff and the synergy with achieving HDdUHB's goals need to be understood.
Cyfreithiol: Legal:	It is a statutory duty for each PSB to produce a Well-being Plan and Area Plan and for the UHB as named statutory partners to work with the PSBs and RPB to support the development and delivery of the actions within the Plan.
Enw Da: Reputational:	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and RPB. There is a statutory duty for the UHB to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements for an essential framework to support operational action.

Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	The focus of equality runs throughout the work of the PSBs aligns to a number of the Well-being goals: A More Equal Wales, A Healthier Wales, A More Prosperous Wales, A Wales of Cohesive Communities. This is an update paper therefore no EqIA screening has been undertaken.

Regional Collaboration update: Public Services Boards (PSBs) and the West Wales Regional Partnership Board (RPB)

The purpose of this briefing paper is to provide an update on current regional collaboration activity between the statutory boards.

At the Regional PSB and RPB event on the 7 June 2019 there were a series of discussions to identify possible areas for regional collaboration, based on commonality of aims and objectives identified in local plans. Four key areas for possible regional collaboration were identified, and the alignment with 'A Healthier West Wales Plan' and the PSB's Well-being Plans are noted.

The three PSBs and RPB agreed to progress some areas of work and a summary of progress has been provided below:

Social and green solutions for health	
Partnership	**Priority Area**
West Wales Care Partnership	• Social prescription to help people manage their own long-term conditions - A Healthier West Wales Programme 4; proactive supported self management.
Carmarthenshire PSB	• Healthy Habits - People have a good quality of life, and make healthy choices about their lives and environment
Ceredigion PSB	• Enable people to live active, happy and healthy lives. Support physical and mental health and improve well-being through promoting healthy behaviours
Pembrokeshire PSB	• Celebrating the Great Outdoors
February 2020 update: Hywel Dda University Health Board has been developing connections between our vibrant network of providers of 'green health' and arts activities and the public sector for some years now, including social prescribing models. Following conversations last year with the three Public Service Boards and the Regional Partnership Board covering the region, the Director of Public Health (DPH) was invited to lead this work on a regional basis. The DPH proposed a regional conference "to focus our attention on the opportunities and challenges that exist in developing the role of social and green assets that promote population health" as outlined in the Health Board's 'Health and Wellbeing Framework'. Building on the excellent work that has already been done across Hywel Dda and mid Wales, a number of key issues were identified to be addressed, including the proposal for a strategic group to oversee this agenda and a framework to support co-ordinated delivery.	

On 21st January 2020 the Director of Public Health for Hywel Dda University Health Board led a 'Social and Green Solutions for Health Summit' at Trinity Saint David University in Lampeter. The day was facilitated by Scarlet Design to enable maximum engagement from all with the aim of co-producing:

- An agreed definition of 'social and green solutions for health'
- An agreed set of principles to take this work forward
- The form and function of the proposed strategic group

The event attracted 110 participants from a wide range of organisations across the three counties and beyond. Many commented on how the diversity of experiences and views led to more useful conversations, and reflected how relevant and important this topic is across agencies and geographies. It is hoped that the outcomes of the day will also be reflective of a wide range of views, leading to next steps that generate energy and commitment to work together. The facilitated process resulted in data that is being analysed and written up. Once complete, a report with recommendations for next steps will be circulated widely.

TEC and Digital	
Partnership	**Priority Area**
West Wales Care Partnership	• Data sharing for a person centred approach - A Healthier West Wales Programme 2; a shared digital framework.
Carmarthenshire PSB	• One system or linked systems enabling analysis of well-being / community data, stakeholder/ community views and high level user information
Ceredigion PSB	
Pembrokeshire PSB	

February 2020 update:
The contract for the new Digital Information System (to be purchased utilising the Welsh Government regional grant), has been awarded to Writemedia following a formal tender exercise. The PSB Lead Officers from the three counties along with Hywel Dda University Health Board's Head of Strategic Partnerships, Diversity and Inclusion met recently with representatives from Writemedia to undertake an initial project planning and scoping session and to develop ideas and thinking around the delivery and implementation phase.

