

Bundle Public Board 30 January 2020

- 1 09:30 - Patient/Staff Story / Stori Claf/Staff
Feedback on the Apprenticeship Programme
Presenter: Lisa Gostling
- 2 09:45 - Public Forum / Fforwm Cyhoeddus
- 2.1 Open Agenda for Responding to Questions Raised in Advance by Members of the Public / Agenda Agored
er mwyn ymateb i gwestiynau a godwyd o flaen llaw gan aelodau'r cyhoedd
Presenter: Chair
Public Questions & Responses January 2020
- 3 09:50 - Governance / Llywodraethu
- 3.1 Apologies / Ymddiheuriadau
Presenter: Chair
- 3.2 Declaration of Interests / Datganiad o Ddiddordeb
All
- 3.3 Minutes of the Public Meeting held on 28 November 2019 / Cofnodion y Cyfarfod Cyhoeddus ar 28
Tachwedd 2019
Presenter: Chair
Unapproved Board Minutes 28 November 2019
- 3.4 Matters Arising & Table of Actions from the Meeting held on 28 November 2019 / Materion sy'n Codi a Thabl
o Gamau Gweithredu o'r cyfarfod ar 28 Tachwedd 2019
Presenter: Chair
Table of Actions from Health Board Meeting in Public held on 28 November 2019
- 3.5 Report of the Chair / Adroddiad y Cadeirydd
Presenter: Chair
Chair's Report January 2020
Appendix 1 - HDUHB Self-Assessment of Current Governance Arrangements Dec 19
- 3.6 Report of the Chief Executive / Adroddiad y Prif Weithredwr
Presenter: Steve Moore
Chief Executive's Report January 2020
Appendix A - Register of Sealings January 2020
Appendix B - Consultation Report January 2020
- 3.7 Revised Corporate Governance Structure/Arrangements / Strwythur/Trefniadau Llywodraethu Corfforaethol
Diwygiedig
Presenter: Chair
Revised Corporate Governance Structure/Arrangements January 2020
Appendix 1 - Committee and Sub-Committee Structure January 2020
- 3.8 Report of the Audit & Risk Assurance Committee / Adroddiad y Pwyllgor Archwilio a Sicrwydd Risg
Presenter: Paul Newman
ARAC Update Report January 2020
- 3.9 Auditor General for Wales – Annual Audit Report 2019 and Structured Assessment 2019/ Archwilydd
Cyffredinol Cymru – Adroddiad Archwilio Blynnyddol 2019 ac Asesiad Strwythuredig 2019
Presenter: Jeremy Saunders, Wales Audit Office
SBAR AGW Annual Audit Report and Structured Assessment 2019
Appendix 1 Hywel Dda UHB Annual Audit Report 2019
Appendix 2 Hywel Dda UHB Structured Assessment 2019 Report
Appendix 2 Hywel Dda UHB Structured Assessment 2019 Management Response
- 4 10:50 - Delivering the Here and Now / Darparu Yma, Nawr
- 4.1 Charter for Improving Patient Experience / Siarter ar Wella Profiad y Claf
Presenter: Mandy Rayani
SBAR Patient Experience Charter January 2020

Patient Experience Charter Booklet

Patient Experience Charter A3 Poster

- 4.2 Progress Against the Winter Plan / Cynnydd yn erbyn y Cynllun Gaeaf
Presenter: Andrew Carruthers
Progress Against the Winter Plan January 2020
Appendix 1 - Winter Action Update
- 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 January 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 January 2020
- 4.5 Integrated Performance Assurance Report – Month 9 2019/20 / Adroddiad Sicrwydd Perfformiad Integredig – Mis 9 2019/20
Presenter: Karen Miles
Please note in relation to this item: to access its full functionality, the main IPAR report and run charts will need to be opened separately
SBAR IPAR Month 9 2019/20
IPAR Month 9 2019/20
Run Charts Month 9 2019/20
- 4.6 Report of the Finance Committee / Adroddiad y Pwyllgor Cyllid
Presenter: Michael Hearty
Finance Committee Update Report January 2020
- 4.7 Finance Update – Month 9 2019/20 / Diweddariad Cyllid – Mis 9 2019/20
Presenter: Huw Thomas
Finance Update Month 9 2019/20
- 4.8 Corporate Risk Register / Y Gofrestr Risg Gorfforaethol
Presenter: Steve Moore
SBAR Corporate Risk Register January 2020
Appendices 1-3
- 5 13:20 - Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau
- 5.1 Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau
Presenter: Joanne Wilson
SBAR Committee Update Reports January 2020
- 5.1.1 Board Level Committees Update Report / Adroddiad Diweddaru Pwyllgorau Lefel Bwrdd
HCS DG Update Report January 2020
MHLAC Update Report January 2020
PCAC Update Report January 2020
- 5.1.2 In Committee Board / Bwrdd Y Pwyllgor
In-Committee Board Update Report January 2020
- 5.1.3 HDdUHB Advisory Groups / Grwpiau Cyngori BIPHDd
HPF Update Report January 2020
SPF Update Report January 2020
SRG Update Report January 2020
- 5.2 HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd
SBAR HDdUHB Joint Committees and Collaboratives Update Report January 2020
WHSSC 2020-01 JC Briefing 6 January 2020
WHSSC 2020-23 ICP SBAR Paper
WHSSC ICP 2020-23
Chair's EASC Summary from 12 November 2019
NHS Wales SSPC Assurance Report 2 December 2019

5.3 Statutory Partnerships Update / Diweddariad ar Bartneriaethau Statudol

Presenter: Sarah Jennings

Statutory Partnerships Update January 2020

6 13:25 - For Information / Er gwybodaeth

6.1 Board Annual Workplan / Cynllun Gwaith Blynnyddol Y Bwrdd

Board Work Programme 2019-20

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

9.30am, Thursday 26th March 2020, venue TBC

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

PUBLIC FORUM – QUESTIONS AND RESPONSES**Question a)****Name**

Mr Bill Parker

Question

The first question is merely an updated version of the one asking for pressure ulcer statistics that I asked on 28th November, to which I have added my wish for the figures for November and December.

Response from Mandy Rayani Executive Director of Nursing, Quality and Patient Experience

Firstly, please accept my apologies for the miscommunication and the delay in providing you this information. We are now in the position to provide you with the numbers of patients admitted where the primary diagnosis was pressure damage. We have this data up to November 2019. Unfortunately, due to very low numbers, the data could be patient identifiable and therefore we cannot provide the data on an individual site or by month basis. The data can be provided by financial quarter.

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20 (partial)
Primary Diagnosis	8	7	8	<5

This data has been gathered using clinical coding data. Unfortunately, like most health boards, there is a backlog for clinical coding at this present time.

The Health Board continues to be committed to reducing the number of patients developing avoidable pressure damage whilst receiving healthcare. We have a Health Board wide Pressure Damage Group and, to ensure progress within the community setting, have established a specific task and finish group. We also have scrutiny meetings where each pressure damage report is scrutinised to ensure that improvement and learning takes place locally and across the Health Board.

PUBLIC FORUM – QUESTIONS AND RESPONSES**Question b)****Name**

Mr Bill Parker

Question

The second question is to bring me up to date with the status of the leaflet being produced to further educate all those caring for patients, wherever that may be, to be aware of, and take the necessary steps to ensure that patients do not acquire pressure ulcers.

I will add that to delay publication while awaiting translation into Welsh, which may be necessary to comply with the letter of the law, in the circumstances is irresponsible. I would of course expect a Welsh version to be made available as soon as possible but I cannot accept that this should prevent the English version being distributed as soon as it is approved.

Response from Mandy Rayani Executive Director of Nursing, Quality and Patient Experience

The patient information leaflet has been approved by the Pressure Damage Group and is available on the Health Board intranet on Nursing and Midwifery information zone. Staff are able to print this and share with patients as required.

We are currently working with procurement to get professionally printed leaflets (which are bilingual) so that these are available on wards and in clinical teams.

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

Date of Meeting:	9.30AM, THURSDAY 28TH NOVEMBER 2019
Venue:	Y STIWDIO FACH, CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ

Present:	Miss Maria Battle, Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member Professor John Gammon, Independent Member Cllr. Simon Hancock, Independent Member Ms Anna Lewis, Independent Member Mr Mike Lewis, Independent Member Mr Paul Newman, Independent Member Mr David Powell, Independent Member Ms Delyth Raynsford, Independent Member Mr Steve Moore, Chief Executive Mr Joe Teape, Deputy Chief Executive/Director of Operations Mrs Lisa Gostling, Director of Workforce & Organisational Development Mrs Ros Jervis, Director of Public Health Dr Philip Kloer, Medical Director and Director of Clinical Strategy Mrs Karen Miles, Director of Planning, Performance & Commissioning Ms 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 Andrew Carruthers, Turnaround Director 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 Liz Carroll, Director of Mental Health and Learning Disabilities (part) Ms Angela Lodwick, Head of Services for Children and Adolescent Mental Health Services (SCAMHS) & Psychological Therapies and Lead for Early Intervention in Psychosis (part) Ms Nicky Thomas, Service Lead, Occupational Therapy, Mental Health (part) Ms Zena Bennett, Occupational Therapist Vocational Lead, Early Intervention Psychosis Employment Specialist Worker Project (part) Mr Rhodri Edwards, Mind Employment Specialist Worker (part) Mr Gabriel Griffiths, Service User (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

PM(19)180	PATIENT STORY	
	The Chair, Miss Maria Battle, welcomed everyone to the meeting and introduced the team presenting today's Patient Story, focusing on the Early Intervention in Psychosis Employment Specialist Worker Project. Members heard that both the Learning Disabilities Dream Team and the Early Intervention in Psychosis Employment Specialist Worker Project	

had won at this year's NHS Wales Awards, meaning that 2 of the 8 national awards had been won by Hywel Dda-based projects. Ms Zena Bennett outlined the composition of the small Early Intervention in Psychosis team, which works with young people aged 14-25 years who are experiencing psychosis or in an at risk mental health group. Ms Bennett and Mr Rhodri Edwards lead the Employment Specialist Worker (ESW) Project, which has been operating since January 2018. Members heard details of the team's work via information on the relevant slides; with the key message being around the benefits to mental and physical health of employment and educational opportunities, and the sense of hope and optimism which results. Ms Bennett emphasised that the young people the team work with are inspirational and achieve a great deal, sometimes in extremely difficult circumstances given these individuals are often not only dealing with mental health issues. Ms Bennett acknowledged the need to evaluate the ESW project, and outlined plans to do so in January 2020, when the project will have been operating for two years. In terms of future ambitions, Ms Bennett would like to see a peer support arrangement in place in each county. Members were shown a video, produced by Mind, which features the words of two of the young people who have been part of the ESW project. The video outlined their experience of employment, how this had improved their confidence and motivation, and how relapses in health and challenges in the workplace had been addressed. Ms Angela Lodwick described the next steps and how the project fits with the wider NHS Wales and HDdUHB strategies. The need to embed Occupational Therapy within Primary Care in order to begin this work at an earlier stage was emphasised, as was the need to strengthen links with the Department of Work and Pensions. A Steering Group has been established to consider how this project could be rolled out within Secondary Care Mental Health services across the UHB.

Members commended the work of the team, congratulated them on their award and the following observations and comments were made:

- The sustainability of access to work, education or training – it was acknowledged that this will form part of the review in January 2020. Whilst access to the ESW project can be provided for as long as an individual remains in the Early Intervention in Psychosis service, the key is continuity of support recognising that all young people go through changes and it is a matter of sustaining the individuals through change, and through sickness and health. Whilst the sustainability of access record is good, there is still a need to review and improve the service. It was highlighted that the project's work with individual employers also offers an opportunity to educate these employers regarding the health and wellbeing of their wider workforce.
- In view of the isolating nature of being out of employment/ education, it was acknowledged that plans to evaluate the project were timely, as the National Institute for Health and Care Excellence (NICE) will be issuing new guidelines on rehabilitation in adults with complex psychosis and related severe mental health conditions in 2020.

In concluding the presentation, Mr Gabriel Griffiths, one of the young people participating in the project, informed Members that the support offered had been 'amazing', allowing him the opportunity to be able to

	<p>get back into work and education, and out of the 'trapped' mind-set, with the project providing him with hope for the future.</p> <p>Miss Battle thanked the team for their contribution.</p> <p><i>Ms Liz Carroll, Ms Angela Lodwick, Ms Nicky Thomas, Ms Zena Bennett, Mr Rhodri Edwards and Mr Gabriel Griffiths left the Board meeting.</i></p>	
PM(19)181	<p>PUBLIC FORUM</p> <p>Miss Battle advised of several 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 had already been published on the University Health Board website and a formal letter of response would be provided.</p>	MB
PM(19)182	<p>INTRODUCTIONS & APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board • Dr Kerry Donovan, Chair, Healthcare Professionals Forum • Dr Owen Cox, Chair, Local Medical Committee • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services 	
PM(19)183	<p>DECLARATION OF INTERESTS</p> <p>No declarations of interest were made.</p>	
PM(19)184	<p>MINUTES OF THE PUBLIC MEETING HELD ON 26TH SEPTEMBER 2019</p> <p>RESOLVED – that the minutes of the meeting held on 26th September 2019 be approved as a correct record.</p>	
PM(19)185	<p>MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 26TH SEPTEMBER 2019</p> <p>An update was provided on the table of actions from the Public Board meeting held on 26th September 2019. There were no matters arising.</p>	
PM(19)186	<p>REPORT OF THE CHAIR</p> <p>Miss Battle introduced her report on relevant matters undertaken as Chair since the previous Board meeting, highlighting in particular the need to listen to patients and staff, and take action in response. In respect of this. Members were informed that significant progress has been made since Mrs Annmarie Thomas attended to present her Patient Story at the previous Board, having joined the Employers Carers' Group which will be considering proposals to strengthen the UHB's Carers Policy. Miss Battle emphasised the importance of engaging with UHB employees who are carers. Two Active Passive Trainers are now in use within the UHB, and it is intended to utilise charitable funds monies to purchase additional machines. Members' attention was drawn to the Celebrating Success/Awards section of the report, with Miss Battle highlighting the significant number of national awards HDdUHB staff are</p>	

	<p>receiving, including a further recent award, Meryl Davies, Primary Care antibiotic pharmacist, being announced as Pharmacist of the Year at the Advancing Healthcare Awards Wales. It is hoped that a local event, to bring together all the winners of these awards, can be organised.</p> <p>On a more regretful note, Miss Battle noted that this represents the last meeting for two Board Members. Mr David Powell has been an Independent Member for 8 years, and was thanked sincerely for his contribution to the UHB during this time. Mr Joe Teape has been Deputy Chief Executive and Executive Director of Operations for 4 years, with the difference he has made during this time being significant, as evidenced by the UHB's substantially improved performance.</p> <p>Members also recognised as a significant accolade that Mrs Annmarie Thomas had been invited to be a keynote speaker at the Allied Health Professionals, Healthcare Scientists & Pharmacists 'All Wales' Conference & Awards 2019: Healthier Wales: The Value of Person Centred Care, held on 26 November 2019.</p>	
	<p>The Board:</p> <p>SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest;</p> <ul style="list-style-type: none"> • RATIFIED the action undertaken by the Chair on behalf of the Board, detailed in Appendix 1 of the report. 	
PM(19)187	<p>REPORT OF THE CHIEF EXECUTIVE</p> <p>Mr Steve Moore wished to highlight the efforts of staff and the work they are undertaking currently, including the contribution of UHB staff, and colleagues in the ambulance service and community. Mr Moore was proud to be part of an organisation with staff who continue to work so hard in challenging circumstances. Mr Moore echoed Miss Battle's comments around listening to staff, communities and partners and acting on what is heard. Members' attention was also drawn to the joint engagement activities in the Amman and Gwendraeth areas, which had been extremely positive, and the significant challenges for staff resulting from the changes made to car parking at Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH), whilst acknowledging that these have resulted in an improved patient experience. Mr Moore fed back on meetings held with staff on both sites, who are willing to work collaboratively to identify a solution which meets the needs of both patients and staff. Other matters within his report which Mr Moore wished to highlight were: World Values Day, the Tuberculosis Outbreak update, the Give a Gift Campaign, and the Twilight Sanctuary at Llanelli. Finally, Mr Moore stated that he would wish to add his thanks to Mr Teape for his contribution to the UHB, adding that it had been a pleasure to work with him.</p> <p>In response to concerns raised by the Business Planning & Performance Assurance Committee (BPPAC), an update was requested on the position with regard to Flu vaccinations. Members were advised that:</p> <ul style="list-style-type: none"> • The UHB has been experiencing supply difficulties with two Flu vaccines, the first of these being the nasal spray intended for the school-age programme and for 2-3 year olds. • This is a UK-wide issue and whilst supplies are now improving, GP surgeries are limited to 30 vaccines per week. 	

- Although the school programme had been paused for two weeks, it had recommenced on 18th November 2019 and will continue into the New Year.
- It is unlikely that it will be possible to achieve the projected figures for children, due to the supply issues.
- Supply difficulties have also been experienced with a second vaccine ordered for vaccinating staff and those in the under 65 at risk group offset by team work in services across the UHB which has paid dividends, with the staff vaccination rate at the end of October up 3% on last year.
- A Flu Focus Fortnight is expected to improve results further. Other vaccination programmes have commenced, with a new team operating in antenatal settings.

Members noted that a more comprehensive update would be available next month.

An update was provided to address BPPAC concerns around the recent Health & Safety Executive (HSE) inspection and its findings:

- The Director of Public Health had chaired a meeting of the Health & Safety and Emergency Planning Sub-Committee dedicated entirely to analysing the HSE report, and the 8 improvement notices and 13 material breaches.
- The Sub-Committee reviewed all the information, both written and verbal. In order to ensure a timely and robust response, establishing three control groups to address the main findings around violence and aggression, manual handling and staff awareness of health & safety, with other supplementary Task & Finish Groups.
- The Sub-Committee will maintain control and overall coordination and additional meetings will be scheduled to ensure that momentum is not lost between the routine bi-monthly Sub-Committee meetings.
- The findings of these meetings will be reported to Board via BPPAC.
- Fortnightly meetings have been established between the Chief Executive and the with the Director of Estates and Facilities to ensure that all the aforementioned issues, together with others such as Fire Safety, are being monitored and addressed.
- The effect of the age of certain parts of the UHB's estate which has been acknowledged within the UHB Health & Care Strategy has been an escalating issue for some time, together with a significant backlog in the estates maintenance programme, with the intention that this be addressed going forward.

Members welcomed the update and recognition of this issue as a priority, suggesting that the UHB should express gratitude to its patients and their families for the understanding shown when this issue impacts on their experience.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 26th September 2019;
- **NOTED** the status report for Consultation Documents received/ responded to.

PM(19)188	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE	
	<p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, outlined the ARAC update report, highlighting those areas which ARAC wished to bring to the Board's attention, including:</p> <ul style="list-style-type: none"> • The revised Standing Orders, presented for consideration under the next agenda item; • Concerns around the continued and serious impact on patients of delays in discharging patients, which requires a whole-system/partnership approach; • Similar concerns to those raised above regarding Health & Safety/Estates issues, including the findings of an audit into Water Safety; • The Committee's view that there is a need for the organisation to be more proactive, rather than reactive to audits, reports and inspections, and had requested assurance in this regard; • Discussions relating to the Audit Tracker and concerns around responses to regulators' reports and internal audits which need to be Specific, Measurable, Achievable, Realistic, and Timely (SMART); • ARAC's concerns that the UHB is not meeting deadlines for recommendations/actions, etc, and the need for this message to be conveyed to staff. <p>Mr Moore advised that he would take up concerns around Health & Safety/Estates issues with the Director of Estates & Facilities and will provide ARAC with information regarding the review of the outstanding Estates/IT/ Medical Equipment backlog. The message around management responses and meeting deadlines would also be conveyed. With regard to ARAC's comments around effective discharge of patients, Mr Moore shared the Committee's concerns and recognised the wider issues involved. Whilst he could not see an easy or swift resolution to this matter, Mr Moore assured Members that discussions are taking place with Local Authority partners. It is likely that the UHB and Local Authorities will need to develop plans which focus on the precise issues, the case for change and potential solutions. It was emphasised that the various parties will need to work together and that this process cannot be about blaming any one part of the system. Miss Battle confirmed that this issue is being kept on the agenda at meetings between the various bodies. Mrs Karen Miles assured Members that the Capital, Estates and IM&T Sub-Committee does fully scrutinise the capital estates backlog, which exists due to a lack of capital funding. The UHB are taking steps to develop an action plan in conjunction with Welsh Government.</p>	SM
	The Board NOTED the ARAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(19)189	REVISED STANDING ORDERS	
	The Board approved the Revised Standing Orders, including the revised Standing Orders for WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulance Services Committee).	

PM(19)190	HEALTH & CARE STRATEGY UPDATE	
	<p>Dr Philip Kloer introduced the Health & Care Strategy Update, which outlines how we are delivering our strategy. It also links with the Health & Care Strategy Delivery Group Update report provided under the Committee Update Reports agenda item, and incorporates a brief report on developments within Carmarthenshire, although not to the level of detail of previous county reports. Updates on the Llanelli Wellness Village and the portfolio of programmes are also provided, including how the latter links with the UHB's Annual Plan.</p> <p>The report was welcomed, and commended for its numerous encouraging examples of team working, and staff working together and better. During discussion, the following comments were made:</p> <ul style="list-style-type: none"> • In view of the fact that capital is limited, the opening of two integrated care centres is a significant achievement; and that the closer working that this has facilitated, together with increased delivery of care closer to home, is much more important than the investment in 'buildings'. • Each project has included engagement with relevant stakeholders, to ensure that the UHB's commitment to continuous engagement is maintained. • Slippage against certain of the portfolio milestones was noted and it was queried whether Board can be assured that this time will be made up. It was explained that this is a complex issue, due to the different stages and timeframes, which vary between 20 years for the UHBs vision for population health outcomes and 7-10 years for the Strategy, including the community/Primary Care element, which needs to be front-ended. In addition, certain resources have had to be reprioritised in order to deliver the UHB's Annual Plan, and to support current services. These have impacted on the approach to delivery of the Health & Care Strategy and, whilst there is not necessarily a specific risk to this, the progress of certain parts of the work may be limited. The need to recognise the consequences of any delays was emphasised. Whilst Members were assured that the Programme Office are concerned by slippage against milestones, it was also highlighted that the UHB has a significant number of priorities, needing to support frontline staff, as well as deliver on other objectives. The organisation will need to keep re-evaluating its approach, and that this will evolve over time. The need for a flexible approach was agreed and this needs to be articulated and there will be a requirement for dates and milestones to be met at some point. • Whilst developments such as capital builds are palpable, the organisation needs to clarify what a social model for health looks like; • The report presents a positive list of individual projects, however it is less clear how each of these projects contributes to the overall Health & Care Strategy. It was suggested that the UHB needs to move away from a one year focus, towards a three year focus, which requires a change in mind-set. Members were reminded that certain parts of the UHB's estate is not fit for purpose in terms of delivering the care teams would wish. Members also noted that the funding for digital developments is from the same capital source and does not meet the UHB's ambitions in terms of the digital strategy. The Board will need assistance and advice, therefore, in deciding on priorities. It was emphasised that, whilst all of the individual projects have had to 	

	<p>meet specific criteria for funding, they also have to meet the requirements of the Strategy and there is a move away from individual localised projects, towards ones which cover the whole region.</p> <ul style="list-style-type: none"> • The organisation needs to clarify how it intends to ensure sufficient investment in the local workforce with various measures being taken: the UHB is in the first year of its efficiency process; the organisation is working with its partners in social services; and the Workforce & OD team is taking steps to map future workforce requirements, including those needed to deliver the digital agenda. Staff are also supported to undertake additional training and education. The capacity issues involved in supporting staff through change will be discussed further by the Executive Team. • Whilst the examples of communication with local communities were noted, there was a query regarding how the UHB communicates with the wider public regarding progress, and how the 'interested but not actively involved' are informed. It was suggested that the general public tend not to be particularly interested in corporate strategy updates; their priority is understanding what is planned for their local area, such as community, Primary Care and pharmacy services. Whilst the UHB is clear that all of these form part of the overall strategy, engagement focuses on what local communities want to know. Members were reminded that there are formal consultations for issues such as Major Trauma. Locally, the UHB is undertaking active engagement and communications in areas including the Amman Valley. The approach has evolved into a more locality-led process, and development of the new UHB website will be driven by what is important to the general public. Welsh Government is drafting a communications strategy for the public around Primary Care involving all Health Boards and an update will be provided for the next report. • Referencing the ambition for HDdUHB to become an organisation focusing on wellness and health promotion, an enquiry was made with regards to the current extent of social prescribing, which is a powerful community resource. Members were informed that social prescribing is currently funded largely through the Primary Care Clusters. It has been evaluated, with outcomes ascertained, and further information would be provided to a future Board Seminar. Members noted that the intended integration of Primary Care with other services in the community would, in many cases, facilitate immediate referral. Members were also reminded of 'green prescribing', and the abundance of outdoor opportunities available across west Wales. • The importance of ensuring continuing engagement with the local population and the involvement of the Community Health Council (CHC) was underlined. It was emphasised that even the smallest change to services must be flagged and discussed. Members heard that the CHC is revising its service change proforma, which should make it easier to use. <p>In terms of the evolving process and timelines, whilst Miss Battle agreed that this should be articulated, including the reasons for any slippage against milestones; it was emphasised that momentum must not be lost. There must be an increased focus on the capability, capacity and</p>	<p>JP</p> <p>JP</p>
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	education of the UHB's own workforce. The need for ongoing engagement with the local population and commitment to continuing engagement with the CHC were both agreed.	
	<p>The Board RECEIVED and DISCUSSED updates on:</p> <ul style="list-style-type: none"> • Delivery of the Health and Care Strategy, through the portfolio of programmes, further to the update provided at the Public Board meeting on 25th July 2019; • Developments in Carmarthenshire in relation to the delivery of A <i>Healthier Mid and West Wales</i>, including usage of Transformation Fund; • In-year re-prioritisation of projects undertaken during 2019/20 to deliver the Annual Plan. 	