PSB partners will recall that the purpose of the system is to provide a 'live' central repository for quantitative and qualitative data and information to inform future PSB planning, and is being designed specifically to support undertaking the next Well-being Assessment which will be produced by mid-2022. The system will also support PSB (and potentially specific organisational) community engagement activity either through the development of a bespoke engagement portal or by linking in with other online engagement systems (or indeed both). Ceredigion County Council acts as the lead authority for the region on behalf of the PSBs. For further information please contact Naomi.McDonagh2@ceredigion.gov.uk

As part of the future development of the digital information system, PSB partners might wish to revisit earlier discussions regarding the establishment of a Pembrokeshire 'data observatory' which would support a co-ordinated approach to the identification, sourcing, collection and analysis of data which would sit within the system and inform strategic planning for not only the PSB but potentially each partner organisation.

Such data observatories are well established across similar strategic partnership arrangements to the PSB particularly in England, and put simply the purpose is for partners to work together to provide a single, flexible research service, where specialist skills and expertise are brought together to facilitate the provision of high quality information, that provides evidence in support of strategy and policy. In such cases data analysts will work together, sharing information and ideas whilst remaining embedded within their current organisations, allowing them to build up their skills and knowledge base whilst also staying connected to the policies and issues of their organisation.

Continuous Engagement	
Partnership	**Priority Area**

West Wales Care Partnership	• Proposals for engagement with our communities and infrastructure to facilitate ongoing conversations about well-being – A Healthier West Wales Programme 7; creating connections for all
Carmarthenshire PSB	• Healthy Habits - People have a good quality of life, and make healthy choices about their lives and environment
Ceredigion PSB	• Create conditions for communities to support individuals from all backgrounds to live fulfilling, independent lives. Develop and sustain social networks, and cultural and linguistic opportunities in order to enhance well-being and maintain independence
Pembrokeshire PSB	• Meaningful Community Engagement

February 2020 update:

PSB will recall from previous updates that a Regional Engagement group comprised of key partners and stakeholders has come together to develop a community of practice. The group's purpose is to explore opportunities to co-ordinate engagement activity across the region, reduce duplication and 'engagement overload', and to share best practice and knowledge. As part of this work, exploring potential digital engagement platforms which can help co-ordinate engagement activities across west Wales to reduce duplication and foster resource sharing has been identified as a key priority.

Scoping has been undertaken to identify suitable digital systems which support engagement and consultation and appropriate providers have been given the opportunity to present to the group. As a result of this activity the group has identified two systems: one with a specific focus on online engagement and the other which specialises in stakeholder management. The group has decided there is value in piloting both of these systems before taking a longer term decision which will meet the current and future needs of engagement practitioners.

Hywel Dda University Health Board has identified funding to pilot both of these systems for 12 months and representatives on the group have been asked to specify their interest in the level of involvement in the pilot phase. At this time, Pembrokeshire PSB has expressed an interest in solely being involved in the pilot regarding the online engagement tool as this is seen as complementary to other related developments such as the Digital Information System (see above) and priorities set out in the Well-being Plan.

The benefits of an online interactive engagement platform is that it provides greater opportunity to engage with communities than simply surveys and polls, including the use of open environments (forums, idea places) and mixed environments (stories, questions). The tender exercise is currently being finalised and PSB will receive further updates in due course.

Connecting people, kind communities	
Partnership	**Priority Area**
West Wales Care Partnership	• Developing services within our communities and enhancing the community connector role – A Healthier West Wales Programme 7; creating connections for all. • Supporting local enterprise, growing the third sector role – A Healthier West Wales Programme 8; building the infrastructure to deliver.
Carmarthenshire PSB	• Strong Connections – Strongly connected people, places and organisations that are able to adapt to change
Ceredigion PSB	• Create conditions for communities to support individuals from all backgrounds to live fulfilling, independent lives. Develop and sustain social networks, and cultural and linguistic

	opportunities in order to enhance well-being and maintain independence
Pembrokeshire PSB	• Community Participation • Understanding Our Communities
February 2020 update: Representatives from the PSBs are linked into the Regional Partnership Board workstreams to support taking this work forward.	

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

HYWEL DDA UNIVERSITY HEALTH BOARD – WORK PLAN MARCH 2020 – MARCH 2021

The Board meets in public bi-monthly. The following table sets out the Board's business for 2020/21, 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	26 Mar 2020	28 May 2020	30 Jul 2020	24 Sep 2020	26 Nov 2020	28 Jan 2021	25 Mar 2021
Patient/Staff Story *	MR	LO'C	✓	✓	✓	✓	✓	✓	✓
Public Forum Questions*	Chair	JW	✓	✓	✓	✓	✓	✓	✓
GOVERNANCE									
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	JW	✓	✓	✓	✓	✓	✓	✓
Report of the Chief Executive* • Register of Sealings • Consultations Update • Operating Model • Update on Paediatric Care Task & Finish Group	SM	SMJ	✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
Report of the Audit & Risk Assurance Committee	PN	JW	✓	✓	✓	✓	✓	✓	✓
Revised Governance Framework/ Committee Terms of Reference	SM	JW	✓						✓
HDdUHB Annual Report 2019/20	Chair	EDs		✓					
Performance Report	KM/SJ	TP/AWF		✓					
Accountability Report	SM	JW		✓					
Final Accounts for 2019/20	HT	HT		✓					
Letter of Representation	HT	HT		✓					
Wales Audit Office ISA 260	WAO	HT		✓					
Approval of Charitable Funds Annual Report & Accounts	SJ	NLI		✓					

AGENDA ITEM/ ISSUE	LEAD	OFFICER	26 Mar 2020	28 May 2020	30 Jul 2020	24 Sep 2020	26 Nov 2020	28 Jan 2021	25 Mar 2021
HDdUHB Annual Quality Statement	**MR**	**SM**		✓					
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**		✓					
Advisory Group Annual Reports: • Healthcare Professionals Forum • Staff Partnership Forum • Stakeholder Reference Group	**Chairs**	**Lead Execs**		✓					
Standing Orders/Standing Financial Instructions	**SM**	**JW**					✓		
WAO Annual Audit Report	**WAO**	**JW**						✓	
WAO Structured Assessment	**WAO**	**JW**						✓	
STRATEGIC ISSUES									
Health & Care Strategy: A Healthier Mid and West Wales	**PK/RJ**	**PK/RJ**	✓	✓	✓	✓	✓	✓	✓
Three Year Plan & Financial Plan • New Hospital Build	**KM/HT**		✓						
Primary Care Delivery Milestones	**JP**		✓						
Winter Planning 2020/21	**AC**			✓	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	OFFICER	26 Mar 2020	28 May 2020	30 Jul 2020	24 Sep 2020	26 Nov 2020	28 Jan 2021	25 Mar 2021
HDdUHB Major Incident Plan 2020/21	**RJ**	**SH**				✓			
HDdUHB Seasonal Influenza Plan 2020/21	**RJ**					✓			
Strategic Equality Plan Annual Report 2019/20	**SJ**	**JH**				✓			
Stroke Business Case	**AS**					✓			
DELIVERING THE HERE AND NOW									
Improving Patient Experience Report	**MR**	**LO'C**	✓	✓	✓	✓	✓	✓	✓
Report of the Quality, Safety & Experience Assurance Committee	**JG/AL**	**MR**	✓	✓	✓	✓	✓	✓	✓
Report of the Business, Planning & Performance Assurance Committee	**JH**	**KM**	✓						
Report of the People, Planning & Performance Assurance Committee	**JG**	**KM/LG**		✓	✓	✓	✓	✓	✓
Performance Update (IPAR)	**KM**	**TP**	✓	✓	✓	✓	✓	✓	✓
Report of the Finance Committee	**MH**	**HT**	✓	✓	✓	✓	✓	✓	✓
Finance Update	**HT**		✓	✓	✓	✓	✓	✓	✓
Strategic Equality Plan and Objectives 2020-2024	**SJ**	**JH**	✓						
Update on Nurse Staffing Levels (Wales) Act	**MR**			✓			✓		
Winter Planning 2019/20 – Evaluation	**AC**			✓					
Health & Care Standards Fundamentals of Care Audit 2019	**MR**	**SD**		✓					
HDdUHB Primary Care Annual Report 2019/20	**JP**				✓				
Well-being Objectives Annual Report 2019/20	**SJ**	**AB**			✓				