PM(19)191	BRONGLAIS GENERAL HOSPITAL: DELIVERING EXCELLENT RURAL ACUTE CARE	
	<p>Dr Kloer introduced the Bronglais General Hospital: Delivering Excellent Rural Acute Care report, emphasising that this is an extremely important document for people living in mid Wales; not only those in Ceredigion, also those in mid Powys and South Gwynedd. Dr Kloer hoped that the report would assure the Board regarding progress. Members' attention was drawn to the list of clinical contributors on page 167, all of whom had helped to shape the Bronglais General Hospital (BGH) Strategy, with an implementation plan to be developed once the Strategy received Board approval.</p> <p>Members welcomed the Strategy, noted that it has been subject to a robust check and challenge process prior to its presentation to Board, which details a clear vision for BGH in terms of partnerships, collaboration, engagement and information, with the following points raised:</p> <ul style="list-style-type: none"> • The need for further emphasis on the role of Aberystwyth University, recognising its key role in delivering the Strategy; • Recognition that the BGH Strategy will assist the University in its discussions regarding future planning, as partnerships with universities provide vital opportunities for training and research & development, which will be significant in securing the UHB's future workforce and attracting and retaining staff; • The need for a workforce strategy to accompany the document. <p>Mr Moore reported on discussions with the Aber Group on 27th November 2019 and their feedback on the BGH Strategy. The Group were encouraged by the existence of the strategy and the line of sight between it and the Longley Report. The challenge is how the strategy can be implemented, and Mr Moore emphasised his commitment to continue to engage with members of the public and the Aber Group. Whilst Dr Kloer acknowledged the importance of Aberystwyth University, he emphasised that the UHB's other university partners (Swansea University and University of Wales Trinity Saint David) will also have a significant contribution to make. Additionally, the importance of HDdUHB's collaboration with Cardiff University on the Community and Rural Education Route (CARER) programme should be recognised. Mr Huw Thomas suggested that there are two important considerations associated with the BGH Strategy: the finances and the workforce implications over the next three years. Miss Battle requested that both of</p>	

	these form part of the discussion regarding the Integrated Medium Term Plan (IMTP) which will take place at the next Board meeting. On behalf of the Board, Miss Battle thanked Mr Matthew Willis for his work on the BGH Strategy and requested that he pass on these thanks to other members of the team.	KM/HT
	<p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Strategy Bronglais General Hospital: Delivering Excellent Rural Acute Care, recognising that the finances and the workforce implications over the next three years need to form part of discussions regarding the Integrated Medium Term Plan; • APPROVED the development of Clinically Led Service Delivery Plans to inform the implementation of the strategy. 	

PM(19)192	WINTER PREPAREDNESS 2019/20 <p>Mr Joe Teape presented the Winter Preparedness 2019/20 report, reminding Members that this has been endorsed by all the UHB's partners; Local Authorities and the Welsh Ambulance Services NHS Trust (WAST). The plan attempts to be analytical in its assessment of the benefits of the various actions. Whilst it is likely that spending will exceed the expected financial allocation, it is anticipated that this will be balanced by various means and costs are not, therefore, viewed as a risk. Mr Teape drew Members' attention to the various appendices, emphasising the contribution of several teams to the winter plan. Mr Teape counselled that Unscheduled Care services are already experiencing significant challenges, with performance levels at their worst in five years. Members heard that there has been a significant growth in attendance at all of the UHB's A&E departments. During discussion, the plan was commended and the following comments made:</p> <ul style="list-style-type: none"> • Referencing discussion of the Out of Hours (OOH) services on page 4, it was noted that there was no mention of the 111 service and that it would be useful to include an analysis of how 111 fits in with other services after its first full year of operation. It was explained that 111 is now regarded as 'embedded' in HDdUHB's services. Whilst it has garnered mixed opinions, it has proved extremely useful given the fragility of OOH services and its ability to 'triage out' calls. The technology now available allows GPs from across the UK to contribute. The UHB has been allocated additional funding to support local GPs and the Acute Response Team. There have been challenges with the 111 service with steps being taken to resolve this issue via a professional route. Also, calls diverted to the local OOH service are often allocated short call-back times, meaning that GPs arriving on shift have a number of calls marked 'urgent' when this is not necessarily the case. There are also issues with staffing local OOH services, which impact on the 111 service's ability to support the UHB. Despite this, it was maintained 111 is beneficial to the local population and Members were assured that the issues are being worked through with colleagues. It was emphasised that in the current climate it is not possible to return to a time when appointments to see a GP were relatively freely available. This is the case across the UK, not just in Wales or in Hywel Dda. 	
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- The Winter Plan had been presented to the Finance Committee, which had been assured by both the proposals and associated governance.
- There was an enquiry regarding whether the organisation has the workforce required to deliver the plan; and whether it possesses real-time data to manage demand and capacity on an hour-by-hour basis. It was acknowledged that workforce is an ongoing issue. All areas of the Winter Plan have been costed at temporary staff rates, as it is recognised that the UHB may not be able to source sufficient permanent staff. Even with this caveat, however, there is still a risk to delivery of the plan. Members were assured that this area is being closely and continuously monitored. Members were assured that surge capacity will only be opened when it can be staffed safely. Steps are taken to ensure that the organisation can manage risks across hospitals and the system as a whole. This is monitored shift by shift and, in certain cases, hour by hour.
- The UHB is working with Improvement Cymru and considering a system for triangulating data/metrics to potentially predict clinical pressures and demand. The need to move to a real-time position for data was recognised, in order to facilitate more effective demand forecasting. HDdUHB has been working with the Welsh Government Delivery Unit (DU) on real time data. The position is being constantly reviewed, and the UHB does have access to WAST real-time data.
- Concern was expressed regarding those patients who need beds which the UHB cannot open because they cannot staff them safely. It was stated that, regretfully, this is the situation being dealt with on a daily basis. It is not only an issue of patients needing beds, or pressures on A&E departments; it is also the community. This represents potentially the bigger risk, with patients not able to access ambulances because they are waiting outside hospitals, unable to admit the patients on board. It is not feasible for the UHB to keep opening more hospital beds, as it does not have the space or staff to do so. This is just one of the reasons why a 'shift left' to increased care at home and in the community is required.
- The fact that members of the public are currently experiencing long waits, particularly in A&E was acknowledged and regret expressed. It was emphasised that this is not the situation anyone in the UHB would wish, and Members were reminded that this is what is driving the organisation to make improvements and to transform the system.

Miss Battle echoed these sentiments, reminding Members that there are people behind performance figures. The different demands require a different approach to provision of care. Miss Battle welcomed the Winter Plan and the assurances provided in relation to the finances by Mr Hearty on behalf of the Finance Committee.

The Board:

- **NOTED** the extent of preparations and planning undertaken ahead of winter 2019/20 and the position from which the unscheduled care service will enter winter;
- **NOTED** the content of the winter resilience plan;
- **TOOK ASSURANCE** from the measures the service has designed into its plan to tackle the pressures expected to impact through the period;

	<ul style="list-style-type: none"> • APPROVED the winter plan and allocation of funding and associated costs, as set out in the report. 	
PM(19)193	NHS DELIVERY UNIT AUDIT ON PRIMARY MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (SCAMHS)	
	<p>Mr Teape outlined the NHS Delivery Unit (DU) Audit on Primary Mental Health Services for Children and Adolescent Mental Health Services (SCAMHS) report. Members noted that Welsh Government had requested that this be considered by Boards. The additional funding and investment in 8 members of staff should result in further improvements. Implementation will be monitored by the Mental Health and Learning Disability Quality, Safety, Experience Sub-Committee.</p> <p>Noting that this report presents a different picture regarding waiting lists to that outlined at the Quality, Safety & Experience Assurance Committee (QSEAC), it was enquired whether Primary Care Mental Health Services are different to the specialist services for adolescents. Members were advised that, whilst it sits within the same team, it is a different service. It was noted that the majority of fragilities within Mental Health relate to adult services.</p>	
	The Board NOTED that an action plan is in place, supported by a tracker system to ensure that all actions are monitored for delivery within the required timescales.	
PM(19)194	MAJOR TRAUMA NETWORK UPDATE	
	<p>Mrs Miles introduced the Major Trauma Network Update report, reminding Members that GGH has been identified as the interim Trauma Unit for HDdUHB. Mrs Miles drew Members' attention to the second paper, the covering paper being presented to all Health Boards, and the specific requests/recommendations therein. With regards to the Business Case, HDdUHB has reflected those concerns raised within the consultation feedback and by the CHC. The UHB has also secured an acknowledgement that capital refurbishment will be required within Hywel Dda in the short-term. The rurality of the region has been acknowledged, with both Bronglais General Hospital and Wylabryd General Hospital (WGH) to be recognised as rural Trauma Units. There will be 5 key posts required at HDdUHB. Whilst the larger units at Cardiff and Morriston will be the focus for significant recruitment, this should not be a cause for concern for HDdUHB, with Members reminded that the proposal is for a Major Trauma Network, which should not compromise any component part. Cardiff anticipate recruiting additional staff from England and overseas, rather than from other Welsh Health Boards and therefore not destabilising the Welsh system. Discussions regarding the Major Trauma Network will continue at Welsh Health Specialist Services Committee (WHSSC).</p> <p>The Board NOTED the latest position in planning for the launch of the Major Trauma Network for South and West Wales and South Powys, and:</p> <ol style="list-style-type: none"> 1. RECEIVED and DISCUSSED the Programme Business Case for the network. 2. NOTED that there has been significant scrutiny of the case, including three formal Gateway Reviews and professional peer review by UK clinical experts. 	

	<p>3. APPROVED the overall network model described in the case (clinical, operational and governance), including the:</p> <ol style="list-style-type: none"> role of the Operational Delivery Network (ODN) role of the health board, as a provider of respective component of service model. <p>4. NOTED the importance of the repatriation policy and the importance of the ODN having the authority to implement this, completion of which will form a critical activity in planning network implementation.</p> <p>5. NOTED that there will be other business cases over the next two to three years to further develop the major trauma centre and trauma units.</p> <p>6. APPROVED the content of the Programme Business Case, subject to confirmation of the NHS resource allocation for 2020/21, the IMTP prioritisation process, and point 7 below.</p> <p>7. NOTED that final commissioning decisions on prehospital services, the major trauma centre, relevant specialist services and the ODN, will be taken at meetings of the Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).</p>	
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PM(19)195	REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE	
	<p>Professor Gammon presented the QSEAC update report, highlighting in particular discussions around delivery of the ophthalmology plan and hospital acquired thrombosis. The first of these matters, and specifically outcomes for patients, had been discussed at length. As QSEAC had only received limited assurance, this topic will be revisited at the next meeting on 3rd December 2019. Hospital acquired thrombosis (HAT) had been a matter of concern for some time; QSEAC had suggested that more pace was required and this topic would also be revisited at the next meeting. Members were advised that there was a typographical error on page 2 of the report, where 'Hospital Acquired Infections (HAT)' should read 'Hospital Acquired Thrombosis (HAT)'. This correction would be made and the amended report republished.</p>	CM
	<p>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.</p>	

PM(19)196	WORKING TO IMPROVE THE HEALTH OF VULNERABLE GROUPS	
	<p>Ms Jennings outlined the Working to Improve the Health of Vulnerable Groups report, an overarching report had been requested at a previous Board meeting with short briefing papers on work being undertaken with each vulnerable group. In terms of carers, Ms Jennings recognised that the numbers will increase as more carers are identified, and that there is more collaboration which could take place with third sector partners and other organisations. The report was welcomed and the following suggestions and comments were made:</p> <ul style="list-style-type: none"> The UHB should recognise the work which unpaid carers undertake and the demand avoidance this creates for the organisation's services. It would be useful to indicate the levels of funding provided to each group/project. Integrated Care Fund (ICF) and Transformation Fund monies are temporary by nature, and what steps are being taken to mainstream 	

	<p>successful projects. Members were advised that projects are supported by a mixture of funding streams. The UHB tends to commission third sector organisations and/or carers organisations, which are better connected with carers. In many cases, a relatively small amount of funding can produce significant results. Whilst it was anticipated that there will be ongoing sources of funds, it was suggested that the key is to facilitate third sector organisation to access these. The need to mainstream successful projects was acknowledged; however, this is likely to involve already stretched services, and would need to be considered 'in the round'.</p> <ul style="list-style-type: none"> • In respect of Welsh Government requirements around the homeless and vulnerable and highlighting the issue of veterans, there was an enquiry regarding whether there is 'joined up' work with veterans groups. This was identified as one of the benefits of an overarching report having been requested, with the team already addressing this issue. • Whilst the progress made was welcomed, there was a query in terms of what impact an individual experiencing difficulties would see from the work which has been undertaken, or will be undertaken in the future; and whether the UHB is doing enough for these people. It was acknowledged that this is the 'litmus test'; the need to make a fundamental difference. Whilst there are pockets of support, more can and should be done. Unlike the larger cities, Hywel Dda does not have significant numbers of rough sleepers, which means that it is not necessarily as adept at assisting such individuals. <p>The Board NOTED the progress updates provided for each area of work to support the health and well-being of homeless and vulnerable groups.</p>	
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PM(19)197	<p>PUBLIC SERVICES OMBUDSMAN FOR WALES – ANNUAL LETTER 2018/19</p> <p>Mrs Rayani introduced the Public Services Ombudsman for Wales Annual Letter 2018/19 report. Members heard that, whilst the letter had been received by the UHB in August 2019, there had subsequently been a number of meetings with the Ombudsman and representatives from his office to discuss the issues arising. The UHB had also conducted an internal review. For these reasons it had been considered prudent to delay presenting a report to Board, in order to ensure that the response was robust. Whilst the letter reflects the period to March 2019; the report provides an update on the period since. There has been significant progress, and the organisation has taken steps to improve response times to concerns. Members were reminded that the response rate in 2017 was 33% of closed complaints responded to within 30 working days. This has risen to 83%, exceeding the Welsh Government target of 75%. Mrs Rayani acknowledged, however, that there is still further work to do. The UHB is already beginning to see a reduction in complaints made to the Ombudsman's office, and a reduction in complaints upheld by the Ombudsman. There has also been a 70% decrease in the number of cases in which the Ombudsman has been required to intervene. The following points were raised:</p> <ul style="list-style-type: none"> • Referencing paragraph 3 of the letter, concern was expressed regarding the UHB's failure to meet deadlines and assurances requested regarding the current position. Members were advised that the Director of Nursing, Quality & Patient Experience and the Chief 	
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	<p>Executive had met with the Ombudsman, and had subsequently reinforced the escalation process, with any concerns which are approaching the deadline for response being escalated to the Director of Nursing, Quality & Patient Experience personally. This also forms part of the Chief Executive's performance review process.</p> <ul style="list-style-type: none"> • It was emphasised that concerns – whether or not they are directed to the Ombudsman – are gifts and should be viewed as such. The organisation should learn from them. The Chair will be proposing, for discussion at the December 2019 Board Seminar and January 2020 Public Board, the establishment of a Listening and Learning Action Group. This group will consider concerns raised by patients/families/carers and staff and how the UHB can use these to improve services. • Whilst welcoming the upward trend and improvement in this area, there was an enquiry regarding whether there is evidence that performance can be maintained, and whether additional training for staff is required. Members were advised that training needs and requirements are being revisited. There is a refreshed focus on what service users/patients should expect, which will include establishment of Patient Experience Champions and a range of other activities. • It was suggested that progress in this area should be monitored by one of the Board level Committees, in order to ensure that the UHB is not in a similar position in future years. The Chair agreed, reporting that both Executive and Independent Board Members have requested that there be an increased patient experience focus at Board meetings. 	MR
	<p>The Board RECEIVED the Ombudsman's Annual letter for 2018/19 and NOTED the work that is being undertaken to improve performance for complaints management and Ombudsman cases.</p>	

PM(19)198	FUNDED NURSING CARE FEE INCREASES 2019/20 AND 2020/21	
	<p>Ms Paterson outlined the Funded Nursing Care (FNC) Fee Increases 2019/20 and 2020/21 report. It was explained that the FNC fee increase is reviewed on an annual basis. In 2014, Health Boards approved the adoption of an Inflationary Uplift Mechanism (IUM) to be used when calculating the FNC rate. Boards approved the IUM in 2014 for a period of five years ending in 2018/19. Boards now need to consider the approach to apply from 2019/20 onwards. It is suggested, for various reasons, that the current methodology be extended for a further two year period – to cover 2019/20 and 2020/21. Members' attention was drawn to the need for further work to consider a longer term model, as outlined in the final bullet point of the recommendations.</p> <p>Miss Battle acknowledged, on behalf of the Board, all of the work which has been undertaken in this regard. Members were reminded that this challenging, whilst crucial, issue is common to all Health Boards.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED that the current Inflationary Uplift Mechanism (IUM) was approved by each Health Board's Board in Wales in 2014 for a period of five years then review; • NOTED that professional and finance leads from each Health Board in Wales have considered options and recommend that the IUM be extended for a further two year period, to cover 2019/20 and 	

	<p>2020/21, for the reasons set out in section 4 of this paper, and that CEOs support this recommendation;</p> <ul style="list-style-type: none"> • APPROVED the proposal that the IUM be extended for a further two year period; • NOTED and APPROVED the FNC rate for 2019/20 and 2020/21; • NOTED that further work will be undertaken to consider a longer term model following on from a WG review of the FNC policy position and that Boards will be updated on this work as it develops. 	
PM(19)199	REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE	
	Mr Powell presented the BPPAC update report, advising that both of the issues the Committee had wished to raise had been discussed under the Chief Executive's Report.	
	The Board NOTED the BPPAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	
PM(19)200	MID-YEAR REVIEW OF THE ANNUAL PLAN 2019/20	
	<p>Mrs Miles introduced the Mid-Year Review of the Annual Plan 2019/20 report, reminding Members that the plans presented are the plans led by each directorate, rather than those reflected in the Integrated Performance Assurance Report (IPAR). Recovery against the plan is on target in most areas. A robust process, as recommended by the Wales Audit Office, is to ensure that the right planning conversations take place in the correct arena. This allows capacity assistance to be put in place and for learning to be transferred, facilitating assurance.</p> <p>Whilst welcoming the helpful narrative provided by the report, it was highlighted that on pages 4/5, for every area that is improving, two are declining or showing no change. As this is at odds with the suggestion that recovery is on target, it was suggested that this may be due to the reporting mechanism used. Members were advised that the report presents a subjective evaluation of where plans are, suggesting that there is an element of directorates 'raising the bar of expectations' when assessing their own performance. Welsh Government receive extensive reports on progress, and more detail can be provided if required. In terms of recovery, Mrs Miles felt that the UHB is holding its own, however committed to explore the potential impact of reporting mechanism. Referencing the earlier discussion on the Health & Care Strategy, Miss Battle suggested that the UHB reconsider how it reports on the IMTP going forward. BPPAC will play an important role in this matter.</p>	KM
	<p>The Board TOOK ASSURANCE in the progress in the delivery of the University Health Board's 2019/20 Annual Plan at the mid-year point, with particular reference to:</p> <ul style="list-style-type: none"> • The UHB's performance position; • The UHB's financial position; • Progress in delivery of the UHB's actions plans supporting the 2019/20 Annual Plan. 	

PM(19)201	INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 7 2019/20	
	<p>Mrs Miles presented the IPAR for Month 7 of 2019/20, explaining that steps had been taken to make the performance report patient-oriented, The IPAR will not appear in this format every month, as it is important for the Performance team to be available for other work such as providing performance data to service teams. Mrs Miles drew Members' attention to the information on page 2 regarding performance against the 32 key deliverable indicators. The Executive Summary reflects, as has been suggested, a picture of performance in an organisation under pressure. Members raised the following issues and queries:</p> <ul style="list-style-type: none"> • Certain areas are under real pressure currently, with the performance data reflecting earlier comments regarding the Unscheduled Care system. • Every chart includes information demonstrating the underlying pressures in Unscheduled Care; however, there are also significant pressures and concerns in Scheduled Care and Cancer Services. • Behind each metric are patients and people waiting longer to access services. This should be the UHB's principle concern and priority. • Members were forewarned that the Unscheduled Care performance for November 2019 will be extremely poor in all areas; the worst seen in many years. 90 operations had been cancelled, compared with 30 in October 2019 and a number of cancer procedures had been deferred, due to lack of bed availability. • It was suggested that it may be necessary to consider compromising on routine elective procedure performance, in order to maintain and prioritise emergency/urgent care performance. • Discussions and cooperation with partners is also required to address issues around the timely discharge of medically-optimised patients. • The work around community optometry and glaucoma has led to an improvement in terms of the Ophthalmology follow-up backlog. • Performance against the Eye Care Measures has worsened, although the numbers being analysed have altered. Whilst this has led to a drop in terms of performance, it is beneficial in terms of clinical risk assessment. • The Follow-up validation exercise has resulted in a reduction in the backlog for this area. • In terms of Urgent Suspected Cancer performance, the challenges have moved from being largely tertiary to local, with backlogs in radiology including MRI scans. Whilst this situation is expected to improve during Quarter 4, it remains a matter for concern. • It was suggested that the performance report reflects the extreme nature of the situation being faced currently, with various interacting factors contributing. • Members were reminded that a Winter Plan has been developed and approved, and were assured that the Executive Team is also considering what measures might be taken to improve performance. • It was suggested that there should be a Board level discussion at the December 2019 Board Seminar around potential trade-offs and priorities. • The importance of senior staff visibility for frontline staff was emphasised; the Director of Operations, Director of Nursing, Quality and Patient Experience, Medical Director, Director of Primary Care, 	<p>AC</p>

Community & Long Term Care and Director of Therapies & Health Science will be meeting with staff in a number of areas, to listen to their experiences of the current pressures.

- In terms of discharging patients, the need to connect with partners and external experts was endorsed, and the impact of this issue on the local population was acknowledged.
- Members were reminded that everyone within the organisation has an impact on performance, whether it be financial or otherwise.
- The effect of vacancies was highlighted and increasing capacity also increases costs.
- Referral to Treatment (RTT) performance has slipped, although assurance regarding recovery had been provided at Finance Committee.
- It was noted that there does not appear to be anything in the action plan to address the issue of 585 children and young people waiting over 26 weeks for a neurodevelopmental assessment and 625 adults waiting over 26 weeks for psychological therapy. Members were informed that there is to be additional investment in both of these areas. In terms of the latter, temporary outsourcing measures are being taken to address the backlog. For the neurodevelopmental Autism Spectrum Disorder (ASD) assessments, long-term measures are planned, with the recruitment of additional staff and increased follow-up care. There is a plan in place to reduce the backlog in both areas by next year.
- Regarding the issue of timely discharge of patients, Members were reminded that UHB representatives meet regularly with Local Authority colleagues as an Integrated Executive Team. These meetings include a significant amount of discussion around system pressures and fragilities. Six domiciliary care providers and six care homes have been lost, resulting in the loss of 187 beds. There is a need, therefore, to consider alternative options and how the risks around these might be managed. Members were assured that conversations around the discharge of patients are being escalated.
- The mixed picture regarding Healthcare Acquired Infections (HCAI) was noted. Members were reminded of numerous previous discussions regarding interventions and queried whether these have facilitated an improved trajectory. It was highlighted that the month-by-month analysis of HCAI data is not necessarily helpful in evaluating the overall trajectory. The focus on antibiotic prescribing has certainly begun to take effect. The organisation has also stepped up its focus on urinary tract infections and catheter care. It is recognised, however, that most infections are contracted in the community rather than in hospital. The need to ensure that every infection is reported was emphasised. Members heard that two HDdUHB patients have undergone Faecal Microbiota Transplantation; with in one case, an indicated bed saving of 54 days. The UHB is in the process of identifying other patients who would potentially be suitable for this procedure. Various work is taking place to better understand how to target the areas which will provide the most impact.
- The work undertaken and the interventions which have been put in place were acknowledged. Despite this, however, the UHB performance in this area seems to have remained fairly static; and

	<p>there is a need to understand why interventions do not appear to be impacting on infection rates.</p> <ul style="list-style-type: none"> • It was suggested that the UHB should compare its performance against other Health Boards and learn from those who are reducing their HCAI rates. Members were assured that every possible opportunity to learn from experience across Wales, the UK and internationally is taken. There is a need to consider the UHB's clinical equipment and environments, and whether external expertise should be sought. Any other suggestions of measures which might be taken would be welcomed. • It was emphasised that all in the organisation share the frustration that, having put various measures in place, a sustained reduction in HCAI rates is not being seen. There are opportunities to consider other potential improvements and changes, which should be grasped. • Likewise, with regards to ongoing and increasing pressures on the Unscheduled Care system, the whole team is extremely concerned. • It was agreed that clinical teams appreciate and welcome visits from Board Members. • The fact that services are currently experiencing unprecedented pressure was recognised and acknowledged, and it was suggested that this issue also be discussed at the Board Seminar in December 2019. • It was highlighted that most public concerns communicated to the CHC relate to performance, such as RTT. Referencing the work in community optometry, it was noted that the letter from the UHB states that glaucoma testing service results will be seen by a consultant. The CHC Chair enquired whether there is sufficient capacity in the service to accommodate this. Members heard that there are already examples of similar 'virtual clinics' elsewhere in the UHB, in other specialties; and that the ophthalmology virtual clinics will be scheduled into consultant job plans. In response to a request confirming that results of tests will be communicated in a timely fashion to patients, even if the results are normal, it was advised that this would be the case. • With regard to job plans, the Medical Director reported up to date figures for both consultant and Specialty and Associate Specialist (SAS) doctors. <p>Summarising discussions, Miss Battle emphasised that HCAI and Infection Prevention and Control will continue to be scrutinised by QSEAC. The unprecedented demand being experienced by both hospital and community services was acknowledged, together with the pressures this places on frontline staff and executives. Miss Battle committed to clear, as much as possible, the December 2019 Board Seminar agenda for discussion of this issue. Finally, Miss Battle reiterated the apology to patients and local people for delays, and assured them that the Board would do whatever it can to address the challenges.</p>	AC
	<p>The Board DISCUSSED the Integrated Performance Assurance Report for Month 7 2019/20 and issues arising from its content.</p>	

PM(19)202	HDdUHB WELL-BEING OBJECTIVES ANNUAL REPORT 2018/19	
	<p>Ms Jennings introduced the HDdUHB Well-being Objectives Annual Report, reminding Members that the Well-being of Future Generations (Wales) Act 2015 is a significant piece of legislation. The legislation is challenging for organisations to ‘bring to life’, with a requirement to demonstrate clearly the five ways of working and contribution to the seven well-being goals. Attention was drawn to pages 26-29 of the Well-being Objectives Annual Report, where the UHB’s refreshed Well-being Objectives for 2019-2020 and beyond are outlined. Members were also reminded that the Future Generations Commissioner has undertaken work intended to assist Board Members in challenging organisations on their success in implementing the Act. The report was welcomed and, during further discussion, the following points were noted:</p> <ul style="list-style-type: none"> • With regards to staff well-being, and bearing in mind the significant pressures currently being experienced, there was an enquiry regarding how many staff have been able to self-refer to the Occupational Health service. The Director of Workforce & OD committed to obtain this information. • Whilst the Act offers significant and positive opportunities, it can be challenging to ‘make space’ for its implementation. • It was suggested that the UHB needs to test itself regarding how ambitious it is being. For example, there are issues around health inequity, which should prompt the organisation to drive resources to the correct areas. Also, the NHS needs to consider how it can progress towards carbon-neutral services. The importance of remaining mindful of this agenda was agreed. • The refreshed and simplified Well-being Objectives were commended. Whilst there is a need to consider further how these are embedded, this is a significant and positive first step. • There are occasions when organisations might unintentionally hinder communities in developing their own strategies and projects, and it is best for them to step away. Whilst it was noted that conversations are tending to follow this trajectory, including discussions at the Public Services Boards (PSBs), it was also emphasised that there are ‘middle ground’ options. • Members were reminded that the UHB’s Health & Well-being Framework, approved in January 2019, guides users through the five ways of working. 	LG
	<p>The Board:</p> <ul style="list-style-type: none"> • APPROVED for publication the Health Board’s Well-being Objectives Annual Report for the period 1 April 2018 – 31 March 2019 in order to fulfil the UHB’s statutory obligations; and • AGREED the refreshed Health Board’s Well-being Objectives for 2019-2020 and beyond. 	
PM(19)203	REPORT OF THE FINANCE COMMITTEE	
	<p>Mr Hearty outlined the Finance Committee reports from meetings in September and October 2019, adding that there had also been a meeting on 26th November 2019. Members were reminded that months 5-9 are key in terms of financial performance, so month 7 offers a sensible point to review the UHB’s position. The Finance Committee’s observations were as follows:</p>	

	<ul style="list-style-type: none"> • Whilst the Committee would prefer the in-year figures to be better than they are, there are a number of cost pressures which are outside the organisation's control; • There is a stability around the finances which has not been seen in previous years; • There is a growing understanding around what drives the underlying financial deficit; • The Finance team has been expanded and strengthened; • The Committee is starting to see a number of developments in terms of financial management tools. <p>Mr Hearty explained that the organisation may not see the benefits from certain of these improvements until next year. Miss Battle welcomed the report, together with the useful discussions at the In-Committee Board meeting held on 27th November 2019, which had provided a great deal of detail and assurance.</p>	
	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(19)204	FINANCE/TURNAROUND UPDATE – MONTH 7 2019/20	
	<p>Mr Thomas presented the Finance and Turnaround Update for Month 7 2019/20, informing Members that this has been discussed in depth by both the Finance Committee and In-Committee Board. The UHB's current financial position is of concern. Members were reminded that Welsh Government had set the UHB a Control Total of £15m; due to the cost pressures being experienced by the organisation, it is suggested that this be increased to £25m. As £10m additional Welsh Government funding received in year was predicated on delivery of the required £15m control total, the potential deficit is £35m. Members heard that there are a number of drivers to the increase in forecast deficit. Increases in the cost of generic medicines has meant that the Primary Care prescribing budget has been adversely affected; disproportionately so, due to the focus on Primary Care within the region. The estimated cost being £4.4m. Aforementioned pressures on Unscheduled Care have led to significant agency and locum staff costs. For instance, the use of middle grade locum staff contributes a £1.7m cost, with £1.4m of this at WGH. The nursing agency staff spend contributes £1.5m, with the total agency/locum staff spend to date being £4.1m. A further additional unforeseen cost is the UHB's contribution (currently £1.6m) to the Welsh Risk Pool, as a result of the overspend in this budget across Wales which reflects the increase in clinical negligence claims/costs. There has also been a shortfall in terms of savings delivered or identified; and there is a risk that the deficit will increase further. In considering the report, the following comments were made:</p> <ul style="list-style-type: none"> • Members were reminded that this topic had been discussed at length at yesterday's In-Committee Board, with it suggested that the Board is now well-sighted on the reasons for the proposed increase. • An increase in the deficit will impact on the financial position for next year, with the UHB not having made inroads into the underlying financial deficit. • The organisation has, however, had an opportunity to work with KPMG. The draft findings of their evaluation suggest that, whilst there are potential cost efficiencies, a significant driver for the UHB's 	

	<p>costs is the volume of patients seen compared with other Health Boards.</p> <ul style="list-style-type: none"> • This confirms the focus which the organisation is adopting and emphasises the need to accelerate implementation of the Health & Care Strategy; to take steps to reduce demand on the system; to develop the Public Health focus; and to ensure that people are treated in and close to their homes for as long as possible. • Whilst the UHB's priorities reflect the above, it was reiterated that the organisation should also retain its focus on making cost efficiencies wherever possible. • Members were reminded that most of the cost drivers relate to Unscheduled Care, and this requires a focus going forward. • The UHB also needs to consider what is driving patient volume, in order to address demand on services. • Whilst in the current situation, it would be easy to become demoralised, it was suggested that a sense of optimism regarding the future is more appropriate. The data demonstrates that HDdUHB is actually a relatively efficient Health Board, but still has significant opportunities to improve. <p>Members were reminded that the organisation's plans and finances going forward will be revisited at the December 2019 Board Seminar, and were thanked again for the informative and mature discussions at yesterday's In-Committee Board meeting. It was noted that the figure in the recommendations relating to the UHB's Welsh Risk Pool contribution required amendment from £1.0m to £1.6m.</p>	HT
	<p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED the financial position for Month 7; • NOTED the key drivers to the increased deficit, notably Primary Care Prescribing (£4.4m), Unscheduled Care pressures (£4.1m), Core Team and KPMG (£2.5m), Welsh Risk Pool (£1.6m), and the expected gap in savings delivery for the year (£5.9m). NOTED that the full effect of these items has been partly mitigated by underspends on other budgets, notably Primary Care and Mental Health, alongside the expected benefit arising from the implementation of Control Totals; and • APPROVED the change in the forecast deficit position from £15m to £25m, having considered the advice of the Finance Committee on 26th November and discussed at the In-Committee Board meeting on 27th November 2019. 	
PM(19)205	<p>COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES</p> <p>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:</p> <ul style="list-style-type: none"> • The Health & Care Strategy Delivery Group request to approve the BGH strategy, actioned at PM(19)191; • The proposed new governance arrangements relating to the University Partnership Board, which will form part of the detailed report being presented in January 2020; 	

	<ul style="list-style-type: none"> The Healthcare Professionals Forum's request that the UHB engage with key clinical leaders and GP leads at an early opportunity during development of proposals for funding; <p>Mrs Wilson advised that key risks and issues/matters of concern are as detailed, and that an update on discussions at the In-Committee Board meeting held on 27th November 2019 will be provided at the next Public Board meeting.</p> <p>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.</p>	
PM(19)206	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	
PM(19)207	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	
PM(19)208	HDDUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED for information the HDdUHB Joint Committees & Collaboratives update report.	
PM(19)209	STATUTORY PARTNERSHIPS UPDATE	
	<p>Ms Jennings introduced the Statutory Partnerships Update, emphasising that there is an appetite for regional working, with each PSB considering and challenging the opportunities available. Strong links are being developed between the UHB, PSBs and Regional Partnership Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> NOTED the progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report. NOTED the links to the PSB and RPB websites where the agenda, papers and minutes of recent meetings can be accessed. 	
PM(19)210	ANNUAL PRESENTATION OF NURSE STAFFING LEVELS FOR WARDS COVERED UNDER SECTION 25B OF THE NURSE STAFFING LEVELS (WALES) ACT 2016	
	<p>Mrs Rayani presented the Annual Presentation of Nurse Staffing Levels for Wards Covered Under Section 25b of the Nurse Staffing Levels (Wales) Act 2016 report. Members were informed that the Royal College of Nursing has produced a Safe Staffing report, which was discussed at the Senedd on 27th November 2019. The majority of the actions sit with Welsh Government; however, there will be implications for Health Boards. Mrs Rayani will review this matter further following feedback from Senedd discussions. Members were informed that the organisation is adopting a more systemised process. In order to strengthen clinical leadership, the first cohort of participants have entered the Star Programme. It was highlighted that senior nurses are effectively managing the equivalent of a small business budget. The programme is intended to offer skills to make nurses feel more confident and</p>	

	<p>empowered. Further discussion of the report resulted in the following comments and observations:</p> <ul style="list-style-type: none"> Referencing page 6 of the report, the provisions of the Act will be extended by 2021; and that the predicted costs of this have been based on permanent staff. Noting the ongoing challenges in securing permanent staff, there was a query regarding how realistic this is as a basis. Members were advised that work is being undertaken with the Paediatric service to map the output of Paediatric nurses and potential gaps. Other extensions of the Act, into Mental Health and District Nursing will require much more significant work. Members were reminded that it takes 4 years to commission a nurse, which presents a challenge when the window to implement change is only 2 years. The UHB needs to work with its university partners to develop more flexible pathways for Health Care Support Workers to enter nurse training. There was an enquiry around whether there is any recognition at Welsh Government level of the recruitment challenges faced by HDdUHB, due to its rurality compared with other Health Boards. Whilst it was felt that the issue is recognised, further work is required with bodies such as Health Education and Improvement Wales (HEIW). The importance of listening to staff as well as patients was emphasised. At a recent visit to one of the UHB's services, Mr Mike Lewis had discussed the realities and practicalities of implementing the Act with senior nurses, and offered to share this information with Mrs Rayani. 	ML/MR
	<p>The Board:</p> <ul style="list-style-type: none"> RECEIVED this report as assurance that the statutory requirements relating to the Act have been complied with; NOTED that the implementation plan agreed at its meeting in May 2018 is achieved ahead of schedule and within the initially identified costs; NOTED that further work is being progressed to prepare for extension of the Act in 2020/21. 	
PM(19)211	<p>NHSBT ORGAN DONATION: REVIEW OF ACTUAL AND POTENTIAL DECEASED ORGAN DONATION 01/04/2018 – 31/03/2019</p> <p>The Board DISCUSSED and NOTED the Health Board's performance against the priorities set for 2018/19 and the action plan for 2019/20.</p>	
PM(19)212	<p>COMMUNITY HEALTH COUNCIL (CHC) ANNUAL REPORT</p> <p>The Board NOTED the Hywel Dda Community Health Council (CHC) Annual Report 2018/19.</p>	
PM(19)213	<p>BOARD ANNUAL WORKPLAN</p> <p>The Board NOTED the Board Annual Workplan.</p>	
PM(19)214	<p>ANY OTHER BUSINESS</p> <p>There was no other business reported.</p>	
PM(19)215	DATE AND TIME OF NEXT MEETING	

TABLE OF ACTIONS FROM
HEALTH BOARD MEETING IN PUBLIC
HELD ON 29TH NOVEMBER 2019

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)181	PUBLIC FORUM: <ul style="list-style-type: none"> To provide letters of response to the questions received and to ensure that responses are available on the UHB website. 	MB	December 2019	Completed.
PM(19)188	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE: <ul style="list-style-type: none"> To convey the message around management responses and meeting deadlines. 	SM	January 2020	Completed.
PM(19)190	HEALTH & CARE STRATEGY UPDATE: <ul style="list-style-type: none"> To work with Dr Kloer to provide an update for the next report; To provide further information regarding social prescribing to a future Board Seminar. 	JP JP	January 2020 February 2020	<p>Ms Jill Paterson to discuss with Dr Philip Kloer, with information to be contained within the next report to Board.</p> <p>To be included in Primary Care Cluster Update report to 13th February 2020 Board Seminar.</p>
PM(19)191	BRONGLAIS GENERAL HOSPITAL: DELIVERING EXCELLENT RURAL ACUTE CARE:	KM/HT	January 2020	A BGH half day strategy workshop was held on 14 th January 2020. The key elements of the strategy: an integrated approach, community developments,

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	<ul style="list-style-type: none"> To ensure that the finances and workforce implications associated with the BGH Strategy form part of the discussion regarding the IMTP at the March 2020 Board meeting. 			workforce requirements and investment requirements will be developed for further discussion in March 2020. As these elements become known, they will become part of our planning framework and, as such, will be subject to Board prioritisation and approval on a business case by business case basis. However, this is unlikely for the current planning round.
PM(19)195	REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE: <ul style="list-style-type: none"> To amend the typographical error on page 2 of the report, and republish the amended report. 	CM	December 2020	Completed.
PM(19)197	PUBLIC SERVICES OMBUDSMAN FOR WALES – ANNUAL LETTER 2018/19: <ul style="list-style-type: none"> To ensure that progress in this area is monitored by one of the Board level committees. 	MR	January 2020	Tracking and monitoring will be via the new Listening and Learning Sub-Committee and reports will go through QSEAC.
PM(19)200	MID-YEAR REVIEW OF THE ANNUAL PLAN 2019/20: <ul style="list-style-type: none"> To explore the potential impact of reporting mechanism. 	KM	January 2020	In line with the review of Board governance arrangements which is currently underway, there is an opportunity to reconsider how we report progress against our Annual Plan /

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	contribution requires amendment from £1.0m to £1.6m.			outturn to reduce back from £1.6m to £1.0m.
PM(19)210	ANNUAL PRESENTATION OF NURSE STAFFING LEVELS FOR WARDS COVERED UNDER SECTION 25B OF THE NURSE STAFFING LEVELS (WALES) ACT 2016: <ul style="list-style-type: none"> To share information from discussions with senior nurses regarding the realities and practicalities of implementing the Act. 	ML/MR	January 2020	Completed.



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 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

General Update

Extraordinary pressures across all Health Board sites

We deeply regret the need to postpone some operations at the beginning of January. This decision was taken in the interest of patient safety, in particular patients requiring complex in-patient care and/or critical care support and the needs of emergency patients in the community and in our hospitals. Emergency surgery continued unaffected and urgent surgery wherever possible. Day surgery, with the exception of Bronglais General Hospital, and all outpatient appointments continued as normal. We contacted all patients affected and I sincerely apologise to them on behalf of the Board. We will rearrange their operations as soon as possible.

Events/Visits

On 9th January 2020, Steve Moore and I joined Vaughan Gething, Minister for Health and Social Services, at the Minor Injuries Unit (MIU) in Prince Philip Hospital. The Health Board welcomed the Minister's visit, where he listened to accounts from front line staff of the extraordinary pressures and we discussed how staff are doing everything possible to maintain patient safety.

On 21st November 2019, I took part in Carers Rights Day to support staff who are also carers. Events took place across all Health Board sites in Hywel Dda. On 21st November 2019, I also

attended the Welsh Blood Service Awards in St Brides Hotel, Saundersfoot to recognise and thank the amazing life-giving blood and bone marrow donors in Hywel Dda.

Key Meetings

I have continued to meet with and listen to front line staff across Hywel Dda, including A&E departments, therapy services, maternity services, estates, catering and housekeeping teams in all our hospitals. 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:

- Chairs Ministerial Meeting
- Meetings with AMs
- Meetings with Pembrokeshire County Council Leaders
- NHS Chairs Meeting Pembrokeshire Public Services Board

Update on Improving Neonatal Care Facilities at Glangwili General Hospital

Work on the £25.2 million obstetric and neonatal facilities project at Glangwili General Hospital is progressing well, having reached some key construction milestones. This second phase of the redevelopment project will really improve facilities for mums, babies and families at the hospital. The scheme includes high dependency cots, special care cots and parent accommodation, as well as birthing rooms and operating theatres. Plans are also in place for additional staff car parking spaces.

Off-Duty Staff Save Neighbour's Life

An off-duty Glangwili General Hospital (GGH) porter and intensive care nurse saved the life of their neighbour by using CPR and a community based defibrillator in Cwmdwyfran. Eifion George, aged 71, was at home when he collapsed and his heart stopped. Intensive care nurse Rachel Baxter quickly established that he had stopped breathing and needed urgent resuscitation. Rachel and Arfon Rees, a porter at GGH, started CPR. By the time the ambulance and air ambulance arrived, Eifion was back breathing normally. A wonderful example of care for which we have thanked Arfon and Rachel.

Board Seminar 12th December 2019

Fragility of Services

Members received a report of the current demand arising across the Unscheduled Care system and the reality of the situation from a patient and staff perspective, and a further report on the Winter Plan is presented for discussion at today's meeting.

Wales Audit Office (WAO) Structured Assessment Feedback

Members received the draft Structured Assessment Feedback and held a detailed discussion on its content. The Report is on today's Agenda and the management response is being prepared for the February 2020 Audit & Risk Assurance Committee (ARAC) meeting.

New Corporate Governance Structure

Members received a presentation on the proposed new Corporate Governance structure, for approval at today's Board meeting and implementation from April 2020 (see agenda item 3.7). The proposed changes will result in a reduced number of Committees with a smaller core membership, with presenters only joining meetings in order to present their individual items. This will make Governance more enabling and allow increased visibility of Board members across the Health Board.

Reverse Mentoring

We also considered the Reverse Mentoring initiative, where frontline staff mentor Board members. This is used to improve frontline working relationships, innovation and build leadership. It was agreed that this could promote cultural changes and provide insight and learning to support changes in practice.

Enabling Quality Improvement in Practice (EQliP) programme

Two of the current EQliP programmes; NEWS (National Early Warning Score) in the Community and Transient Ischaemic Attacks (TIA) were presented. Members recognised that without the EQliP programme, staff would not have been able to support or have the confidence to progress an alternative approach. A small investment in staff learning had resulted in significant improvements in patient care and increased staff morale and well-being, by providing them with the tools to improve patient outcomes. Members welcomed the presentations and were advised that two further EQliP programmes are planned for 2020, with the project proposals for the second programme currently being evaluated in order to select those that will be taken forward.

Health Board's 3 Year Plan

The final item of the Board Seminar session focused on laying the foundations in order to resolve our fragile services in the longer term, focusing on the continuing delivery of our Health and Care Strategy. The process the Executive Team had undertaken in developing the plan was shared, with the presentation emphasising the core components and potential areas for investment and disinvestment. Whilst it was acknowledged that Welsh Government (WG) will not approve this as a 3-year plan, because of financial balance, it will support the development of a 1-year plan for WG approval.

Self-Assessment Governance Response to WG by HDdUHB

Following publication of the Healthcare Inspectorate Wales and Wales Audit Office report titled '*A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*', the Minister for Health and Social Services requested that all Health Boards and NHS Trusts in Wales assess themselves against the recommendations of the review and provide plans for future review of their arrangements and/or the necessary action to be undertaken. The self-assessment has been submitted to Welsh Government on 7th January 2020, with a summary of HDdUHB's priorities listed below and the full report appended to my Chair's Report:

- Implementation of the recommendations of the WAO Review of Operational Quality & Safety Arrangements within Hywel Dda with support put in place to manage agendas, work plans and reporting arrangements
- Further recruitment to medical leadership appointments to support the Associate Medical Director for Quality and Safety role including quality improvement leads on each hospital site
- Board approval and implementation of HDdUHB's Patient Charter
- Further work to strengthen the approach to organisational learning with a roll out programme for patient experience initiatives throughout 2020 e.g. Family & Friends test, supported by an enhanced patient experience programme, development of an implementation plan for the Concerns Management (Putting Things Right) Policy (currently under consultation), and establishment of a Speaking Up Safely Working Group.
- Arrangements for the review of existing written control documentation or the initiation of a new written control document as part of the clinical audit process will be strengthened, in order to help ensure standardisation of practice and the spread of lessons learned across the organisation.
- To update the BAF

- To review HDdUHB's Risk Management Strategy

Celebrating Success/Awards

Queen's New Year Honours List

Mr Nigel Miller, Head of Therapies Learning Disabilities (LD), has been awarded an MBE in the Queen's New Year Honours List recognising his services to people with Learning Disabilities, including the development of the Learning Disabilities Charter.

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.

South Pembrokeshire Community Mental Health Team, Pembroke Dock, received the first (IiC) **Gold award** within the Health Board. In addition, the Health Board received further IiC awards as follows:

- **Silver award** - Cwm Seren/ Psychiatric Intensive Care Unit (PICU)
- **Bronze award** - Community Mental Health Team (CMHT) Swn y Gwynt

NHS Wales Awards

AHPs, Healthcare Scientists and Pharmacists Awards

On 26th November 2019, Welsh Government held the first Allied Health Professional, Healthcare Scientist and Pharmacy Conference. This new awards programme is open to AHPs, healthcare scientists and pharmacists throughout Wales, recognising and celebrating the achievements of all three professions, with 8 awards open to enter. I am pleased to report that we have had success with the following:

- **Pharmacist of the Year** – Winner: Meryl Davies Primary Care Antibiotic Pharmacist, Hywel Dda University Health Board. As a result of her award, Ms Davies has been interviewed by HENO and Radio Cymru.

Cavell Star Awards

Ms Laura Andrews, Professional Lead Nursing Learning Disabilities (LD), has been awarded the Cavell award recognising outstanding nurses "who go above and beyond". The nomination was in respect of her achievements in establishing the LD health liaison service and for her passion and dedication towards LD nursing.

Improvement Cymru Conference – one of the current EQIIP programmes, the Transient Ischaemic Attacks (TIA) Project, received 3rd prize for a poster designed by Dr Susan Dring, Speciality Doctor.

Royal College of Midwives Award 2020

We are celebrating two midwives from Hywel Dda who have been shortlisted for the Royal College of Midwives Award 2020, as follows:

- **Excellence in Perinatal Mental Health Award** – Cate Langley, Midwife
- **Leadership Award** – Becky Westbury, Midwife

Community Transport Association Awards

At the UK-wide 2019 Community Transport Association Awards held in Manchester in November 2019, the Pembrokeshire Integrated Voluntary Organisations Team (PIVOT) was

awarded Partnership of the Year. PIVOT plays a vital role in our community, supporting people to return safely home after being in hospital. This award highlights our joint approach to enhancing the support we can offer our local community and ultimately improving the patient experience. In our very rural area, good transport services are key, and the volunteers make a real difference for our patients. The winners will be announced at the awards ceremony taking place on 5th May 2020.