AGENDA ITEM/ ISSUE	LEAD	OFFICER	26 Mar 2020	28 May 2020	30 Jul 2020	24 Sep 2020	26 Nov 2020	28 Jan 2021	25 Mar 2021
Board Assurance Framework	**SM**	**JW**				✓			✓
Corporate Risk Register	**SM**	**JW**				✓			✓
HDdUHB Director of Public Health Annual Report 2019/20	**RJ**					✓			
Mid Year Review of Annual Plan	**KM**	**PW**					✓		
Ombudsman Annual Letter	**MR**	**LO'C**					✓		
Ombudsman Reports**	**MR**	**LO'C**							
COMMITTEE UPDATE REPORTS									
Board Level Committees: • Charitable Funds Committee • Mental Health Legislation Assurance Committee • Health & Safety Assurance Committee	**Chairs**	**JW**	✓	✓	✓	✓	✓	✓	✓
In-Committee Board	**Chair**	**JW**	✓	✓	✓	✓	✓	✓	✓
HDdUHB Advisory Groups: • Healthcare Professionals Forum • Staff Partnership Forum • Stakeholder Reference Group	**Chairs**	**JW**	✓	✓	✓	✓	✓	✓	✓
HDdUHB Joint Committees & Collaboratives: • Welsh Health Specialised Services Committee (WHSSC) • Emergency Ambulance Services Committee (EASC) • NHS Wales Shared Services Partnership (NWSSP) • Mid Wales Joint Committee for Health and Social Care (MWJC) • NHS Wales Collaborative Leadership Forum (CLF)	**SM**	**AG**	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	26 Mar 2020	28 May 2020	30 Jul 2020	24 Sep 2020	26 Nov 2020	28 Jan 2021	25 Mar 2021
Statutory Partnerships Update (incl Public Services Boards)	**SJ**	**AB**	✓	✓	✓	✓	✓	✓	✓
FOR INFORMATION									
Board Annual Workplan	**JW**	**CM**	✓	✓	✓	✓	✓	✓	✓
Head of Internal Audit Annual Report and Opinion 2019/20	**JW**			✓					
Healthcare Inspectorate Wales (HIW) Annual Report 2019/20	**HIW**				✓				
Medical Revalidation and Appraisal Annual Report 2019/20	**PK**	**HW**			✓				
Organ Donation Annual Report 2019/20	**AC**						✓		
Community Health Council (CHC) Annual Report 2019/20	**CHC**						✓		

Initials

AB – Anna Bird	**JH – Judith Hardisty**	**PK – Philip Kloer**
AC – Andrew Carruthers	**JHo – Jackie Hooper**	**PN – Paul Newman**
AG – Alison Gittins	**JP – Jill Paterson**	**PS – Peter Skitt**
AL – Anna Lewis	**JPJ – Jenny Pugh-Jones**	**PW – Paul Williams**
AS – Alison Shakeshaft	**JW – Joanne Wilson**	**RE – Rob Elliott**
AWF – Alexandra Williams-Fry	**KJ – Keith Jones**	**RJ – Ros Jervis**
CHC – Community Health Council	**KM – Karen Miles**	**SD – Sharon Daniel**
CM – Clare Moorcroft	**LC – Liz Carroll**	**SH – Sam Hussell**
ED's – Executive Directors	**LO'C – Louise O'Connor**	**SJ – Sarah Jennings**
EL – Elaine Lorton	**LG – Lisa Gostling**	**SM – Steve Moore**
GM – Gareth Morgan	**LRD – Libby Ryan-Davies**	**SMJ – Sian-Marie James**
HIW – Healthcare Inspectorate Wales	**MH – Michael Hearty**	**SP – Sian Passey**
HT – Huw Thomas	**MR – Mandy Rayani**	**TP – Tracy Price**
HW – Helen Williams	**NLl – Nicola Llewellyn**	**WAO – Wales Audit Office**
JG – John Gammon		