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

Employee or Team of the Month

Members of staff, patients, service users and the public are invited to nominate those who have gone above and beyond the call of duty and to highlight excellent work. It is really important that we recognise and celebrate our staff; and the employee or team of the month awards will continue and I intend to introduce more awards. Since our last meeting, the Macmillan Head & Neck Cancer Dietetic & Speech and Language Therapy Team, GGH, Miriam Brown, Claire Miller, Danna Evans-Jones & Catherine Maxwell-Carr have received a Team of the Month award. The team were nominated by Rachel Lewis, Macmillan AHP Lead Cancer Rehabilitation, in recognition of their dedication, enthusiasm and commitment to the team, resulting in significantly improved services and experience for patients living with and beyond HNC.

Healthcare Professionals Forum Update

Following the January 2020 Board meeting, Dr Kerry Donovan will be stepping down as Healthcare Professionals Forum (HPF) Chair after two years-service. Dr Donovan has been an exceptionally committed and pro-active Associate Member on the Board, and her contribution has been greatly appreciated. I would like to sincerely thank Kerry for all the work she has undertaken on behalf of the Board. I am pleased to announce that Mr Mo Nazemi, (Community Independent Pharmacist) will take over as HPF Chair with immediate effect and, subject to Ministerial approval, will become an Associate Member of the Board.

Stakeholder Reference Group

Following the January 2020 Stakeholder Reference Group, Hilary Jones is standing down as the Chair of the Stakeholder Reference Group. I am pleased to inform the Board that Hilary has been successfully appointed as an Independent Board Member for Velindre University NHS Trust. On behalf of the Board, I would like to sincerely thank Hilary for all the work she has undertaken for both the Board and Stakeholder Reference Group. Arrangements are now being put in place to recruit Hilary's successor.

Independent Board Members Update

I am pleased to announce that the Minister for Health and Social Services has appointed Ann Murphy as Independent Member (Trade Union) on a 2 year tenure commencing on 9th January 2020.

Argymhelliad / Recommendation

The Board is asked to support the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.

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 Termiau: Glossary of Terms:	BAF – Board Assurance Framework
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 EqlA is considered necessary for a paper of this type.

All-Wales Self-Assessments of Current Quality Governance Arrangements

Following publication of the Healthcare Inspectorate Wales and the Wales Audit Office report titled '*A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*', the Minister for Health and Social Services has requested that all health boards and NHS Trusts in Wales assess themselves against the recommendations of the review and provide plans for future review of their arrangements and/or the necessary action to be undertaken. The self-assessment should include a narrative of current arrangements and the current level of assurance: **high, medium or low**. Whilst reference is made to specific documents in the main report and in the recommendations listed below, each organisation should demonstrate how they are discharging the requirements rather than adhering rigidly to the need to have documentation with the same titles.

Completed pro forms should be submitted to [Janet Davies](#) no later than **7 January 2020**. If you have queries do get in touch.

Recommendations	Self-Assessment	Plan for future action/review
<i>Strategic focus on quality, patient safety and risk</i>		
1. Organisational quality priorities and outcomes to support quality and patient safety are agreed and reflected within an updated version of the Health Board's Quality Strategy/Plan.	<p>1.1 The Health Board has a number of frameworks/policies to support quality and patient safety agenda.</p> <p>1.2 A draft patient experience charter has been developed in consultation with staff and local communities and will be taken to the Board for approval.</p>	<p>1a) The Health Board is developing a quality management system which will be supported by frameworks/policies e.g. quality improvement and quality assurance frameworks.</p> <p>1b) The patient experience charter will be taken to the Board for approval at end of January 2020. This will be supported by a patient experience programme including a range of initiatives to improve the level of feedback obtained from service users.</p>

¹ Wales Audit Office (2019) Review of Operational Quality & Safety Arrangements – Hywel Dda University Health Board

² Wales Audit Office (2019) Hywel Dda University Health Board - Structured Assessment

	<p>1.3 The Health Board has an agreed Quality Improvement Framework (QIF) supported by an Ensuring Quality Improvement Programme. (EQIIP).</p> <p>1.4 The EQIIP is a collaborative training programme for front line staff designed to increase improvement capacity and capability across the Health Board through training, education and coaching support for teams working on a real work problem.</p> <p>1.5 Eleven teams have participated in the first programme which is currently being independently evaluated by Swansea University through funding from Improvement Cymru. Examples of the eleven projects include:</p> <ul style="list-style-type: none"> • NEWS is the community • Reduction in unwarranted pathology tests • Transient Ischaemic Attack • Surgical skills training • Shared Care Model • Delirium in ICU <p>1.6 The Transient Ischaemic Attack Project which focused on reducing the waiting time for patients referred as an outpatient with suspected TIA, earlier diagnosis, prevention</p>	<p>1c) The Health Board has committed to running a two further EQIIPs in 2020/21. Twenty submissions have been received for a ten team programme.</p>
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¹ Wales Audit Office (2019) Review of Operational Quality & Safety Arrangements – Hywel Dda University Health Board

² Wales Audit Office (2019) Hywel Dda University Health Board - Structured Assessment

	<p>advice and treatment won an award for their poster at the Improvement Cymru National Conference in December.</p> <p>1.4 The electronic service user feedback system – (Envoy System/Friends and Family Test has been implemented in the Emergency Department and Women and Child Health Directorate.</p> <p><i>Current level of assurance: medium</i></p>	<p>1d) There is a roll out programme for the Friends and Family Test to all services of the Health Board throughout 2020. The Health Board is supporting the commissioning process for the all Wales Once for Wales System.</p>
<p>2. The Board has a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically:</p> <p><i>i. The Board Assurance Framework (BAF) reflects the objectives set out in the current Integrated Medium Term Plan (IMTP)/annual plan and the organisation's quality priorities.</i></p>	<p>2.1 The Health Board has had a BAF in place since September 2016 which has reflected the organisation's objectives set out in the Annual Plan. The BAF has continued to evolve and is reported to the Board every 6 months and each risk aligned to a Board level Committee who is responsible for overseeing the management of these risks.</p>	<p>2a) The Health Board's BAF will be updated to align to organisational objectives which represent the first stages of strategy implementation.</p>

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<p>ii. <i>The Risk Management Strategy reflects the oversight arrangements for the BAF, the Quality and Patient Safety (Clinical) Governance Framework and any changes to the management of risk within the organisation.</i></p>	<p>2.2 In the Structured Assessment 2019², WAO provided positive feedback on our BAF and advised that they have consistently reported that the Health Board has a well-developed BAF. In respect of managing risks to achieving strategic priorities, WAO reported that 'the Health Board continues to have a well-developed BAF and is examining how it can be updated to support the implementation of its strategy' that 'the inclusion of risk appetite in the BAF and alignment of the Corporate Risk Register (CRR) to the Board and its committees has strengthened the corporate focus on risk. The Corporate Risk Register is considered each month by the Executive Team and corporate and directorate level risks are considered as part of Executive Performance Reviews.</p> <p>2.3 The Health Board has a Risk Management Strategy in place however this will be reviewed in the financial year to ensure that risk management supports delivery of the organisation's objectives over the next 3 years. The Health Board is also undertaking a risk maturity matrix which will provide a baseline of the level to which risk management is embedded within the organisation and will help determine the</p>	<p>2b) A review of Health Board's Risk Management Strategy (including tolerance and appetite) will be undertaken during the 2020/21 financial year. This will include ensuring that sub committees, groups and directorates meet their remit for review and scrutiny of risks and risk registers.</p>
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<p>iii. <i>The Quality and Patient Safety Governance Framework supports the priorities set out in the Quality Strategy/Plan and align to the Values and Behaviours Framework.</i></p> <p>iv. <i>Terms of reference for the relevant Board committees, including those for Audit, Quality and Safety and Risk, and at divisional /group levels, reflect the latest governance</i></p>	<p>areas of improvement required to support the organisation to meet its objectives. The Health Board has a Risk Appetite and Tolerance Statement which will also be reviewed in line with the agreed organisational objectives.</p> <p>2.4 All Committee and Sub-Committees have in their Terms of Reference, that they are responsible for gaining assurance on the management of risks and using it to inform their agendas.</p> <p>2.5 Terms of Reference for all Board level Committees including Audit & Risk Assurance Committee (ARAC) and Quality, Safety & Experience Assurance Committee (QSEAC) reflect the latest governance arrangements</p>	<p>2c) The Health Board is developing a quality management system which will be supported by frameworks/policies e.g. quality improvement and quality assurance frameworks. It is also considering the areas within the Quality and Engagement Bill including the updating of policies such as the Concerns Management Policy and Being Open/Duty of Candour Policy and the learning from events process.</p> <p>2d) Hywel Dda UHB will be implementing the recommendations made by WAO¹ review of</p>
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<p><i>arrangements cited within the relevant strategies and frameworks.</i></p>	<p>cited within the relevant strategies and frameworks. These Terms of Reference are reviewed annually and whenever new relevant legislation is introduced e.g. Duty of Candour. In addition, bespoke Committee Handbooks have been produced, aligned to best practice.</p> <p>2.6 All Board level Committees undertake an annual self-assessment exercise to identify any areas for improvement for 2019/20 this exercise was undertaken via Survey Monkey to preserve Members anonymity enabling them to be as candid as possible in their feedback.</p> <p>2.7 In their review of operational quality and safety arrangements¹ within the Health Board, the WAO concluded that the Health Board now has some good quality & safety arrangements at Directorate level, supported by developing corporate arrangements but these are not yet consistent, and the flow of assurance from the Directorates to the Board is not as effective as it could be.</p> <p>2.8 All recommendations from the WAO review of operational quality and safety arrangements¹ in the Health Board will be tracked through the ARAC with the report and management response made publicly</p>	<p>operational quality and safety arrangements¹ within the Hywel Dda UHB. These recommendations will be implemented within the next 12 months and will also support the revised Board level governance and assurance arrangements which are currently under review</p>
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² Wales Audit Office (2019) Hywel Dda University Health Board - Structured Assessment

available from both the Health Board's and WAO's website.

Current level of assurance: medium

Leadership of quality and patient safety

3. *There is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads:*

i. *The role of Executive Clinical Directors and divisional/group Clinical Directors in relation to quality and patient safety is clearly defined*

3.1 The Executive Director of Therapies and Health Science, Executive Medical Director and Executive Director of Nursing, Quality and Patient Experience are all jointly accountable for quality and safety, and jointly provide this assurance through QSEAC and directly to Board. The Quality and Safety, Experience and Improvement teams are line managed by the Executive Director of Nursing, Quality and Patient Experience; however the deployment of this resource supports the organisation multi-professionally in matters relating to quality and safety. The job descriptions of senior clinical leadership positions all include responsibility for quality and safety, and it is therefore made clear that this is a core part of their role. The Clinical Executives meet on a weekly basis to review

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any significant issues relating to quality and safety over the previous 7 days, and in addition formal quality panels are triggered to be held to review specific services as determined by the Clinical Executives.

3.2 In year, the Health Board has strengthened the quality and safety arrangements with the appointment of a Head of Quality and Governance (with a clinical background), an Associate Medical Director for Quality and Safety, a Deputy Medical Director for Primary Care (with responsibility for quality and safety), a Clinical Director for Therapies and a Head of Clinical Engineering.

3.3 The Deputy Medical Director and Associate Medical Director posts aims to strengthen medical leadership particularly in relation to quality and patient safety.

3.4 The Associate Medical Director for Quality and Safety attends QSEAC. Further recruitment to medical leadership appointments will support the Associate Medical Director for Quality and Safety role including quality improvement leads on each hospital site. The Associate Medical Director for Quality and Safety works closely with equivalent roles in Executive Director of

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<p>ii. <i>The roles, responsibilities, accountability and governance in relation to quality and patient safety within the divisions/groups/directorates is clear</i></p> <p>iii. <i>There is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety.</i></p>	<p>Nursing, Quality and Patient Safety and Executive Director of Therapies and Health Science teams.</p> <p>3.5 Each directorate/locality has a Triumvirate Team with joint responsibility for quality and patient safety. The Head of Nursing and Clinical Director work closely to ensure that the quality and patient safety agenda is considered at the directorate level.</p> <p>3.6 The Health Board has an existing Assurance, Safety and Improvement Team.. A review of the patient experience and legal and redress team and the quality improvement team has recently been undertaken and the resource within the patient experience and legal and redress team and the quality improvement team has been increased.</p> <p><i>Current level of assurance: medium</i></p>	<p>3a) The WAO review of operational quality and safety¹ identified that there were some good arrangements for quality and safety at a directorate level. In response to this finding work is underway to strengthen arrangements across all directorates.</p> <p>3b) The Assurance, Safety and Improvement Team are developing a business partner model which will be implemented early 2020.</p>
<p>Organisational scrutiny of quality and patient safety</p>		
<p>4. <i>The roles and function of the Quality and Safety Committee is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety Governance Framework and key corporate risks for quality and</i></p>	<p>4.1 The terms of reference for the Quality, Safety and Experience Assurance Committee Terms of Reference for the Quality, Safety & Experience Assurance Committee (QSEAC) are reviewed annually to ensure they are fit</p>	

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<p><i>patient safety. This should include assessment of ensuring sub-groups/committees have sufficient support to function effectively; the content, analysis, clarity and transparency of information presented to the committee and the quality framework in place is used to improve oversight of quality and patient safety across the whole organisation.</i></p>	<p>for purpose reflecting relevant strategies and frameworks.</p> <p>4.2 Corporate risks relating quality and safety are aligned to the Quality, Safety and Experience Assurance Committee who receive a corporate risk report thrice a year which will include principal risks to achieving our objectives and significant operational risks. Where the Committee does not receive assurance from the corporate risk report, the Committee will ask for a more focused report at the subsequent meeting to gain the assurance they need in relation to the management of the risk. WAO Structured Assessment 2019² reported 'across all of the Board's committees, the current chairs are effective in their roles and there are good flows of assurance, issues and risks between committees and up to Board'.</p> <p>4.3 Furthermore, within their review, WAO acknowledged that the Chair has more recently focused attention on the Committees and Sub-Committees of the Board starting with QSEAC, with plans in place to streamline a number of the QSEAC Sub-Committees, and increasing the focus on patient safety, while a new Listening and Learning Group will be established. This was discussed and</p>	
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	<p>agreed at the Board Seminar session held in December 2019</p> <p>4.4 To improve oversight of operational quality and patient safety across the organisation, support will be put in place to manage their agendas, their work plans and their reporting arrangements.</p> <p>4.5 An assurance report is presented to each QSEAC meeting. The report provides an overview of quality and safety across the Health Board, incorporating two domains of assurance and improvement. The quality assurance information within the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance process that exist within the Health Board and the core quality and safety indicators.</p> <p><i>Current level of assurance: medium</i></p>	<p>4a) A review is currently being undertaken to consider local governance arrangements to ensure a standardised approach within the operational directorates. This will align to the recommendations from WAO in the review which was undertaken of operational quality and safety governance arrangements.</p>
<p>5. Independent/Non-Executive Members are appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.</p>	<p>5.1 The Health Board has a comprehensive Board Development Programme designed to provide ongoing developmental support. The programme has involved separate sessions held initially for Independent Members and Executive Directors based on facilitated</p>	

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<p>discussions to provide a foundation for continued learning and development.</p> <p>5.2 A comprehensive programme of development for Independent Members is in place, making good use of both internal and external resources, and there are effective arrangements to support handover for Independent Members. This programme develops the Independent Members personally, as well as strengthening the Board as a whole and is supported by regular six-monthly reviews on an individual basis. In addition, on an individual basis, Independent Members have been able to access the All Wales Governance and Board Leadership Programme of events delivered by Academi Wales, selecting those sessions that best meet their requirements.</p> <p>5.3 Throughout 2019/20, the Independent Members and Executive Directors took part in both separate and Joint Board Organisational Development Programmes. The programme is delivered in-house with specific external expertise commissioned as appropriate. It focuses on key development areas that provide members with the enhanced knowledge, skills and behaviours required to improve individual and collective performance.</p>	
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5.4 In addition to the Board development, all the Board level committees have undertaken a review of their effectiveness within the year with the outputs and improvement plans of these reported back to the Committees and Board.

5.5 WAO in the 2019 Structured Assessment² report, stated “across all of the Board’s committees, the current chairs are effective in their roles and there are good flows of assurance, issues and risks between committees and up to Board. The ongoing use of self-assessments has been helpful in identifying areas for improvement and a self-reflection at the end of each meeting is now included on all committee agendas. IMs are able to contribute their expertise and to receive assurance about the work of the Health Board through membership of key committees.”

5.6 The WAO Structured Assessment² further stated “Despite a period of change, the Board continues to be generally well-run and the quality of scrutiny and challenge remains high. The Board has largely maintained a full complement of IMs who demonstrate a very good range of knowledge and skills collectively. There is an effective Board

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	<p>development programme in place which is delivered through the use of internal and external resources. This has helped to develop a positive and cohesive relationship between IMs, and with the Executive team. The approach to development for IMs is also comprehensive and flexible, supported by regular six-monthly reviews. During the year, an interactive handbook has been developed for new IMs which enables a wide range of information relevant to their role to be explored. Early feedback from IMs on the handbook is very positive, and other NHS bodies are now looking to learn from the work that the Health Board has done in this area.”</p> <p><i>Current level of assurance: Medium</i></p>	
<p>6. <i>There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/patient feedback.</i></p>	<p>6.1 A review of the patient experience function has been undertaken and resource increased. A development plan is in place for the next 3 years.</p> <p>6.2 A patient experience charter has been developed with the stakeholders and staff, and will be formally launched in April as part of patient experience week, following consideration by the Board at end of January 2020. This Charter will affirm what patients can expect when using services and</p>	<p>6a) A Listening and Learning Sub Committee has been agreed and is in the process of being established. This Committee will be chaired by the Health Board Chair. Any concern, external report, or review that has significant learning attached will be reviewed by the Committee for assurance around lessons learnt, and identification of key themes/ areas for improvement/ sharing of good practice.</p>

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<p>encourage feedback. This will be incorporated into staff training and induction and outcomes reported as part of the performance management and assurance framework.</p> <p>6.3 This will be supported by a patient experience programme for the year, which will enhance the ways in which feedback is received.</p> <p>6.4 The electronic service user feedback system (Friends and Family Test) has been implemented in the Emergency Department and Women and Child Health Directorate and a roll out programme is currently being undertaken to expand this service to all areas of the Health Board. Arrangements are in place within each service to receive and view the feedback and provide assurance on actions taken as a result of the feedback.</p> <p>6.5 The chair of the Health Board has initiated a work programme, led by the Executive Director of Nursing Quality and Patient Experience to enhance the freedom to speak up initiative. The first meeting of the speaking up safely group has been held and this included the Chair, CEO, Executive Director of Nursing, Quality and Patient Experience, Independent Member and</p>	
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	<p>Assistant Director of Legal Services/Patient Experience. This work programme is based on the learning from the second Francis report on Mid Staffordshire, the safety valve and speaking up safely established in Cardiff and Vale UHB, independent guardians in Swansea Bay UHB and England and we will be advised by Dr Aled Jones of Swansea University. This is a key quality and safety improvement.</p> <p>This will be supported by a programme of training for staff on being open/duty of candour and customer care.</p> <p><i>Current level of assurance: medium</i></p>	
<p>7. There is visibility and oversight of clinical audit and improvement activities across divisions/groups/directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.</p>	<p>7.1 The Effective Clinical Practice Sub Committee (ECPS) has reviewed its terms of reference in year. The purpose of ECPS is to provide assurance to the QSEAC that robust arrangements are in place for the delivery of safe, effective standards and evidence based clinical practice across all Health Board activities as part of core business.</p> <p>7.2 A Clinical Audit Scrutiny Panel (CASP) is a sub-group of the ECPS. The CASP</p>	

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<p>provides assurance that a robust clinical audit function is in place, supporting the Health Board's strategic direction, priorities and identified risks as well as national priorities. The responsibilities of the CASP include overseeing the development of a Clinical Audit Programme across the Health Board and providing a forum for audit leads and service representatives to discuss the Clinical Audit Programme and offer assurance on audit progress and outcomes as well as programme content.</p> <p>7.3 Findings from clinical audits are presented at the Whole Hospital Audit. The Clinical Audit Annual Report for 2018-19 demonstrates the amount of clinical audit activity across Hywel Dda in all specialties is extensive, and the results of this activity, in the form of recommendations for action, show that clinical colleagues are committed to service improvement.</p> <p>7.4 In 2018-19 the Health Board participated in 32 of the 34 applicable mandatory national audits. A total of 25 improvement plans were submitted to Welsh Government detailing plans for meeting audit recommendations across a wide variety of audit and outcome review topics.</p>	<p>7a) The dates Whole Hospital Audit Meetings for 2020 have been agreed. The meetings will be held on the same day across all sites to enable cross site presentations through IT and VC.</p> <p>7b) Effectiveness of the agreed mechanism to monitor the National Clinical Audit and Outcome Review Plan action plans and feedback through relevant governance groups and through Executive Team Performance will be monitored through 2020.</p>
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² Wales Audit Office (2019) Hywel Dda University Health Board - Structured Assessment

Current level of assurance: Low

Arrangements for quality and patient safety at directorate level

8. *The organisation has clear lines of accountability and responsibility for quality and patient safety within divisions/groups/directorates.*

8.1 Each directorate/locality has a Triumvirate Team with defined responsibility for quality and patient safety.

8.2 The Health Board's Scheme of Delegation was approved by the Board at its meeting on 29th November 2018. This detailed electronic scheme of delegation encompasses all delegations including Standing Orders, Standing Financial Instructions, financial delegations, legislative compliance, other delegations and responsibilities, both at delegated lead and operational responsibility level. It has been further expanded through Directorate delegations and is kept under regular review. It can be accessed via the Health Board's website or [here](#).

8.3 The Health Board's Scheme of Delegation clearly sets out the accountability and responsibility for quality and patient safety at the senior level of delegation within the Health Board, and should be used in conjunction with the system of control and other established procedures within the Health Board.

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	<i>Current level of assurance: medium</i>	
<p>9. The form and function of the divisional/group/directorate quality and safety and governance groups and Board committees have:</p> <ul style="list-style-type: none"> i. Clear remits, appropriate membership and are held at appropriate frequently. ii. Sufficient focus, analysis and scrutiny of information in relation to quality and patient safety issues and actions. iii. Clarity of the role and decision making powers of the committees. 	<p>9.1 The directorates/localities each have arrangements for quality and patient safety meetings. The WAO review of operational quality and safety¹ found that governance arrangements are generally sound with further improvements underway.</p> <p>9.2 Terms of Reference are in place for all Board Committees and for divisional/group/directorate quality and safety and governance groups, however the WAO review concluded that whilst the Health Board has some good quality & safety arrangements at Directorate level supported by developing corporate arrangements, these are not yet consistent, and the flow of assurance from the Directorates to the Board is not as effective as it could be.</p> <p>9.3 A review is being undertaken to consider local governance arrangements to ensure a standardised approach within the operational directorates. This standardisation will apply to structures, core membership, frequency of meetings, and core agenda items for discussion.</p>	<p>9a) It was recognised following the recent WAO review of operational quality and safety¹ that work is required to standardising the reporting arrangements including directorate committee structure, agenda and terms of reference templates, and templates for reporting to QQSESC.</p>

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	Current level of assurance: medium	
Identification and management of risk		
<p>10. <i>The organisation has clear and comprehensive risk management systems at divisional/group/directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers and the management of those risks. This must be reflected in the risk strategy.</i></p>	<p>10.1 Whilst the Health Board has a risk management framework that outlines the foundation and organisational arrangements for supporting risk management processes in Hywel Dda. The Health Board follows the three lines of defence model which sets out the principles for the roles, responsibilities and accountabilities for risk management. In the “Three Lines of Defence” model, management control is the first line of defence in risk management. The various risk control and compliance oversight functions established by management are the second line of defence, and independent assurance is the third. Each of these three “lines” plays a distinct role within the Health Board’s wider governance framework. All three lines need to work interdependently to be effective. Within the Health Board, directorates and services are responsible for identifying, assessing and managing risks. These risks will include threats to achievement of objectives, day to day business risks (e.g. safety, business continuity, financial, etc.) as well as relating to compliance with standards or legislation. Most directorates have good</p>	<p>10a) The Health Board is currently developing a 3 year plan for 2020-23, therefore the BAF will need to reviewed and updated to reflect threats and opportunities to the Board’s agreed objectives within the plan. The Health Board will also migrate to the new All Wales risk management electronic solution.</p>

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governance arrangements in place and risk is included on agendas (WAO review of operational quality and safety review¹) however further is required in 2020 to ensure consistency.

10.2 Risks are entered onto the Datix risk module by services and directorates where they can be extracted for risk reporting. All risks within operational services/directorates are submitted to the Executive Performance Reviews where they are scrutinised and discussed. Each operational risk is aligned to the Board's sub-committee structure. Directorate level risks that exceed the Health Board's agreed risk tolerance level are extracted from Datix and reported to the relevant sub-committee.

10.3 The Health Board's Risk Scoring Matrix guides staff to review their risks on a regular basis:

- Extreme risks - monthly
- High risks - bi-monthly
- Moderate risks - 6 monthly
- Low risks – Annually

10.4 Services will receive routine reminders from the assurance and risk team. The management of risk is also guided by the Health Board's Risk Appetite and Tolerance

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<p>Statement, which provides managers with clear guidance on the level of risk which the Board will accept.</p> <p>10.5 Operational risks are generally identified in a bottom up approach as outlined above. Where these can cause significant impact, i.e. loss, damage or harm, these are sponsored by the lead Executive for discussion at the Executive Team formal meeting as to whether they should be entered on to the Corporate Risk Register.</p> <p>10.6 Risks are also identified in a top down approach. These are called principal risks and relate to the achievement of the organisation's objectives. These are also sponsored by an Executive Lead who is the risk owner and presented to the Executive a Team for discussion and approval for entry onto the Corporate Risk Register. These principal risks are also reported on the UHB's Board Assurance Framework. These are discussed and reviewed regularly by Executive Team and are presented to the Board twice a year. Each corporate/principal risk is aligned to a Board level Committee who is responsible for scrutinising each risk to gain assurance on behalf of the Board that these risks are being managed effectively. The WAO reports in the structured</p>	
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assessment² that the Health Board has a well-developed BAF.

Current level of assurance: Medium

Management of incidents, concerns and complaints

11. *The oversight and governance of DATIX and other risk management systems ensures they are used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a divisional/group/ directorate or corporate level, and formal mechanisms to identify and share learning.*

11.1 An assurance report is presented to each QSEAC meeting. The report provides an overview of quality and safety across the Health Board, incorporating two domains of assurance and improvement. The quality assurance information within the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance process that exist within the Health Board and the core quality and safety indicators.

11.2 Reports using data from Datix are provided to a number of forums including the Medication Error Review Group, Medical Devices Group, Pressure Damage Scrutiny Panels, Falls Scrutiny meeting, and Directorate governance meetings.

11.3 The Health Board has agreed the establishment of a Listening and Learning Sub Committee which will scrutinise the reviews and the learning and improvement

11a) During 2020/21 consideration will be given to the further analysis of the data held in Datix and in the new DatixCloudIQ and how information is shared with directorates/localities.

11b) The first meeting of the Listening and Learning Sub Committee is in the process of being established. This Committee will be chaired by the Health Board Chair.

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<p>action plans following serious incidents, serious complaints, claims, and external inspections. This will also inform QSEAC of themes/trends and risks regarding quality and patient experience.</p> <p>11.4 Formal Quality Panels are held monthly by the Executive Director of Nursing, Quality and Patient Experience, Executive Medical Director and Executive Director Of Therapies and Health Science. Specific directorates or services are asked to attend the panel to discuss and provide assurance of actions with regards to quality and safety including incidents, complaints, claims, staff concerns, and external inspections.</p> <p>11.5 The Assurance, Safety and Improvement Team, using data from Datix and incident reviews, produce newsletters and posters which share areas for wider learning</p> <p><i>Current level of assurance: medium</i></p>	<p>11c) Work is underway to review the mechanism for development of newsletters and posters and to ensure that there is a programme for the forthcoming year.</p> <p>11d) Arrangements for the review of existing written control documentation or the initiation of a new written control document as part of the incident reporting process will be strengthened, in order to help ensure standardisation of practice and the spread of lessons learned across the organisation.</p>
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12. *The organisation ensures staff receive appropriate training in the investigation and management of concerns (including incidents). In addition, staff are empowered to take ownership of concerns and take forward improvement actions and learning.*

12.1 A Concerns Management (Putting Things Right) Policy has been developed and is currently under consultation. A number of supporting written control documents have been identified (some are currently in existence and some will be new documents)

12.2 All Assurance, Safety and Improvement Officers are trained in RCA (delivered by external agencies). This training was also delivered to members of the concerns team (in the post at the time of the training).

12.3 The Concerns Team, Assurance Safety and Improvement Team and members of staff across the directorate completed the certificate in Complaint Handling (Bond Solon)

12.4 In year, members of the Mental Health and Learning Disabilities Directorate received RCA training from Bond Solon.

12.5 Directorates/localities receive the final RCA report and are responsible for developing an improvement and learning plan to address the areas identified. This is empowering ownership at a service level.

12a) An implementation plan for the Concerns Management (Putting Things Right) Policy will be developed as part of the approval assurance process for the policy. An intranet page will be developed to ensure that the policy, supporting written control documents, guidance and templates can be easily found by staff and managers.

12b) A RCA² training programme for operational teams, led by the Assurance, Safety and Improvement Team, is in development for 2020/21.

¹ Wales Audit Office (2019) Review of Operational Quality & Safety Arrangements – Hywel Dda University Health Board

² Wales Audit Office (2019) Hywel Dda University Health Board - Structured Assessment

12.6 To support the duty of candour /being open discussions, a formal letter is sent to the patient or next of kin following a serious incident informing them that a review of the incident is being undertaken and inviting them to share any questions that they may wish to be explored during the review. The letter is sent by the most appropriate member of the Triumvirate Team. On conclusion of the RCA review a further letter is sent providing the findings of the RCA and the improvement and learning actions.

12.6 All concerns responses following investigation by the service involved are approved by the governance/clinical lead within the service/directorate. The responses are then reviewed by the Assistant Director (Legal Services/Patient Experience) to ensure consistency and compliance with the PTR regulations and final approval is provided by the Chief Executive.

Current level of assurance: medium

12c) A revised complaint management handbook has been produced and will be implemented during 2020 as part of the PTR Policy referred to above, this will include strengthening the way in which complaints raising allegations of harm are investigated and looking at ADR/mediation as one of the resolution methods

Organisational culture and learning

13. The organisation has an agreed Values and Behaviours Framework that is

13.1 The Health Board has a co-produced Values and Behaviour Framework. The

13a) The Health Board is considering the areas within the Quality and Engagement Bill

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<p><i>regularly reviewed, has been developed with staff and has a clear engagement programme for its implementation.</i></p>	<p>Health Board has a values based interview process.</p> <p>13.2 Since its introduction, our values framework is discussed with all new employees at every Corporate Induction session.</p> <p>13.3 Teams across the organisation are supported to put the values framework into action and to live by our values through bespoke workshops held within work places.</p> <p>13.4 Compassionate Leadership has featured in our Board Development Programme and is a learning theme running through our Managers Passport and Managers Passport plus Development Programme.</p> <p>13.5 The first meeting of the speaking up safely group has been held and this included the Chair, CEO, Executive Director of Nursing, Quality and Patient Experience, Independent Member and Assistant Director of Legal Services/Patient Experience. The aim of this working group is to consider the all Wales Raising Concerns procedure and develop a mechanism for strengthening the arrangements within the Health Board to allow staff to feel empowered and supporting when they raise concerns. This work</p>	<p>including the updating of policies such as the Concerns Management Policy and Being Open/Duty of Candour Policy, as well as the development of new written control documentation.</p>
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	<p>programme is based on the learning from the second Francis report on Mid Staffordshire, the safety valve and speaking up safely established in Cardiff and Vale UHB, independent guardians in Swansea Bay UHB and England and we will be advised by Dr Aled Jones of Swansea University. This is a key quality and safety improvement.</p> <p><i>Current level of assurance: medium</i></p>	
<p>14. <i>The organisation has a strong approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken within the organisation and across the NHS.</i></p>	<p>14.1 The Health Board has a number of initiatives which have been implemented over time to improve organisational learning with pockets of good work. These include safety posters and newsletters, pressure damage and falls scrutiny panels, whole hospital audit group and EQLiP. However further work is required to strengthen the approach to organisational learning.</p> <p>14.2 The Friends and Family Test has been implemented in the Emergency Department and Women and Child Health Directorate.</p> <p>14.3 The assurance report presented to each QSEAC meeting includes the reports received following external inspections and the areas</p>	<p>14a) The first meeting of the Listening and Learning Sub Committee is in the process of being established. This Committee will be chaired by the Health Board Chair.</p> <p>14b) The Health Board is in the process of agreeing the EQLiP projects for 2020/21. These will be taken forward as part of the programme.</p> <p>14c) There is a roll out programme for patient experience initiatives throughout 2020. This includes the roll out of the Friends and Family Test. This will be supported by an enhanced patient experience programme.</p> <p>14d) Work is underway to review the mechanism for development of newsletters and posters and to ensure that there is a</p>

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	<p>identified through these reviews which are considered areas for organisational learning and improvement.</p> <p><i>Current level of assurance: medium/low</i></p>	<p>programme for the forthcoming year. Future newsletters will include learning from external inspections.</p> <p>14e) Arrangements to ensure that any lessons learned are reflected in existing written control documentation or triggers the development of a new written control document need to be strengthened.</p>
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¹ Wales Audit Office (2019) Review of Operational Quality & Safety Arrangements – Hywel Dda University Health Board

² Wales Audit Office (2019) Hywel Dda University Health Board - Structured Assessment



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 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 (Head of Corporate Office) and Yvonne Burson (Head of Communications)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to:

- Update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (the UHB) since the previous Board meeting held on 28th November 2019; and
- Provide an overview of the current key issues, both at a local and national level, within NHS Wales.

Cefndir / Background

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

1. Register of Sealings

The UHB's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at **Appendix A** have been signed by the Chair and Chief Executive or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the UHB's Standing Orders refers).

2. Consultations

The UHB receives consultation documents from a number of external organisations. It is important that the UHB considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues which could potentially impact upon the

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

3. Operational Issues

Thank you to staff

I want to take this opportunity to thank all our staff for the outstanding support over the last month in particular. Without their dedication and determination, our communities would not have received the care, treatment and support they needed at this time.

Winter Pressures and postponed operations

Members will be aware that the Health Board made a decision in early January 2020 to postpone most non-urgent planned surgery. Emergency surgery has continued unaffected and urgent and cancer surgery has been continuing, wherever possible. Day surgery continued, with the exception of Bronglais General Hospital, as the day surgery unit was operating as a surge area.

Prior to putting this into place, all actions within our escalation policy were implemented. This included the deployment of additional doctors in A&E, calling in of additional staff to all sites, identifying additional areas on our sites to accommodate patients, and a further focus on discharging patients with support from the Acute Response Teams in the community. The County Director and Head of Adult Social Care in Carmarthen were actively identifying patients who could be moved to other accommodation, including further flexing community hospital beds and the Bridging Service, which is part of our winter plan. Working closely with the Welsh Ambulance Services NHS Trust (WAST), we agreed a way forward to enable internal diverts within the Health Board.

Patient safety and patient experience remained and will continue to remain a priority. We deeply regret that postponing operations has a direct impact on patient experience and potentially clinical outcomes. However, the safety of patients requiring complex clinical in-patient care, and in particular critical care support, whether for medical or surgical interventions, and the needs of emergency patients in the community informed our operational decision-making.

There have been a number of factors involved in making this Winter more challenging than the previous one and whilst more analysis will be needed as the Winter period develops I would highlight some emerging themes. It would appear the Norovirus and Flu-like outbreak before Christmas, particularly at Glangwili and Prince Phillip Hospitals, slowed the whole system down and limited the way that teams could discharge patients. There was also a level of acuity in patients, young and old, not previously seen and higher than previously experienced, and the care home and domiciliary care sectors are more fragile.

In collaboration with our Local Authority partners, we continue to implement our broader winter plan to support people at home and a number of staff will be coming into post during January 2020. These are resourced through the winter planning monies supported by Welsh Government, in addition to the money we have invested ourselves as a Health Board. It is important that we continue to learn and work together. As part of this, we held a winter summit in December 2019 with all our partners to agree additional activity that we could practically implement to enhance our support for patients. A more detailed paper is included on the agenda which sets out the pressures and actions we are taking.

As you are aware, we delivered our Referral to Treatment (RTT) performance last year, ensuring no patients waited over 36 weeks, the best performance in the history of Hywel

Dda University Health Board; we are aiming to do the same this year, despite the recent extraordinary pressures. I am pleased to say that most planned surgery is now taking place as emergency pressures have reduced and, whilst there is likely to continue to be some cancellations, these will be held at an absolute minimum.

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 that working in this way offers us.

As a result of Purdah, there has not been any engagement activity since my last Report, but I am pleased to confirm that we are actively out in our communities again. This month, we have two Community Asset Mapping sessions in the Amman Gwendraeth cluster area: the first on 22nd January 2020 in Tumble Hall; and the second on 28th January 2020 in Glanamman Community Centre. The Health Board is also in the process of planning engagement events in Llandovery in response to the local community.

We were pleased to talk with both staff and public during the Christmas period as part of our winter campaign to recognise the enormous contribution of our staff and to lift morale. Highlights included working in partnership with world famous author Michael Rosen and Welsh poet Casia Williams on videos to recognise the depth and breadth and contribution of NHS here in Hywel Dda; which reached 55,000 people, attracting 19,000 views and the engagement of 1,867 people. Lots of people, staff and public, also responded to our selfie campaign highlighting and thanking staff from many disciplines who worked during the Bank Holidays. These posts had a combined reach of 155,000 and engagement from 77,000 people – most of whom were thanking our amazing staff.

5. Strategic Issues

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

Update on the Joint Executive Committee Meeting

Members of the Executive Team and I meet bi-annually with the Chief Executive NHS Wales and members of his senior team as a Joint Executive Team (JET); the most recent meeting was held on 22nd November 2019. This was a positive meeting, which covered a wider set of topics than are discussed at Targeted Intervention meetings. I was once again pleased with the level of discussion at the meeting and my team valued the opportunity to discuss progress and challenges within their areas of responsibility, and appreciated the feedback from the Health & Social Services Group's Executive Team.

At that meeting, Welsh Government (WG) remained concerned about the Health Board's financial position, but recognised its challenges, particularly in the Unscheduled Care System and the TB outbreak. WG wanted to see improvement in Unscheduled Care performance, specifically in the Emergency Departments and with Ambulance handovers. I was pleased that it was also recognised that the Health Board was an organisation trying to improve and mature in a challenging environment.

Update on the Targeted Intervention Meetings held on 18th December 2019

Members of the Executive Team and I met with the Chief Executive NHS Wales and members of his senior team, as part of our Targeted Intervention (TI) status on 18th December 2019.

The main focus of the meeting was the Health Board's financial position, with WG expressing its disappointment that the Health Board was unlikely to achieve its Control Total (£15m) in 2019/20. Acknowledging that this was a pressurised time of year, WG is expecting the Health Board to maintain its momentum for the rest of this financial year. The discussion also focused on WG's disappointment that the Health Board was unable to improve its financial position to allow WG to approve a 3-Year Plan.

There was also a discussion about the Health Board's performance, with WG acknowledging that there was now a clear plan in place, but confirming that the focus would be on a resilient Unscheduled Care system and RTT going forward.

Brexit

Before the UK Parliament entered Christmas recess, the Withdrawal Agreement Bill (WAB) passed its Second Reading. The WAB will now enter the House of Lords.

From its current position, the threat of the UK leaving the EU without a deal at the end of January looks all but eliminated. Once the WAB receives Royal Assent (likely around 23rd January 2020), the UK can start to negotiate a future trade agreement. Phase 2 of the negotiations is where the real work begins to define the detail of our future relationship. It is hoped that this time-limited period will be used to focus on early agreements on areas that protect the NHS, supply of medicines, rights to treatment in the EU and wider public health, which all have stakes in a future trade deal.

The majority of Brexit structures, including the Operation Yellowhammer daily reporting mechanism, have now been stood down (but not dissolved) but the UHB's Brexit Steering Group will continue to meet and will focus on a number of ongoing key areas, such as mental well-being and staff support through the EU Settlement Scheme process, whilst monitoring progress on trade negotiations, particularly regarding matters of direct importance for NHS services in Wales.

An evaluation will be conducted in July 2020, based on the political situation (i.e. position of trade deals and if the implementation period will be extended beyond 31st December 2020). We should then have a clearer idea of timelines and implications from which to work, to ensure the highest level of preparedness for the UHB.

Argymhelliad / Recommendation

The Board is invited to:

- **Endorse** the Register of Sealings (**Appendix A**) since the previous report on 28th November 2019; and
- **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
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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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	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 EqlA screening been undertaken? Not on the Report
- Has a full EqlA been undertaken? Not on the Report

Appendix A: Register of Sealings from 5th November 2019 – 10th January 2020

Entry Number	Details	Date of Sealing
261	Licence to Underlet relating to North Building, Llanion Barracks, Llanion Park, Pembroke Dock, Pembrokeshire between Pembrokeshire Coast National Park Authority and The Natural Resources Body for Wales and Hywel Dda University Local Health Board	11/11/2019
262	Underlease by Reference to Superior Lease between The Natural Resources Body for Wales and Hywel Dda University Local Health Board	11/11/2019
263	Deed of Variation Relating to a Call off Contract for the Provision of Project Management Services in Connection with the Cardigan Integrated Care Centre between Hywel Dda University Local Health Board Gardiner & Theobald LLP	18/11/2019
264	Agreement in Respect of Fire Safety Review, Remedial Work, Phase 1 at Withybush General Hospital between Hywel Dda University Local Health Board and Edmunds Webster Limited	29/11/2019
265	Deed of Adherence to an Inter Authority Agreement Relating to a Community Care Information Solution between Hywel Dda University Local Health Board and Bridgend County Borough Council	03/12/2019

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

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
418	National Health Service (Pharmaceutical Services) (Wales) Regulations 2020	Welsh Government	Jill Paterson, Jenny Pugh Jones, Stuart Rees, Sarah Isaac	01.10.2019	25.11.2019	18.11.2019
419	Proposals to ensure access to the full curriculum for all learners	Welsh Government	Ros Jervis, Rhys Sinnett, Barbara Morgan, Liz Western	03.10.2019	28.11.2019	27.11.2019
420	All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers	All Wales Medicines Strategy Group	Mandy Rayani, Jill Paterson, Jenny Pugh-Jones, Mandy James	07.10.2019	23.10.2019	22.10.2019
421	Reducing Restrictive Practices Framework	Welsh Government	Mandy Rayani, Alison Shakeshaft, Mandy Nichols-Davies, Paula Evans, Lesley Hill, Barbara Morgan, Natalie Vanderlinden	16.10.2019	06.01.2020	12.12.2019
422	National Development Framework	Welsh Government	Sarah Jennings, Anna Bird, Paul Williams, Dan Warm	18.10.2019	15.11.2019	13.11.2019
423	HEFCW guidance on tackling violence against women, domestic abuse and sexual violence in higher education	Higher Education Funding Council for Wales	Mandy Rayani, Sian Passey, Mandy Nichols-Davies	22.10.2019	22.11.2019	18.11.2019
424	Community pharmacy drug reimbursement	Welsh Government	Jill Paterson, Jenny Pugh Jones - lead, Stuart Rees, Sarah Isaac	05.11.2019	13.12.2019	04.12.2019
425	A more equal Wales: strengthening social partnership white paper	Welsh Government	Lisa Gostling, Steve Morgan, Annmarie Thomas, Christine Davies	08.11.2019	02.01.2019	20.12.2020

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

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
426	Equality Act 2010: Commencing the socio-economic duty	Welsh Government	Sarah Jennings, Anna Bird, Jackie Hooper	25.11.2019	17.01.2020	13.01.2020
427	State of Child Health	Royal College of Paediatrics and Child Health	Ros Jervis	26.11.2019	06.01.2020	Contribution via Public Health Wales response 06.01.2020
428	Draft Public Audit (Amendment) (Wales) Bill	National Assembly for Wales	Jo Wilson, Huw Thomas	20.12.2019	07.02.2020	14.01.2020



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Revised Corporate Governance Structure/Arrangements
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Maria Battle, HDdUHB Chair
SWYDDOG ADRODD: REPORTING OFFICER:	Maria Battle, HDdUHB Chair

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 outcome of 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 the proposed new corporate governance arrangements.

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, recognising the requirement for governance to be enabling, and that this represented the right time in the Health Board's journey given HDdUHB's current focus on delivery, core priorities and key issues.

Outcomes from this review were discussed at the Board Seminar Session held on 12th December 2019, and this report presents the recommendations on how HDdUHB's governance systems can be further developed to provide assurance to the Board, as well as staff and the general public, that the Health Board manages the organisation in an accountable, open and transparent manner and the governance is streamlined to avoid duplication and enable more visibility of the Board and focus on delivery.

In line with HDdUHB's Standard Operating Procedure for the Management of Board and Committees, when seeking to **abolish** a Board level Committee (other than those directed by Welsh Government through their model Standing Orders), the following must be undertaken:

- Discussion held with the Board Secretary to establish that the functions undertaken by the Board level Committee it is proposed to abolish are being exercised elsewhere, or that these functions are no longer required;
- An exercise to be undertaken to indicate where the duties of the Board level Committee it is proposed to abolish are to be transferred, or the reasons why these are no longer needed;

- A proposal to abolish the Board level Committee must be made to the Board, setting out the rationale for this;
- The Board must pass a formal resolution to abolish the Board level Committee;
- Amendments must be made to the Health Board's Scheme of Delegation to Committees and Others.

Similarly, when seeking to **establish** a Board level Committee, the following must be undertaken:

- Discussion held with the Board Secretary to establish that the functions required of the proposed Board level Committee are not already being exercised elsewhere;
- Clear terms of reference must be set identifying the duties to be delegated to the proposed Board level Committee and the membership required to enact these;
- A proposal to establish a Board level Committee must be made to the Board, setting out the requirements for this;
- The Board must pass a formal resolution to establish the Board level Committee;
- Amendments must be made to the Health Board's Scheme of Delegation to Committees and Others.

Asesiad / Assessment

At the Board Seminar Session held on 12th December 2019, key messages from Wales Audit Office and Healthcare Inspectorate Wales and views of all Board members were shared including the following:

- A need to address a number of weaknesses noted within operational Quality and Safety governance arrangements.
- A need to triangulate and learn from different sources to support organisational learning.
- A need to re-visit the role of the Business Planning & Performance Assurance Committee (BPPAC), recognising in particular the need to strengthen oversight and scrutiny of planning.
- A need for an increased focus on workforce within Committees and the Board, with the Board already recognising the opportunity for BPPAC to take assurance on workforce and OD.
- A need to consider where it would be appropriate for the work of current Sub-Committees to be undertaken by operational or management groups.
- A need to consider the potential for conflicts of interest of those Independent Members who serve on Sub-Committees, and the Committees they report to.
- The importance of driving up the quality and clarity of Board and Committee papers.
- The need to avoid long meeting agendas and to address the current substantial, sometimes duplicated volume of information presented to the Board and its Committees.

Also at the Board Seminar Session held on 12th December 2019, the need was acknowledged to streamline Committee structures and membership in order to free up Executive Directors to deliver and Independent Members to be more visible across the organisation and Appendix 1 identifies the proposed Independent Member membership on the new Committee/Sub-Committee structure. Chairs and Executive Director leads of Committees would be expected to take on a more 'gatekeeping'/disciplined role. The need was also acknowledged to listen and learn more from patient experience, staff voices, concerns and serious incidents.

Following discussion, the following recommendations were made:

- To disestablish the Primary Care Applications Committee (PCAC) recognising that with its current narrow focus limited to considering only Primary Care **contractual** matters on behalf of the Health Board in accordance with the appropriate NHS regulations, it has struggled to maintain a full agenda. This recommendation is also made in light of concerns from Hywel Dda CHC's perspective that due to timing issues, PCAC meetings often only take place after key decisions have been made. It is proposed to transfer the decision-making previously reserved to PCAC to the Board and to update HDdUHB's Scheme of Delegation accordingly.
- To disestablish the University Partnership Board (UPB) as a formal assurance Committee of the Board in light of recent discussions held to consider its effectiveness and whether the current quarterly meeting arrangement represents the best approach in maximising the potential of working with each University partner. In discussion with UPB Members, it has been agreed to replace it with one to one meetings with each University partner, twice a year, with an annual event planned to showcase developments during this period to enhance the profile and support co-operation with all partners. HDdUHB's Scheme of Delegation would need to be updated accordingly.
- To amend the role and remit of the current Business, Planning and Performance Assurance Committee (BPPAC), thereby disestablishing BPPAC in its current format, and re-establishing this as a People, Planning & Performance Assurance Committee. This would mean elevating Planning from a Sub-Committee function of BPPAC, and Workforce & OD from a Sub-Committee function of QSEAC (taking into account the findings of the Structured Assessment 2019), to enable the provision of assurance more directly to the Board. HDdUHB's Scheme of Delegation would need to be updated accordingly.
- To elevate Health & Safety as a function as a formal Committee of the Board, and to establish a Health & Safety Committee (for review in 12 months-time) in light of the fact that BPPAC has been challenged to do this area of work justice within its previous portfolio. To support this change, it is proposed to move the Health & Safety function to the Director of Nursing, Quality and Patient Experience's portfolio, which should serve to increase focus across the Health Board. HDdUHB's Scheme of Delegation would need to be updated accordingly.

In addition, it has also been agreed:

- To consider standing down the joint Committee between HDdUHB and Swansea Bay University Health Board (SBUHB) i.e. Joint Regional Planning & Delivery Committee (JRPDC) to deliver outcomes in a different way given the new confidence in the work to date as expressed by Andrew Goodall, Chief Executive, NHS Wales, subject to formal approval from the Minister for Health and Social Services.
- That reporting arrangements for the Health & Care Strategy delivery programme be amended from the Board to Executive Team, with assurance of delivery on the strategy being a direct report to Board.
- That a new Listening & Learning Sub-Committee be established under the chairmanship of HDdUHB Chair, reporting to QSEAC, to review the intelligence from patient experience, all external reports, concerns, serious incidents, staff feedback and the speaking up safely process which will be introduced in 2020.
- Given its importance to the Health Board, the Research & Development Sub-Committee which previously reported to the UPB, will now report to QSEAC.
- To continue with the arrangement for the Operational, Quality, Safety and Experience Sub-Committee under QSEAC to include acute, community and mental health & LD, with a further review being undertaken in 12 months' time.

- To review and revise the Operational Groups reporting to QSEAC to include:
 - Effective Clinical Practice
 - Strategic Safeguarding
 - Infection Prevention
 - Medicines Management
 with the suggestion that the focus and title of the Operational Groups should be revisited, given that these will assist in driving the strategic focus for the Health Board.
- To hold an Independent Member Seminar to agree on how to increase Independent Members' visibility across the Health Board to consider reverse mentoring, geographical and service alignment .
- For an increased focus on the Welsh language at Board level, with the agenda supporting discussions in Welsh, given that the Health Board has a high population of Welsh speakers including staff and patients.
- For a more streamlined SBAR (covering) template, given the recommendation for succinct reporting.
- That all Committees will have a smaller core membership, with presenters only joining meetings in order to present their individual items.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the revised corporate governance structure (please see Appendix 1) as follows:
 - The disestablishment of the Primary Care Applications Committee
 - The disestablishment of the University Partnership Board as a formal Committee of the Board and to update HDdUHB's Scheme of Delegation accordingly.
 - The disestablishment of the Business Planning and Performance Committee and associated Sub-Committees and to update HDdUHB's Scheme of Delegation accordingly.
 - The establishment of a People, Planning and Performance Committee and associated Sub-Committees and to update HDdUHB's Scheme of Delegation accordingly.
 - The establishment of a Health & Safety Committee and 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.
- **NOTE** 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 Aril 2020.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:

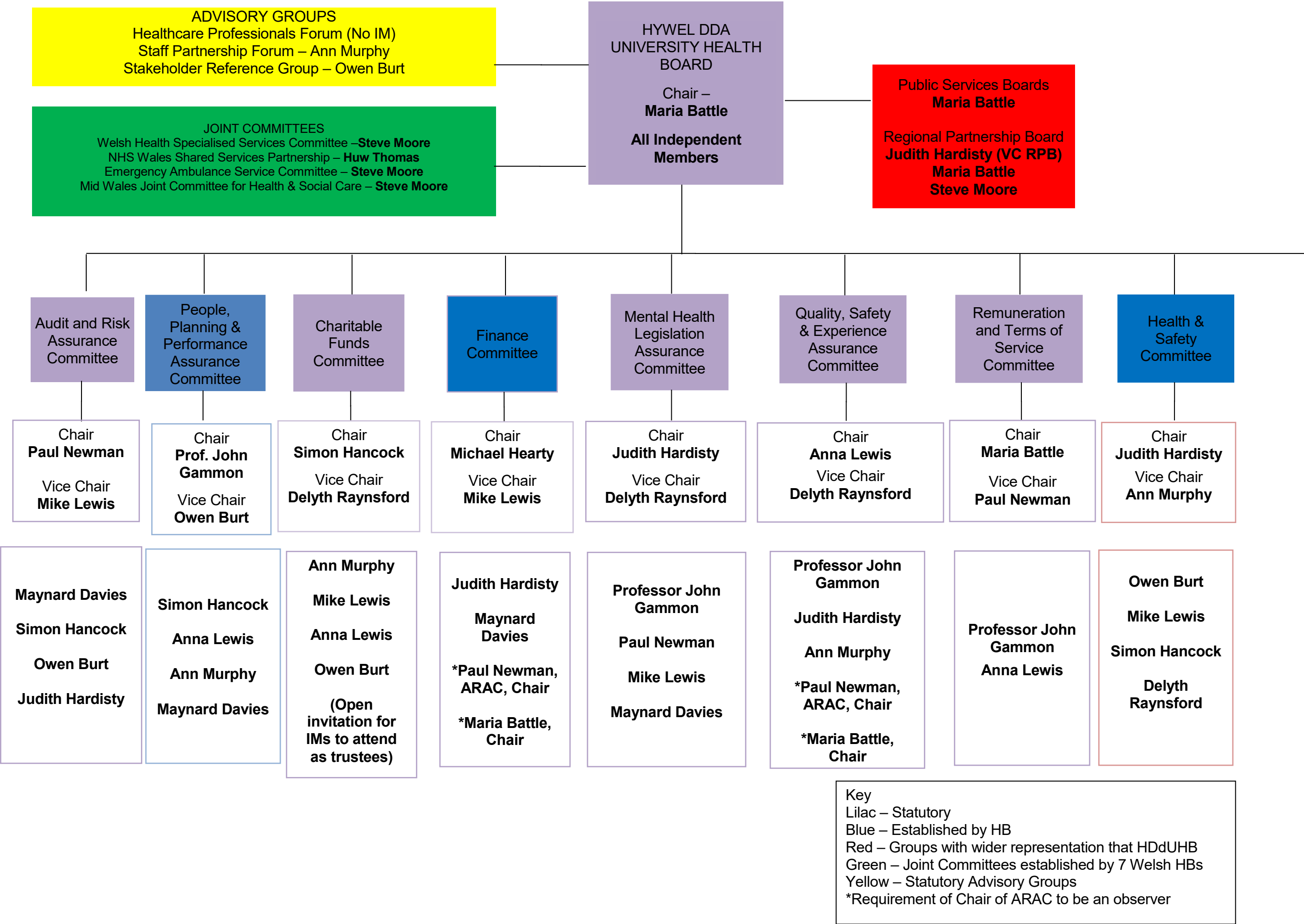
Not Applicable

Datix Risk Register Reference and Score:	
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

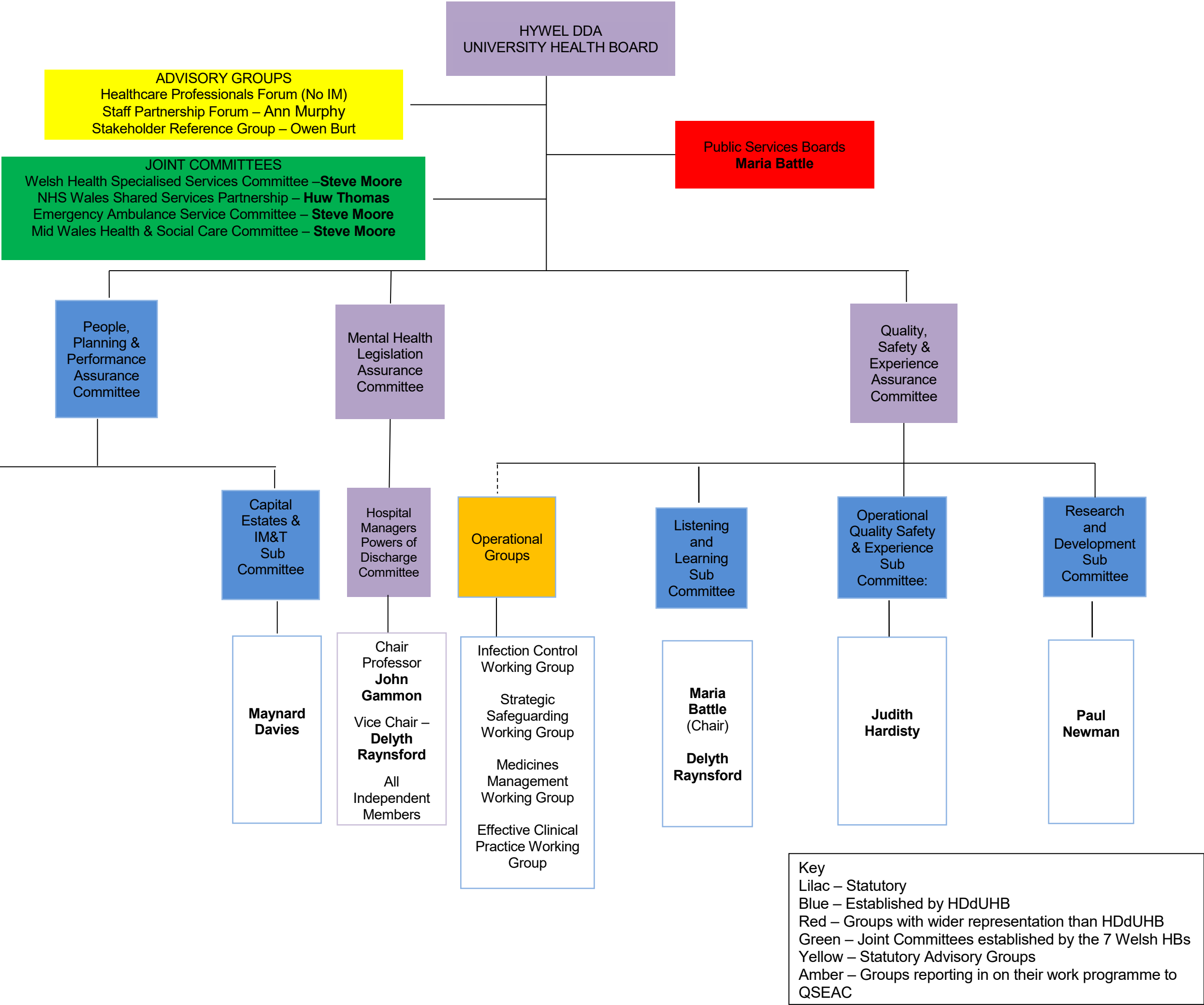
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	HDdUHB Standing Orders
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University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

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

Committee and Sub Committee Structure as of 7th January 2020



Committee and Sub Committee Structure as of 7th January 2020



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 19 th December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor: Key Decisions and Matters Considered by the Committee:	
<p>In accordance with the guidance provided in the NHS Wales Audit Committee Handbook, the Board should look to their Audit Committee to review and report on the relevance and rigour of the governance processes in place and the assurances provided to the Board. Hywel Dda University Health Board's (HDdUHB's) Audit & Risk Assurance Committee's primary role is, as such, to ensure the system of assurance is valid and suitable for the Board's requirements and to support the Board by seeking and providing assurance that controls are in place and are working as designed, and to challenge poor sources of assurance.</p> <p>This report summarises the work of the Audit & Risk Assurance Committee (ARAC) at its meeting held on 19th December 2019, in monitoring, reviewing and reporting to the Board on the processes of governance, and facilitating and supporting the attainment of effective processes. At its meeting on 19th December 2019, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:</p> <ul style="list-style-type: none"> • Matters Arising (Operating Theatres Update (response to WAO & IA reviews)) – ARAC have been regularly monitoring the progress made against the WAO and IA reviews of Operating Theatres since May 2018, with the Committee becoming increasingly concerned regarding the length of time taken to implement two of the internal audit recommendations. An update was provided on the action relating to a review of the arrangements for compensatory rest days in one acute site as current practice contravenes Agenda for Change arrangements, which is subject to HR processes being completed. It was agreed, however, given that the staffing and HR issues have been ongoing for some time, this matter should be formally escalated to Board to highlight the Committee's concerns at the delay in addressing the action and to request the Board direct an appropriate action to ensure this issue is resolved. • Matters Arising (Financial Assurance Report) – Members requested confirmation that installation of the new switchboard system will resolve the issues previously discussed regarding lone workers and compliance with the European Working Time Directive (EWTd). It was agreed a further update would be provided to the February 2019 meeting. • Matters Arising (Radiology Directorate (Reasonable Assurance) Update) – as there is still a need to provide ARAC with assurance regarding this matter, it was agreed that a further update should be provided to the next meeting via the Table of Actions. • Targeted Intervention – the Committee was provided with an update from the Targeted Intervention meetings held with Welsh Government (WG) on 31st October and 18th December 2019. The latter had been the first meeting since the UHB had increased its forecast deficit. WG had expressed disappointment regarding this increase, and a 	

detailed discussion had taken place, with WG encouraging the organisation not to stop progressing efforts on potential opportunities to improve its financial position. WG has not yet indicated whether it will remove the additional £10m allocation, as this was predicated on the UHB achieving a £15m Control Total. No specific concerns had been expressed regarding the UHB's slippage in Referral to Treatment (RTT) performance. It had been suggested, however, that the UHB should not implement short-term measures on RTT to support the financial position.

- **All Wales NHS Audit Committee Chairs' Meeting Update** – the Committee received an update from the All Wales NHS Audit Committee Chairs' Meeting.
- **Financial Assurance Report** – the Committee received the Financial Assurance report. It was suggested that when there are maintenance contracts for equipment which are limited to one provider, an alternative mechanism for approving these should be explored, to remove the need for multiple Single Tender Actions. The increasing costs associated with medical negligence cases remained of concern, with it queried whether the UHB is confident that it is predicting such costs. In response, Members were advised that the number of medical negligence cases is actually reducing, it is the value of claims which is increasing. This is a trend being seen across the UK. The Welsh Risk Pool (WRP) has a committee which oversees medical negligence claims, and Health Boards rely on the WRP for legal risk forecasting. Based on the overspend this year, and the upward trend in costs, a specifically-earmarked additional amount has been allocated to the WRP budget for next year. The Committee approved the losses and debtors write-offs noted within the report.
- **Post Payment Verification Update** –Members heard that the PPV Team has been liaising with both Counter Fraud and Primary Care teams to arrange regular meetings, every six months, to update on progress and discuss outcomes. This is intended to lead to a more coordinated and consolidated response, and provide important opportunities for collaboration and information sharing. It was suggested that there needs to be triangulation of information, to establish whether those practices making errors in claims are also practices experiencing issues in terms of performance, concerns/ complaints, recruitment, etc, as fraud and clinical issues can impact upon each other. The UHB needs to consider how it should place PPV strategically, in order to best provide assurance to ARAC and Board, support the services involved and achieve the triangulation of information mentioned above. The proposed 'shift to the left' will necessitate an enhanced grip on funding issues; it was agreed that this should be highlighted to Board.
- **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. In relation to the Structured Assessment, Members felt this was a fair summary of where the organisation is. It was noted that there are discussions regarding whether the WAO will conduct a Structured Assessment of the UHB next year, or whether there will be a different approach, to allow the UHB to undertake work on quality and safety governance arrangements, following the WAO review on this topic.
- **WAO Review of Primary Care Services in Wales and Local Update** – the Committee received this WAO report, which focuses on the steps being taken by the NHS and Welsh Government to strengthen primary care; together with the pressures on Primary Care

services and the need for change at greater pace and scale to ensure services are fit for the future. An update on progress against the local report published in September 2018, including an updated Management Response, was also presented, although it was highlighted that a number of the recommendations are out with the UHB's control. Members heard that Primary Care has been challenged, rightly, on how it translates Cluster developments into mainstream services. Within HDdUHB, there has been a commitment from the Executive Team to scale up three Cluster projects, subject to satisfactory business cases, and this is welcomed as a positive step. As part of the new GMS contract, there will be a requirement to submit quarterly updates to Board, the first of which is imminent. Plans at WG level to undertake work relating to the Primary Care budget were welcomed. This was considered timely, in view of the expected 'shift to the left', and will assist the UHB in developing services which are fit for purpose. An increase in WG communications with the public around Primary Care would also be welcomed; locally, hospital sites are requesting more central communications and direction for the public regarding, for example, appropriate use of A&E. It was highlighted that the UHB possesses Primary Care Dashboard information, to individual practice level. Members suggested that Primary Care data, unlike that relating to Secondary Care, is not discussed often enough at Committee and Board level. It was agreed that the need to focus more on Primary Care at Board level should be taken forward, with it suggested that this area should have the same emphasis, if not more, than Secondary Care. The current and future reporting arrangements relating to Primary Care would be discussed.

- **Internal Audit (IA) Progress Report** – the Committee reviewed the Internal Audit Progress Report, noting developments since the previous meeting.
- **Internal Audit (IA)** – the Committee reviewed the following IA reports which had achieved substantial and reasonable assurance:
 - Patient Access (Substantial Assurance)
 - Server Virtualisation (Substantial Assurance)
 - Welsh Risk Pool Claims (Substantial Assurance)
 - Financial Safeguarding: Design Team Led CRL Projects (Reasonable Assurance)
 - Electronic Staff Record (Reasonable Assurance)
 - Departmental IT System - Lillie (Sexual Health) (Reasonable Assurance)
- **Consultant & SAS Doctors Job Planning (Limited Assurance)** – the findings of this IA report were discussed at length; with high priorities relating to timeliness of job planning, use of standard UHB job planning template, recording of job plans in ESR, outcomes recording and lack of a plan to achieve 100% compliance. To provide context, it was noted that job planning has been flagged as a challenge for the UHB for some time. Members were reminded that at this point last year, 38% of consultants had an up to date job plan; this figure is currently 61%. The aim is to reach 90% compliance by the end of 2019/20, with several months in which to achieve this. In response to a query regarding the proportion of job plans which are electronic, Members heard that this is still only around 10%. This was acknowledged as an issue, with there not having been as great an uptake of the Allocate (e-Job Planning) training as had been hoped. It was noted, however, that from January 2020 it will be mandatory for all job plans to be electronic. Support is being provided by the Medical Directorate and HR teams in terms of the move to an electronic system, which will create consistency in job plans. Members emphasised the importance of job planning. Noting that there have been a number of previous

discussions on this topic; there was an enquiry regarding how the approach being taken now differs, and what assurances can be provided that it will deliver. Members were reminded that delivery of job planning sits with the operational teams. There are various reasons for challenges in delivery, including conflicting clinical and operational demands. It was suggested that the issue of paper versus electronic job plans is separate. Whilst the aspiration and target is for job plans to be electronic, and the UHB is mandating this from January 2020, the first priority is for doctors to have a job plan in place. A tracker and escalation process has been developed, which will report compliance to the Director of Operations on a weekly basis. The process identifies individual doctors with job plans outstanding, so that this can be followed up directly by managers. Members were reminded that the 'Invest to Save' bid relating to the Allocate system indicated significant efficiencies per year, in return for an investment. Whilst these savings were not expected in the first year, the current percentage of job plans which are electronic will not achieve such expectations. It was noted that savings will primarily be in productivity, although the UHB does also expend significant amounts in certain high cost areas. Whilst there was no specific feedback on the management response, due to ongoing concerns, this was not accepted by the Committee. It was requested that the draft action plan be shared with the Committee and that a further progress update be provided to the next meeting.

- **Financial Safeguarding: Maintenance Team Led Work (Limited Assurance)** – an IA report on this topic was considered by the Committee. Members heard that this audit focused on procurement exercises associated with capital projects which were financed by discretionary funding below £1m, pre-planned maintenance and reactive maintenance programmes. It was acknowledged that, by their very nature, certain of these are urgent/emergency contracts. This exercise is being conducted across a number of Health Boards, with similar outcomes being seen. With larger capital projects, there tend to be stricter controls in place; less so for lower level maintenance work. The Director of Estates, Facilities and Capital Management suggested, however, that the size of project was irrelevant, as the figures involved can still be significant. The issues identified by this audit will only increase due to the wider challenges being experienced in terms of the UHB's estate and its maintenance backlog. There is a need for coordination, and a significant role for maintenance led work. Various steps are being taken to ensure that this situation does not recur. Going forward, procurement processes will be managed by the NWSSP Procurement team, with financial vetting being part of the centralised process. The new Estates Management System will provide more effective recording of maintenance jobs, particularly pre-planned maintenance. In terms of verification of work, there will be a formal sign-off process, including a physical site visit. Due to the concerns raised by ARAC members, it was agreed this matter would be raised to the Board's attention.
- **Quality, Safety & Experience Assurance Committee (QSEAC) Report around the Discharge of their Terms of Reference** – the Committee received a report detailing QSEAC activities during 2018/19. The Committee was assured that QSEAC is operating in accordance with its Terms of Reference and discharging its duties effectively on behalf of the Board.
- **Audit Tracker** – the UHB Central Tracker, which tracks progress against audits and inspections undertaken within the UHB, was presented.

- **Counter Fraud Update** – an update was received, with the team congratulated on the volume of face-to-face Counter Fraud training being provided, particularly as part of the Corporate Induction programme. It was noted, however, that HDdUHB is not performing well in terms of Counter Fraud Awareness E-Learning. This training is not currently mandatory, and it was suggested that this be discussed further with the Director of Workforce & OD.
- **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:

- **Operating Theatres Update (response to WAO & IA reviews)** – the Committee noted that assurance could not be provided that this matter would be resolved and agreed this matter was now outside of the scope of ARAC's role and responsibility. Furthermore, the Committee agreed that this matter would be escalated to the Board due to the length of time this has been ongoing with a request the Board direct action to ensure this matter is resolved at pace.
- With regard to the **WAO Review of Primary Care**, the Committee welcomed the direction of travel toward the 'shift left', increased communications from WG and overall WG messages. The challenge for the UHB is to understand what is being provided for the budget, and a greater focus on Primary Care is required within the Board and Committee structure.
- A Limited Assurance IA report on **Financial Safeguarding: Maintenance Team Led Work** had highlighted a number of serious issues which are in the process of being resolved. The Committee will continue to monitor this area.
- **Consultant and SAS Job Planning**
 - To note discussions on the Limited Assurance IA report on Consultant and SAS Doctor Job Planning;
 - The draft action plan would be circulated;
 - A further progress update would be provided to the next meeting;
 - The management response would not be accepted until the necessary level of assurance had been provided.

Risgiau Allweddol a Materion Pryder:

Key Risks and Issues/Matters of Concern:

- **Radiology Directorate (Reasonable Assurance) Update** – the Committee requested a further update at the next meeting.
- The Committee requested an update in relation to **Switchboard Installation and EWTD Compliance**, to ensure that this issue is now resolved.
- Consideration is required with regards to how **Post Payment Verification (PPV)** is placed within a strategic context;
 - A paper outlining proposals would be presented to the next meeting;
 - PPV and awareness of funding should be highlighted to Board.

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

Adrodd yn y Dyfodol:

Future Reporting:

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

Dyddiad y Cyfarfod Nesaf:

Date of Next Meeting:

25th February 2020



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Auditor General for Wales – Annual Audit Report 2019 and Structured Assessment 2019
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

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 Annual Audit Report, at Appendix 1, to Board Members sets out the key findings from the audit work undertaken at Hywel Dda University Health Board (UHB) by the Wales Audit Office between January 2019 and December 2019. The work undertaken allows the Auditor General for Wales to discharge his responsibilities under the Public Audit (Wales) Act 2004 in respect of the audit of the accounts and the UHB's arrangements to secure efficiency, effectiveness and economy in its use of resources.

The Structured Assessment 2019 report, at Appendix 2, examines the UHB's arrangements that support good governance and the efficient, effective and economic use of resources. Structured Assessment work in 2019 paid particular attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years. The report groups our findings under five themes - Strategic planning; Transformation and organisational structure; performance and turnaround; governance arrangements; and managing the workforce.

Cefndir / Background

The audit work undertaken has focused on strategic priorities in addition to the financial and operational risks facing the UHB which are relevant to the Auditor General's audit responsibilities.

The report on Structured Assessment 2019, which in the main informs the content of the Annual Audit Report, was considered and discussed in depth at the feedback session held on 12th December 2019. The Annual Audit Report now being presented to the Board is therefore reflective of any amendments that were agreed to the Structured Assessment report, and it is concurred that the report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required.

The Audit and Risk Assurance Committee will receive the management response to the Structured Assessment 2019 report at its meeting on 25th February 2020.

Asesiad / Assessment

Annual Audit Report 2019 (Appendix 1)

The overall conclusions from the Annual Audit Report are as follows:

Audit of accountability report and financial statements

- An unqualified opinion on the accuracy and proper preparation of the 2018-19 financial statements of the Health Board;
- No material weaknesses were identified in the Health Board's internal controls relevant to the audit of the accounts;
- Some minor issues were brought to the attention of officers and the Audit Committee;
- A qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board with a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties and its failure to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- The Health Board continues to strengthen governance and management arrangements. It has a clear strategic direction and is developing the infrastructure to support delivery of strategic plans. There are improvements in performance but challenges in relation to finance and unscheduled care remain. Finally, oversight and scrutiny of planning needs clarifying.
- Some positive examples have been identified through performance audit work however there remain a number of opportunities to secure further improvements in relation to clinical coding and quality governance arrangements.
- The Health Board has continued to embed the sustainable development principle and is working with partners on Education Programmes for Patients, although it will need to plan more effectively to achieve the full potential benefits in the long term.

Structured Assessment 2019 (Appendix 2)

The overall conclusion from Structured Assessment was:

'The Health Board continues to strengthen governance and management arrangements. It has a clear strategic direction and is developing the infrastructure to support delivery of strategic plans. There are improvements in performance but challenges in relation to finance and unscheduled care remain. Finally, oversight and scrutiny of planning needs clarifying'.

The reasons for reaching this conclusion are summarised below:

Strategic Planning

WAO considered how the Health Board sets strategic objectives and how well it plans to achieve and monitor these, and also reviewed progress made in addressing previous recommendations in relation to strategic planning. Their conclusion was that *'the Health Board has set a clear strategic direction and is on track to develop its first three-year plan. Arrangements for monitoring delivery of the strategic plan have improved but reporting lines to the Board pose a risk of duplication'.*

- Setting the Strategic Direction – *the Health Board has set a clear and ambitious strategic direction, which is fully supported by key partners but there remain weaknesses in the Regional Partnership Board.*

- Developing strategic plans – *the Health Board has a robust planning process and is on track to develop its first three-year plan.*
- Monitoring delivery of the strategic plan – *the Health Board has further developed its arrangements for monitoring delivery against plan but the reporting arrangement for the new Health and Care Strategy Delivery Group has the potential to duplicate assurance for 2020 onwards.*

Transformation and Organisational Structure

WAO considered the Health Board's arrangements to achieve transformational change and whether supportive organisational structures are in place, and also reviewed progress made in addressing previous recommendations in relation to change management and structures.

In 2019, WAO found that *'the Health Board has established robust arrangements to deliver its strategy, and recent changes are helping to simplify the operational structure. More needs to be done to engage staff in the change agenda and capacity in some corporate functions remains a challenge'*.

- Transformation – *the Health Board has established comprehensive programme management arrangements to deliver transformation, but more needs to be done to engage the wider workforce in the change agenda.*
- Ensuring organisational design supports delivery – *recent changes are helping to simplify the operational structure, although capacity in some corporate functions continues to be a barrier to adopting a business partnering model.*
- Previous Recommendations –
 - R4 (SA2018) - To ensure the delivery of its strategy, the Health Board should seek to resolve the outstanding request for funding from the Welsh Government to support the capacity needed to implement the strategy within the intended timescales - *Not yet complete.*
 - R6 (SA2017) - Following the implementation of the proposed planned changes to the finance department, the Health Board needs to ensure that the structures of the other corporate functions appropriately support and challenge the operational directorates – *Complete.*
 - R7 (SA2017) - The Health Board needs to revisit its operational structure, and the position of primary care and community services in particular, to ensure that it fully supports integrated working and effective management of operational issues – *Complete.*
 - R8 (SA2017) - To show leadership, visibility of the executive directors across the Health Board needs to extend to all directors and consideration needs to be made to holding meetings with operational teams away from the headquarters wherever possible – *Not yet complete.*

Performance and Turnaround

WAO considered the Health Board's current performance, and also considered arrangements for managing performance, including financial grip and control, and progress made against previous recommendations in relation to performance and financial management. WAO found that *'the Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain, and opportunities to extend performance management exist'*.

- Managing the finances
 - Financial performance – *the Health Board's in-year deficit position is reducing year-on-year, partly due to additional Welsh Government funding, but the financial position for 2019-20 still remains challenging.*

- Financial management and controls – *the turnaround process and the new business partnering model are strengthening the Health Board's ability to manage its finances, but a greater understanding of, and response to, underlying cost drivers as well as increased accountability and ownership is needed if it is to move to a break-even position.*
- Financial scrutiny – *there is improving scrutiny through the Finance Committee with an increasing focus on the longer-term.*
- Improving performance
 - Performance against targets – *despite an overall backdrop of improvements, performance has declined in a number of areas during the year with unscheduled care remaining a particular challenge.*
 - Performance management – *performance management reviews continue to evolve but there is scope to apply the review process to corporate directorates.*
- Quality performance – *there are early signs of improvement but there remains a considerable amount of work still to do to improve quality performance.*
- Previous Recommendations
 - R1 (SA2017) - The Health Board needs to improve the identification and design of saving schemes through:
 - a. increasing the use of data and intelligence to identify opportunities for efficiency improvements reflecting them in more meaningful and realistic savings targets for different areas of the business – *Complete.*
 - b. avoiding over-reliance on in-year cost control, accountancy gains and non-recurrent savings – *Complete*
 - c. embedding the 60-day cycle process to identify where longer term and sustainable efficiencies can be achieved through service modernisation, and approaches such as value-based healthcare and productivity improvements – *Complete.*
 - R3 (SA2017) - The Health Board needs to adopt a more proactive approach to learning and sharing good practice about savings and wider financial planning. This should include making more use of initiatives such as the Welsh Government's 'Invest to Save' schemes – *Complete.*
 - R3 (SA2018) - To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to account or performance review meetings with operational teams by:
 - a. reviewing the frequency and timing of these meetings;
 - b. reviewing the location of these meetings, to improve visibility of the executive team; and
 - c. aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully – *Not yet complete.*
 - R5 (SA2018) - To support its longer-term financial position, the Health Board should ensure that the Finance Committee continues to develop its role and to provide increasing scrutiny and challenge on the plans to achieve efficiency savings in the medium to long-term – *Complete.*
 - R10 (SA2017) - The Health Board needs to strengthen its performance management framework at an operational level by:
 - a. ensuring sufficient time is allowed within the bi-monthly performance management reviews to consider all elements of performance, including finance, workforce and delivery against plan;
 - b. ensuring that the process includes wider representation from across the directors;

- c. ensuring that governance approaches at operational and service level are standardised and include a comprehensive review of performance;
- d. expanding the range of performance metrics that are considered at an operational level, particularly in relation to quality and safety;
- e. exposing the operational directorate teams to scrutiny at both the BPPAC and Quality, Safety and Experience Assurance Committee (QSEAC) on areas of underperformance – *Complete*.

Governance

WAO considered the Health Board's governance arrangements, and looked at the way in which the Board and its committees conduct their business, and the extent to which Board structures are supporting good governance. WAO also reviewed the progress made in addressing our previous recommendations relating to the Board. In 2019, WAO found that *'governance arrangements are generally sound with further improvements underway'*.

- Conducting business effectively – *positive changes are being made to enhance Board and committee effectiveness.*
- Managing risks to achieving strategic priorities – *the Health Board continues to have a well-developed Board Assurance Framework and is examining how it can be updated to support the implementation of its strategy.*
- Embedding a sound system of assurance – *many aspects of governance remain robust with plans in place to improve identified areas of weakness.*
- Previous recommendations
 - R1 (SA2018) - To enable Board members to make well-informed decisions and to effectively scrutinise, the Board should agree the level and quality of information that it expects to receive, using the findings from the Board member survey to inform where improvements need to be made – *Complete*.
 - R2 (SA2018) - To improve the effectiveness of committees, the Health Board should consider including time on committee agendas to reflect on the administration and conduct of the meeting, and the quality of information provided for scrutiny and assurance – *Complete*.

Managing Workforce

WAO considered the action that the Health Board is taking to ensure that its workforce is well managed, and also reviewed progress against previous recommendations in relation to organisational development. WAO found that *the Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level.*

- Previous recommendations –
 - R5 (SA2017) - The Health Board needs to progress its work to develop its clinical directors at pace and provide the necessary support to its wider triumvirate teams to develop their management capabilities – *Complete*.

New Recommendations

Three recommendations are contained within the Structured Assessment report 2019. A detailed management response is currently being prepared which will be submitted and discussed at the February 2020 Audit and Risk and Assurance Committee meeting, on behalf of the Board. This will also include the recommendations that WAO had assessed as 'not yet completed' (indicated above).

Argymhelliad / Recommendation

The Board is requested to:

- Support 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 take an assurance 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.
- Accept the recommendations contained within Structured Assessment Report 2019 and request a detailed management response be prepared and submitted to the Audit and Risk Assurance Committee on 25th February 2020.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are 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:	The Annual Audit Report is informed by a number of individual reports issued during the year and Structured Assessment. WAO based structured assessment work on interviews, observations at Board, Committee and Management Groups, together with reviews of relevant documents and performance and finance data.
Rhestr Termiau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board Seminar Session 12 th December 2019

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>No direct impacts however the Annual Audit Report issued a qualified opinion on the regularity of the financial transactions within the Health Board's financial statements and place a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties.</p> <p>The Structured Assessment 2019 report does highlight that the Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain, and opportunities to extend performance management exist'.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts.
Gweithlu: Workforce:	No direct impacts however the Structured Assessment 2019 report found that the Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level.
Risg: Risk:	No direct impacts however the Structured Assessment 2019 did conclude the Health Board continues to have a well-developed Board Assurance Framework and is examining how it can be updated to support the implementation of its strategy.
Cyfreithiol: Legal:	No direct impacts.
Enw Da: Reputational:	The Health Board could suffer reputational damage if it fails to respond appropriately and implement the recommendations within the report.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Annual Audit Report 2019 – **Hywel Dda University Health Board**

Audit year: 2018-19

Date issued: January 2020

Document reference: 1700A2020-21



This document has been prepared as part of work performed in accordance with statutory functions.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

This report was prepared for the Auditor General by Ann-Marie Harkin,
Anne Beegan, Dave Thomas and Jeremy Saunders.

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I have issued an unqualified opinion on the accuracy and proper preparation of the 2018-19 financial statements of the Health Board, although in doing so, I have brought some minor issues to the attention of officers and the Audit Committee 6

I have issued a qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board and placed a substantive report alongside my opinion to highlight its failure to meet its statutory financial duties 7

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Governance arrangements are generally sound with further improvements underway 8

The Health Board has set a clear strategic direction and is on track to develop its first three-year plan. Arrangements for monitoring delivery of the strategic plan have improved but reporting lines to the Board pose a risk of duplication 10

The Health Board has established robust arrangements to deliver its strategy, and recent changes are helping to simplify the operational structure. More needs to be done to engage staff in the change agenda, and capacity in some corporate functions remains a challenge 10

The Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain, and opportunities to extend performance management exist 11

The Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level 12

The Health Board has continued to embed the sustainable development principle and is working with partners on Education Programmes for Patients, although it will need to plan more effectively to achieve the full potential benefits in the long term 12

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Summary report

About this report

- 1 This report summarises the findings from the audit work I have undertaken at Hywel Dda University Health Board (the Health Board) during 2019. I did that work to carry out my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - a) examine and certify the financial statements submitted to me by the Health Board, and to lay them before the National Assembly;
 - b) satisfy myself that the expenditure and income to which the financial statements relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
 - c) satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I have reported my findings in key messages under the following headings:
 - Audit of accountability report and financial statements; and
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources.
- 3 I have issued several reports to the Health Board this year. This annual audit report is a summary of the issues presented in these more detailed reports, a list of which is included in [Appendix 1](#).
- 4 [Appendix 2](#) presents the latest estimate on the audit fee that I will need to charge to cover the actual costs of undertaking my work at the Health Board, alongside the original fee that was set out in the 2019 Audit Plan.
- 5 [Appendix 3](#) sets out the financial audit risks highlighted in my 2019 Audit Plan and how they were addressed through the audit.
- 6 The Chief Executive, Board Secretary and the Executive Director of Finance have agreed this report is factually accurate. We will present it to the Board on 30 January 2020. We strongly encourage the Health Board to arrange wider publication of this report. We will make the report available to the public on the [Wales Audit Office website](#) after the Board have considered it.
- 7 I would like to thank the Health Board's staff and members for their help and co-operation during the audit work my team has undertaken over the last 12 months.

Key messages

Audit of accountability report and financial statements

- 8 I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation.
- 9 However, in issuing this unqualified opinion, I have brought some minor issues to the attention of officers and the Audit Committee.
- 10 The Health Board did not achieve financial balance for the three-year period ending 31 March 2019 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2018-19 accounts.
- 11 Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight its failure to achieve financial balance and also its failure to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 12 My programme of performance audit work at the Health Board has led me to draw the following conclusions:
 - The Health Board continues to strengthen governance and management arrangements. It has a clear strategic direction and is developing the infrastructure to support delivery of strategic plans. There are improvements in performance but challenges in relation to finance and unscheduled care remain. Finally, oversight and scrutiny of planning needs clarifying.
 - My performance audit work has identified some positive examples but there remain a number of opportunities to secure further improvements in relation to clinical coding and quality governance arrangements.
 - The Health Board has continued to embed the sustainable development principle and is working with partners on Education Programmes for Patients, although it will need to plan more effectively to achieve the full potential benefits in the long term.
- 13 These findings are considered further in the following sections.

Detailed report

Audit of accountability report and financial statements

- 14 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2018-19. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating appropriate stewardship of public money.
- 15 My responsibilities in auditing the Health Board's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the Wales Audit Office website.

I have issued an unqualified opinion on the accuracy and proper preparation of the 2018-19 financial statements of the Health Board, although in doing so, I have brought some minor issues to the attention of officers and the Audit Committee

I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts.

- 16 We received information in a timely and helpful manner and were not restricted in our work. Indeed, remote read-only access to the Health Board's ledger reporting tool and working papers improved the efficiency of our audit work. The deadlines for submission of the financial statements are challenging and we would like to commend the Health Board's Finance team for the timing and quality of the account's preparation work. The constructive but independent working relationships with the Executive Director of Finance and his new team have developed quickly.
- 17 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit Committee on 29 May 2019. [Exhibit 1](#) summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	None

Issue	Auditors' comments
Corrected misstatements	The amendments to the financial statements were minor by nature and there was no impact on the Health Board's net expenditure
Other significant issues	None

- 18 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the financial position of the Health Board at 31 March 2019 and the return was prepared in accordance with the Treasury's instructions.
- 19 My separate audit of the charitable funds financial statements is complete, and I issued an unqualified opinion on 31 October 2019. There were no significant issues reported to trustees.

I have issued a qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board, and placed a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties

The Health Board did not achieve financial balance for the three-year period ending 31 March 2019 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2018-19 accounts.

- 20 The Health Board's financial transactions must be in accordance with authorities that govern them. It must have the powers to receive the income and incur the expenditure that it has. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 21 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. At the end of 2018-19, the Health Board reported a financial deficit of £35.4 million, against an agreed deficit total of £35.5 million, the first year that the Health Board has maintained expenditure within this total. However, its cumulative three-year deficit stood at £154.5 million at the end of March 2019. For 2019-20, the Welsh Government has provided some conditional additional funding of £10 million and set a control total of £15 million. However, the condition was that the Health Board kept its spending within this control total. At month seven the Health Board forecast that it would not meet its agreed deficit control total.

Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight its failure to achieve financial balance and also its failure to have an approved three-year plan in place.

- 22 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details: it failed its duty to achieve financial balance (as set out in paragraph 21) and it does not have an approved three-year plan in place, and it is working to an annual plan.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 23 I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use of their resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's arrangements for overall governance, strategic planning, transformational change, managing finance and performance, and managing workforce; and
 - specific use of resources work on clinical coding and operational quality and safety arrangements.
- 24 In addition, in order to discharge my responsibilities under the Well-being of Future Generations Act 2015, I have undertaken work to review the Health Board's arrangements for implementing the Act
- 25 My conclusions based on this work are set out below.

Governance arrangements are generally sound with further improvements underway

- 26 My structured assessment work examined the Health Board's governance arrangements, the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities.
- 27 My work found that positive changes are being made to enhance Board and committee effectiveness, and many aspects of governance remain robust with plans in place to improve identified areas of weakness. A well-developed Board Assurance Framework is in place, and the Health Board is currently examining how it can be updated to support the implementation of its strategy.

- 28 The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments. In January 2019, the Health Board received 5,103 data-matches through the NFI web application, of which 504 were higher risk and recommended for review. As at October 2019, the Health Board had made good progress in reviewing most of the high-risk payroll and procurement matches with enquiries ongoing in a small number of cases. Creditor payment matches had not been reviewed. The Health Board has since been working with NHS Shared Services and these matches have now been reviewed.
- 29 My work also found that there continues to be a robust process for tracking recommendations by all regulators and holding officers to account where outstanding recommendations remain. Other NHS bodies are looking at the Health Board's tracking arrangements as good practice. Overall, the Health Board has made good progress in addressing previous structured assessment recommendations.

The Health Board has set a clear strategic direction and is on track to develop its first three-year plan. Arrangements for monitoring delivery of the strategic plan have improved but reporting lines to the Board pose a risk of duplication

- 30 My structured assessment work examined how the Board engages partners and sets the strategic direction for the organisation. I also assessed how well the Health Board plans the delivery of its objectives and how it monitors progress in delivering the plans.
- 31 My work found that the Health Board has set a clear and ambitious strategic direction, which is fully supported by key partners but there remain weaknesses in governance arrangements surrounding the Regional Partnership Board which need to be addressed. Although working to an annual plan, the Health Board has a robust planning process in place and is on track to develop its first three-year plan. The arrangements for monitoring delivery against plan have been further developed but the reporting arrangement for the Health and Care Strategy Delivery Group has the potential to duplicate assurance for 2020 onwards.

The Health Board has established robust arrangements to deliver its strategy, and recent changes are helping to simplify the operational structure. More needs to be done to engage staff in the change agenda, and capacity in some corporate functions remains a challenge

- 32 My structured assessment work examined the Health Board's arrangements to achieve transformational change and whether supportive organisational structures are in place.

- 33 My work found that the Health Board has established comprehensive programme management arrangements to deliver transformation through the establishment of three change programmes, and a supporting Strategic Enabler Group. Positive clinical engagement has continued into the delivery phase of the health and care strategy, but more needs to be done to engage the wider workforce in the change agenda.
- 34 Recent changes are helping to simplify the operational structure, with a number of directorates increasingly working together. Corporate structures remain largely unchanged, although the business partnering model has now been fully embedded into the finance function. Capacity in some corporate functions however continues to be a barrier to adopting a business partnering model more broadly.

The Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain, and opportunities to extend performance management exist

- 35 My structured assessment work considered the Health Board's current performance. I also considered arrangements for managing performance, including financial grip and control.
- 36 My work found that the Health Board's in-year deficit position is reducing year-on-year, partly due to additional Welsh Government funding in recognition of the Health Board's demographic and rurality challenges, but the financial position for 2019-20 still remains challenging. The turnaround process and the new business partnering model are strengthening the Health Board's ability to manage its finances, along with an increasing focus on the longer-term by the Finance Committee. However, a greater understanding of, and response to, underlying cost drivers as well as increased accountability and ownership is needed if the Health Board is to move to a break-even position.
- 37 In relation to service performance, despite an overall backdrop of improvements, performance has declined in a number of areas during the year with unscheduled care remaining a particular challenge. There are early signs of improvement in quality performance in relation to response times to concerns, never events and mortality rates but there remains a considerable amount of work still to do particularly in relation to healthcare acquired infection rates. Performance management reviews continue to evolve but there is scope to apply the review process to corporate directorates.

The Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level

- 38 My structured assessment work examined the actions that the Health Board is taking to ensure that its workforce is well managed. I also assessed arrangements for addressing training and development needs and action to engage and listen to staff and address wellbeing needs.
- 39 My work found that the Health Board's performance on some key workforce measures compares better than the Wales average, with a number of the measures some of the best in Wales. Gaps in staffing levels however has meant a continued reliance on the use of temporary staff and despite overall positive workforce performance, learning and development remains a challenge.
- 40 The Health Board continues to implement a substantive programme of organisational development work at all levels of staff, and steps are being taken to establish a 'speaking up' process. Workforce is not a key feature of Board and committees but as part of changes to committee effectiveness, the focus on workforce is being increased.

The Health Board has continued to embed the sustainable development principle and is working with partners on Education Programmes for Patients, although it will need to plan more effectively to achieve the full potential benefits in the long term

- 41 I reviewed the extent to which the Health Board is applying the sustainable development (SD) principle and the five ways of working in order to do things differently. My work considered how the SD principle is being embedded in core arrangements and included examination of a step being taken by the Health Board to meet one of its wellbeing objectives. The step reviewed was the Education Programmes for Patients (EPP) and the contribution they make to improved population health and wellbeing.
- 42 My review found that the Health Board has made further progress in ensuring that its corporate approach reflects the need for SD in a challenging financial environment. The Health Board, together with its partners, is setting the foundations of an approach which will enable them to do things differently and together. The approach recognises the need for collective long-term thinking. Core arrangements and processes are evolving to reflect the need for a sustainable approach to all aspects of service provision. The Health Board is making progress in developing its approach to ensuring the effective involvement of citizens and stakeholders.

- 43 More specifically, my work found that the Health Board will need to plan the EPP more effectively to ensure it delivers long-term outcomes. The EPP places prevention at the heart of its approach to improving individual and population health. The EPP is planned on a multi-agency basis to deliver health and social care objectives but there are opportunities to widen the programme to include other services and increase its impact. Staff and volunteers collaborate on the provision of EPP courses but there is scope to widen collaboration. Patients are involved in the design and delivery of courses, and staff want to increase the involvement of young people and those in employment.

My performance audit work has identified some positive examples but there remain a number of opportunities to secure further improvements in relation to clinical coding and quality governance arrangements

Clinical coding continues to be a low priority for the Health Board and non-compliance with the completeness target is impacting on overall improvement in accuracy and staff morale. The use of coding data as business intelligence remains underdeveloped and there is still considerable room for progress against our previous recommendations

- 44 My review found that the proportion of episodes coded within a month of completion is below target and there is evidence that pressure to clear the backlog is affecting overall improvement in accuracy and reducing staff morale within the department.
- 45 Despite widespread awareness of the issues associated with clinical coding performance, it is still a low priority and the use of coded data for business intelligence remains under-developed. The Health Board has also made limited progress against previous audit recommendations and several issues require considerable attention

The Health Board now has some good quality and safety arrangements at a directorate level, supported by developing corporate arrangements but these are not yet consistent, and the flow of assurance from directorates to the Board is not as effective as it could be

- 46 My work identified that quality governance arrangements within some directorates are good, but they are not sufficiently consistent across the organisation. Corporate arrangements are developing but capacity within the clinical audit and patient experience teams is an issue and shared learning is not as prominent as it could be.
- 47 The Operational Quality, Safety and Experience Sub-committee is evolving with scope to take greater assurance from directorates and to focus more on key risks, but attendance is problematic. The functioning of Quality, Safety and Experience

Assurance Committee is improving but work is needed to address attendance at two of its other sub-committees and improve the quality of papers.

- 48 I shall be undertaking further work on quality governance in the Health Board during 2020, as part of my wider work across Wales on this important topic.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

Report	Date
Financial audit reports	
Audit of Financial Statements Report	May 2019
Opinion on the Financial Statements	June 2019
Audit of Charitable Funds Financial Statements Report	September 2019
Opinion on Charitable Funds Financial Statements	October 2019
Performance audit reports	
Clinical Coding	July 2019
Operational Quality and Safety Arrangements	July 2019
Well Being of Future Generations	October 2019
Structured Assessment 2019	November 2019
Other	
2019 Audit Plan	January 2019

Exhibit 3: performance audit work still underway

Report	Estimated completion date
Orthopaedics	February 2020
Quality Governance arrangements	June 2020
Review of the sustainable use of RTT monies (tbc)	June 2020

Appendix 2

Audit fee

The 2019 Audit Plan set out the proposed audit fee of £391,355 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is £370,512. The decrease is due to efficiencies in the financial audit and a refund of £20,843 will be made shortly.

Appendix 3

Financial audit risks

My 2019 Audit Plan set out the financial audit risks for the audit of the 2018-19 financial statements. **Exhibit 4** lists these risks and sets out how they were addressed as part of the audit.

Exhibit 4: financial audit risks

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33]	My audit team will: <ul style="list-style-type: none"> test the appropriateness of journal entries and other adjustments made in preparing the financial statements; review accounting estimates for biases; and evaluate the rationale for any significant transactions outside the normal course of business. 	My audit team: <ul style="list-style-type: none"> tested the material journal entries and no unusual items were identified; reviewed accounting estimates for biases; and evaluated the rationale for any significant transactions outside the normal course of business
The Health Board is unlikely to meet its first financial duty to break even over a three-year period. The position at month 7 shows a year-to-date deficit of £21.6 million and a forecast year-end deficit of £35.5 million. This combined with the outturns for 2016-17 and 2017-18, predicts a three-year deficit of £154.2 million. The current financial pressures on the Health Board increase the risk that management judgements and estimates could be biased in an effort to achieve the predicted out-turn.	Where the Health Board fails this financial duty, I will place a substantive report on the financial statements highlighting the failure. My audit team will focus its testing on areas of the financial statements which could contain reporting bias.	My audit team reviewed material accounting estimates and all were assessed as reasonable
There have been fundamental changes at a Senior Level to the key contacts/personnel within the Finance Department during 2018. The need for	My audit team will work with, and support where possible, the newly appointed members of the team. My audit team will	My audit team worked closely with the newly established finance team and the audit was concluded satisfactorily.

Audit risk	Proposed audit response	Work done and outcome
<p>changes within the finance team at the Health Board have been reported by WAO previously. The appointment of new staff allows the Health Board to benefit from experience from other organisations, both within and outside the NHS. However, the introduction of significant change in staffing does bring a risk that specific local NHS knowledge and experience is eroded.</p>	<p>assess the likely impact of these changes throughout the audit and respond to any identified risks of material misstatement should they arise.</p>	

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Structured Assessment 2019 – **Hywel Dda University Health Board**

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The team who delivered the work comprised Anne Beegan, Leanne Malough and Philip Jones, under the direction of Dave Thomas.

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Transformation and organisational structure: The Health Board has established robust arrangements to deliver its strategy, and recent changes are helping to simplify the operational structure. More needs to be done to engage staff in the change agenda and capacity in some corporate functions remains a challenge 10

Performance and turnaround: The Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain and opportunities to extend performance management exist 13

Governance: Governance arrangements are generally sound with further improvements underway. 19

Managing the workforce: The Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level 23

Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2019 structured assessment work at Hywel Dda University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 Our 2019 structured assessment work has included interviews with officers and Independent Members (IMs), observations at Board, committee and management meetings and reviews of relevant documents, performance and financial data.
- 3 The key focus of structured assessment is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. This year, auditors paid critical attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years. The report groups our findings under five themes:
 - Strategic planning;
 - Transformation and organisational structure;
 - Performance and turnaround;
 - Governance arrangements; and
 - Managing the workforce.

Background

- 4 The Health Board remains in targeted intervention under the NHS Wales Escalation and Intervention Framework. The key reasons for intervention remain the Health Board's financial position and its ability to meet the requirements of an approvable Integrated Medium-Term Plan (IMTP).
- 5 At the end of 2018-19, the Health Board reported an in-year financial deficit of £35.4 million. This was within an agreed deficit total following an additional recurring £27 million from Welsh Government in recognition of the Health Board's demographic and rurality challenges. The cumulative three-year deficit stood at £154.4 million at the end of March 2019.
- 6 In November 2018, the Health Board approved its 10-year Health and Care Strategy '[A Healthier Mid and West Wales: Our Future Generations Living Well](#)' (the strategy), underpinned by its 20-year population health vision. Despite initial intentions to submit a three-year plan for 2019-22, overly ambitious timescales and advice from the Welsh Government resulted in the Health Board subsequently submitting an approvable annual plan for 2019-20.
- 7 By the end of 2018-19, the Health Board did not meet key waiting time targets for A&E and ambulance handovers, although performance was comparable with the

rest of Wales. It did achieve waiting time targets for therapy and diagnostic services (the best performance in Wales), and referral to treatment targets for 36-week breaches. It fell short of the target for 26-week waits but performance was significantly improved compared to previous years. Cancer and stroke performance continued to be amongst the best in Wales, except for waiting times for urgent suspected cancer. Healthcare acquired infection targets were still not being met but there were signs of improvement.

- 8 During the last twelve months, there has been some changes at Board level both in respect of executive directors and Independent Members (IMs):
- In February 2019, the Health Board's Chair stood down. Interim arrangements were put in place until the newly appointed Chair took up post in August 2019.
 - The interim Executive Director of Finance was appointed into the role in December 2018 for a fixed-term period of two years,
 - One IM stood down in July 2019 leaving a gap in trade union representation which is yet to be filled. The term of two further IMs were extended for a year as was the term of the Associate Board Member appointed to chair the Finance Committee.
 - In December 2019, the Turnaround Director took up post as the new Executive Director of Operations following the departure of the previous postholder.
- 9 Our 2018 work acknowledged that *the Health Board was continuing to strengthen governance and management arrangements, but there was recognition that there remained some weaknesses in quality and safety governance arrangements. It also acknowledged that more needed to be done to streamline the organisational structure to support implementation of the new strategy, and the efficiency of both resources and assets in the short to medium-term.*
- 10 As this report provides a commentary on key aspects of progress and issues arising since our last structured assessment, it should be read with consideration to our [Structured Assessment 2018 report](#).

Main conclusions

- 11 Our overall conclusion from 2019 structured assessment work is that **the Health Board continues to strengthen governance and management arrangements. It has a clear strategic direction and is developing the infrastructure to support delivery of strategic plans. There are improvements in performance but challenges in relation to finance and unscheduled care remain. Finally, oversight and scrutiny of planning needs clarifying.**
- 12 The Health Board has set a clear strategic direction and is on track to develop its first three-year plan. Arrangements for monitoring delivery of the strategic plan have improved but reporting lines to the Board pose a risk of duplication.

- 13 The Health Board has established robust arrangements to deliver its strategy, and recent changes are helping to simplify the operational structure. More needs to be done to engage staff in the change agenda, and capacity in some corporate functions remains a challenge.
- 14 The Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain, and opportunities to extend performance management exist.
- 15 Governance arrangements are generally sound with further improvements underway.
- 16 The Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level.
- 17 We consider our findings in more detail in the following sections.

Recommendations

- 18 **Exhibit 1** details recommendations arising from this work. The Health Board's management response to these recommendations and our final report will be available on our website once considered by the relevant committee. The Health Board will also need to address the outstanding recommendations made in previous years.

Exhibit 1: 2019 recommendations

Recommendations	
Monitoring delivery of plans	
R1	We found scope to reduce potential duplication of assurance between the Business Planning and Performance Assurance Committee (BPPAC) with the Health and Care Strategy Delivery Group (HCSDG). The Health Board should clarify the reporting lines of the Health and Care Strategy Delivery Group to ensure that the risk of duplication of assurance is mitigated.
Performance management reviews	
R2	We found that the Executive Performance Reviews (EPRs) do not apply to corporate directorates, with the exception of Estates. The Health Board should apply EPRs to corporate directorates not already covered within the process.
Staff engagement	
R3	We found that there is scope to empower the wider workforce to contribute to the transformational change agenda. The Health Board should implement practical solutions to engage the wider workforce in the change programme, for example by identifying change champions within individual services.

Detailed report

Strategic planning

- 19 We considered how the Health Board sets strategic objectives and how well it plans to achieve and monitor these. We also reviewed progress made in addressing our previous recommendations in relation to strategic planning.
- 20 We found that **the Health Board has set a clear strategic direction and is on track to develop its first three-year plan. Arrangements for monitoring delivery of the strategic plan have improved but reporting lines to the Board pose a risk of duplication.**

Setting the strategic direction

The Health Board has set a clear and ambitious strategic direction, which is fully supported by key partners but there remain weaknesses in the Regional Partnership Board

- 21 In our 2018 structured assessment work, we commended the Health Board for its engagement and ambitious approach to longer-term strategic planning. The approval of its strategy in November 2018 was the culmination of work over 18-months through the Transforming Clinical Services programme.
- 22 The strategy establishes a 10-year clinical strategy for the Health Board and a 20-year vision for population health. In March 2019, the Board approved a 'Scoping, Governance and Delivery Document'. This document signalled the end of the development phase and enabled the Transformation Programme to develop the detail underpinning the strategy and to move to the 'Delivery' phase¹.
- 23 The Regional Partnership Board (RPB) is a key vehicle for the delivery of the strategy and our work would indicate key partners are clearly on board with the strategic direction. This is reflected by the successful approval of its bid for Transformation Funding, totalling £11.9 million, which will enable strategy delivery in its early years. Our 2018-19 work on the [Integrated Care Fund](#) however identified weaknesses in governance arrangements surrounding RPBs, including the West Wales RPB², which need to be addressed. Since our previous work, a new Integrated Executive Group (IEG) has been established underneath the RPB, which aims to bring together key officers from the statutory organisations. This amendment to the RPB structure is a positive step to ensuring that the strategic vision is embedded into routine decision-making and operational leadership of health and social care across Mid and West Wales, however membership does not include the directors of planning and finance. A new Regional Leadership Group (RLG) to provide overall strategic direction, comprising the chief executives, the Health Board Chair and local authority cabinet members was also due to be established but this has not yet been set up.
- 24 The Health Board has maintained strong partnership working with its neighbouring health boards through the joint regional planning arrangements with Swansea Bay University Health Board, and its leadership of the Mid Wales Health and Social Care Committee with Powys Teaching and Betsi Cadwaladr University Health Boards.

¹ In 2017, the Health Board commenced its 'Transforming Clinical Services' programme. The programme is based on three distinct phases – Discover, Design and Deliver.

² The West Wales RPB is referred to as the West Wales Care Partnership Board

- 25 Strong partnership working with its Public Service Boards continues. Our recent local work on the Wellbeing of Future Generations (Wales) Act 2015 identified that the Health Board is increasingly working with partners to take a sustainable whole-system approach to service provision in line with the Act. The Health Board's major strategic shift towards an approach based around population health has clearly been developed with reference to the Act.

Developing strategic plans

The Health Board has a robust planning process and is on track to develop its first three-year plan

- 26 Following the Board's approval of the strategy, the Health Board had ambitions to submit a three-year plan for 2019-22. A series of check and challenge meetings with directorates were put in place to develop the first three-years of the 10-year clinical strategy within the context of the 20-year population health vision.
- 27 Our 2018 work recognised the robust process that the Health Board was putting in place but identified a need to develop joined-up planning arrangements to ensure individual directorate plans were co-ordinated. Given time pressures, and recognition that the three-year plan would not include a balanced financial plan, a key requirement of IMTP approval, the Welsh Government subsequently advised the Health Board to submit an annual plan.
- 28 In undertaking the check and challenge process, the Health Board has developed a comprehensive set of underpinning plans. The Welsh Government regarded plans for the county directorates in particular as good, recognising that the ability of the Health Board to deliver its strategy will be reliant on an increased emphasis on primary and community services.
- 29 The basis of these plans has subsequently been absorbed into the Transformation Programme. The work programmes supporting the Transformation Programme (discussed later in this report) will, and have already started to, develop the detailed plans that need to underpin the strategy. The Health Board now has a clear ambition to develop a three-year plan for the period 2020-23 using the work of the Transformation Programme, and broader operational plans. The three-year plan will follow the principles of the recently issued [NHS guidance](#). As it is unlikely to include a balanced financial plan, the first year of the three-year plan will be used to form the annual plan required by the Welsh Government.
- 30 The Chief Executive is currently considering the suggestions by Welsh Government to establish an external advisory group to support the delivery of the strategy. The objectivity that could be provided by such a group could be highly beneficial, particularly given the ground-breaking nature of the strategy.
- 31 Alongside the Transformation Programme, the Health Board has developed a regional clinical services plan with Swansea Bay University Health Board. It has also contributed to the development of the plans supporting the Mid Wales Health and Social Care Committee. These plans all align with the Health Board's strategy.
- 32 The central planning team support the development of all of the Health Board plans, but capacity of this team is limited. The team have identified that they are unable to support the directorates as much as they would like but do provide high-level support through the continued check and challenge meetings. Overall, the planning process is robust, but it is reliant on an early start to be effective. To operationalise the strategy, the Chief Executive recently set personal objectives for every director.

These include 'must do's' and contribution to team goals for the period 2020-23. Awareness of these objectives has delayed the planning process slightly as these objectives provide the framework for the plan. Overall the Health Board is on track to meet the Welsh Government timescales.

Monitoring delivery of the strategic plan

The Health Board has further developed its arrangements for monitoring delivery against plan but the reporting arrangement for the new Health and Care Strategy Delivery Group has the potential to duplicate assurance for 2020 onwards

- 33 Last year we identified that the arrangements for monitoring delivery against plan could be strengthened. At the time, the Integrated Planning Assurance Report (IPLAR) was being developed to provide the Board with greater awareness of progress.
- 34 The IPLAR is now in use and is focusing attention on monitoring plan development for the following year. The IPLAR provides a detailed breakdown of the work done to date to get the underpinning plans in place and provides assurance to the BPPAC and the Board on its ability to meet the Welsh Government timescales.
- 35 The Business Planning and Performance Assurance Committee (BPPAC) monitors delivery of the Health Board's current plan, through the Planning Sub-Committee, which was established in 2017. A quarterly update report, using RAG ratings, highlights progress on each of the supporting action plans. Since our previous work, progress against plan is now included in the directorates' quarterly EPRs using a RAG rating system to assess progress against actions. Feedback from the Health Board has identified that this has been a useful addition to the EPRs.
- 36 Following the approval of the strategy, the HCSDG was established. Chaired by the Chief Executive, this group meeting replaces the Executive Team meetings on an eight-week cycle. Membership consists of the Executive Team, the Strategic Programme Director, Directors of Social Services and the Chief Executive of Ceredigion Association of Voluntary Services. Its principle duties include monitoring strategy delivery and providing assurance to Board on overall progress, and progress against individual implementation plans. It also monitors and manages actions and is responsible for ensuring that the work of the Transformation Programme is delivered.
- 37 The HCSDG reports formally to the Board, which has the potential to duplicate assurances provided by BPPAC and the Planning Sub-Committee with regard to monitoring delivering of the strategy, noting the HCSDG focus in on delivery rather than assurance. The HCSDG has been established to maintain the focus and momentum needed to deliver the strategy. It is an operational group with no IMs included within the membership, although IMs do attend some of its working groups. Given the ambition set out in the strategy, it is understandable that the Board needs to be fully sighted of progress but reporting lines need to be considered within the context of its committee structures, and in particular BPPAC. It also needs to be considered alongside how and where the three-year plan for 2020 onwards will be monitored given that the detail of the three-year plan should also focus on delivering the strategy (see paragraph 92).

Transformation and organisational structure

- 38 We considered the Health Board's arrangements to achieve transformational change and whether supportive organisational structures are in place. We also reviewed progress made in addressing previous recommendations in relation to change management and structures.
- 39 In 2019, we found that **the Health Board has established robust arrangements to deliver its strategy, and recent changes are helping to simplify the operational structure. More needs to be done to engage staff in the change agenda and capacity in some corporate functions remains a challenge.**

Transformation

The Health Board has established comprehensive programme management arrangements to deliver transformation, but more needs to be done to engage the wider workforce in the change agenda

- 40 Last year we reported that the Health Board's capacity to deliver significant change was a challenge. At that time, the Health Board was awaiting a decision from the Welsh Government on a funding request to support additional change management capacity.
- 41 The funding request was based on mapping work to understand the resource implications of the change programmes needed to deliver the strategy. It covered all programmes and project plans categorising them as 'business as usual' activity; productivity and turnaround-related activity; or strategic implementation activity. This enabled the executive team to define the capacity and capability needed for the required work. The Health Board's request for additional resources was partly granted in December 2018, with the receipt of £1.5 million to cover costs incurred during 2018-19. Recurring funding for 2019-20 onwards has not yet been agreed.
- 42 Following Board approval to move to the 'Deliver' phase in March 2019, comprehensive programme management arrangements were established to deliver three change programmes. Reporting to the HCSDG, the three change programmes, each with a supporting transformation group, are:
- Transforming Communities;
 - Transforming Hospitals; and
 - Transforming Mental Health and Learning Disabilities.
- 43 The Executive Medical Director and Director of Health and Care Strategy is the Senior Responsible Office for the Transformation Programme. There is a nominated director for each of the transformation groups with membership including other directors, representatives from relevant directorate teams, including clinical directors and leads, and other staff co-opted as appropriate. The Health Board worked hard to achieve effective clinical engagement during the 'Develop' phase of its strategy, which we reflected in our 2018 structured assessment work. This engagement helped ensure successful development of a strategic approach supported by staff, the community, and other stakeholders. It is positive to see that clinical engagement, particularly with medical staff, is continuing into the delivery phase, as well as ongoing focused engagement with local communities directly impacted by service changes. Using the additional funds available, the TPO has recruited a lead nurse and therapist to support the overall programme, further helping to ensure that clinical engagement continues to be led by clinicians.

- 44 A Strategic Enabling Group (SEG) has also been established to provide direction, co-ordination and oversight in relation to a range of enabler functions. This includes workforce and organisational development, capital and estates, finance and procurement, modelling and informatics, partnerships and commissioning, value-based health care, and digital. Members of the SEG are also represented on the three transformation groups.
- 45 The TPO has a role to play in working with other corporate directorates to drive forward the delivery of the strategy as part of mainstream operational activities. As well as the clinical leads, the TPO has also been recruiting additional staff to ensure that it has the capacity and capability to provide the necessary programme management support. It is also seeking to work as a virtual team with the West Wales Regional Collaboration Unit (RCU) that supports the RPB, recognising the key role that the RPB has to play in supporting implementation, and the resources available to the RCU.
- 46 The scale of transformational change that the Health Board needs to deliver is immense. It is positive to see the progress made to establish the infrastructure to enable this change to happen. A considerable proportion of the Health Board's middle and senior management are involved in the Transformation Programme. The risk however is that the wider workforce sees the transformation agenda as being remote from their day-to-day work. The Health Board has recognised that while the infrastructure has been put in place, communication to key stakeholders (particularly staff) has not been as frequent as previously. To maintain the momentum built up over the last two years, it is important that communication continues albeit that at times, it may be no more than a general progress update. This would be helpful in engaging staff, in particular, with the strategic direction. The Health Board could also benefit from looking at ways that it could empower the wider workforce to feel that they can also contribute to the transformation agenda.

Ensuring organisational design supports delivery

Recent changes are helping to simplify the operational structure, although capacity in some corporate functions continues to be a barrier to adopting a business partnering model

- 47 The executive team has continued to work with the organisational development team to strengthen collective leadership. Executive objectives have been revisited to reflect the new strategy and overall there is a general sense that joint working is continuing to improve. The executive team are now much more visible through the EPRs and the Transformation Programme, although executive visibility in front-line operational services could be further strengthened as meetings continue to be held at headquarters.
- 48 Since our previous work, there have been a number of changes to the operational structure. County Directors are now in place on a permanent basis in two counties, and lines of accountability have been clarified. The Ceredigion County Director continues to hold the lead director role for Bronglais Hospital, but continued weaknesses in clinical leadership for Bronglais Hospital has resulted in additional clinical support being provided, on a temporary basis, by the Assistant Director of Nursing. This support has recently come to an end.
- 49 The County and Hospital directorate teams are increasingly working together, and to take this a step further, plans are in place to combine the directorate arrangements for the two Carmarthenshire hospitals to mirror the county footprint. As part of the refreshed Executive Medical Director structure, a Deputy Medical Director for Acute Hospital Services has been appointed to oversee the four hospitals, and will report to the Executive Director of Operations. This will help streamline reporting

arrangements for the hospital teams and will reflect the already well-established reporting lines for the county teams, which is now also supported by a Deputy Medical Director of Primary Care.

- 50 The General Manager for Women and Children's and Cancer Services has also been taking a more corporate role on scheduled care and has recently been appointed to the Assistant Director of Operations on a temporarily basis. The Director of Mental Health and Learning Disabilities post has been filled.
- 51 The Therapies Directorate has now been organised to bring together therapy services, which had been fragmented across the organisational structure. There is also the potential to bring in other services into the directorate over time. This directorate is currently reporting to the Executive Director of Therapies and Health Sciences as a temporary measure while it becomes embedded.
- 52 The changes that have been made to the operational structure are helpful steps in simplifying what is essentially quite a wide management structure. Over the last few years, in the region of 17 directorates have been reporting directly to the Executive Director of Operations. The Executive Director of Operations is now the lead director for two of the transformation groups and continuing to manage this number of directorates would have been unsustainable. The new Executive Director of Operations may want to take the opportunity as he takes up post to further refine the operational structure.
- 53 Corporate structures remain largely unchanged, although the business partnering model has now been fully embedded into the finance function. Other corporate functions are considering adopting a similar model subject to finance and appropriate approval processes but capacity to do so continues to be challenging. All of the corporate functions are represented on the SEG and within each of the transformation groups. This is positive but will place additional demands on their time, reducing their ability to be work more closely with the operational teams.

Previous recommendations

- 54 In 2017 and 2018 we made the following recommendations in relation to change management and the organisational structure. **Exhibit 2** describes the progress made.

Exhibit 2: progress on previous structured assessment recommendations

Previous recommendations	Description of Progress
<p>R4 To ensure the delivery of its strategy, the Health Board should seek to resolve the outstanding request for funding from the Welsh Government to support the capacity needed to implement the strategy within the intended timescales. (2018)</p>	<p>Funding relating to costs incurred in 2018-19 was agreed by Welsh Government in December 2018 and allocation received in January 2019. Recurring funding for 2019-20 has not yet been confirmed.</p> <p>Not yet complete</p>

Previous recommendations	Description of Progress
R6 Following the implementation of the proposed planned changes to the finance department, the Health Board needs to ensure that the structures of the other corporate functions appropriately support and challenge the operational directorates. (2017)	Capacity in a number of corporate teams is limiting their ability to adopt a business partnering model. However, through other arrangements, such as the Transformation Programme, corporate teams are providing support and challenge. Complete
R7 The Health Board needs to revisit its operational structure, and the position of primary care and community services in particular, to ensure that it fully supports integrated working and effective management of operational issues. (2017)	Primary and community services now form part of the county director portfolio overseen by the Director of Primary Care, Community and Long-Term Care. County and hospital directorates are increasingly working together to consider the whole system. Complete
R8 To show leadership, visibility of the executive directors across the Health Board needs to extend to all directors and consideration needs to be made to holding meetings with operational teams away from the headquarters wherever possible. (2017)	Refer to paragraph 47. Not yet complete

Performance and turnaround

- 55 We considered the Health Board's current performance. We also considered arrangements for managing performance, including financial grip and control, and progress made against previous recommendations in relation to performance and financial management.
- 56 We found that **the Health Board has strengthened financial management arrangements and improved performance overall, but a number of financial, service and quality challenges remain, and opportunities to extend performance management exist.**

Managing the finances

- 57 **Financial performance** – The Health Board's in-year deficit position is reducing year-on-year, partly due to additional Welsh Government funding, but the financial position for 2019-20 still remains challenging.
- 58 The Health Board continues to spend beyond its means resulting in a cumulative deficit of £193.1 million for the last five years (**Exhibit 3**). Consequently, the Health Board has continued to fail its first financial duty of the NHS Finance (Wales) Act 2014. Improvements in financial control, alongside the financial recognition of the Health Board's demographic challenges in 2018-19 however has started to see the in-year deficit position improve year-on-year with plans to reduce this further in 2019-20.

Exhibit 3: financial deficit over the last five financial years

	2014-15 £m	2015-16 £m	2016-17 £m	2017-18 £m	2018-19 £m	Cumulative deficit 2014-19 £m
Financial performance	7.5	31.2	49.6	69.4	35.4	193.1

Source: Wales Audit Office analysis

- 59 The Annual Plan for 2019-20 approved by the Board in March 2019 outlined an initial deficit control total of £29.8 million, including the recurring £27 million. The Welsh Government subsequently set a reduced deficit control total of £25 million, with the potential for the Health Board to receive a further £10 million if it achieves its control total.
- 60 The Health Board has a range of schemes in place to enable it to deliver against its savings target, but these only equate to £18.7 million³ leaving a shortfall of £6.5 million (including £1.5 million slippage) still to find. At month six, the Health Board has delivered £7 million of its planned savings. However, it is reporting a negative variance against planned expenditure of £3.8 million and an overall deficit position of £12.6 million for the year-to-date. Unscheduled care staffing pressures, particularly in Withybush and Glangwili hospitals along with primary care prescribing costs (Category M drugs) account for a significant amount of the variance.
- 61 To meet its deficit control total by the year-end, the Health Board needs to significantly accelerate the delivery of savings and reduce cost pressures, particularly in relation to unscheduled care. A number of its savings plans are set to overachieve, but the Health Board is now forecasting that it will not meet its deficit control total of £25 million.
- 62 **Financial management and controls – The turnaround process and the new business partnering model are strengthening the Health Board’s ability to manage its finances, but a greater understanding of, and response to, underlying cost drivers as well as increased accountability and ownership is needed if it is to move to a break-even position.**
- 63 Our annual accounts work has identified the Health Board has adequate financial control arrangements in place. With the new finance business partnering model and the continued turnaround process, there are clearer lines of delegated budgetary responsibility through accountability agreements, more accurate operational financial reporting, and improved compliance with financial standards and legislation. The business partnering model is also helping to provide a more collaborative and supportive approach to managing budgets at directorate level.
- 64 Since the turnaround process began, the Health Board’s ability to achieve financial savings has significantly improved. Clearer savings plans are in place, and the fortnightly Holding to Account meetings with directorates and the escalation process with the Chief Executive are maintaining a focus on finances. The 60-day cycle meetings are also maintaining a focus on identifying opportunities for service efficiencies.

³ Made up of £16.6 million assured savings schemes (green) and £2.1 million classed as marginal risk (amber).

- 65 The Health Board has adopted the All-Wales 'No Pay Order No Pay' policy which is helping to control non-pay expenditure. The number of breaches is decreasing with targeted work actioned when non-compliance is identified. Similarly, the Health Board is controlling its single tender agreements and since 2018 has reduced both the value and number being used. Local procurement still forms part of the turnaround process and is regularly monitored by the Director of Finance as the accountable officer.
- 66 If the Health Board is to move to a break-even position, understanding of cost drivers and responses to them, as well as financial accountability and ownership still needs to be strengthened. During the year, the Welsh Government commissioned KPMG to complete a detailed review of the Health Board's finances, including cost drivers. KPMG has identified that some of the cost drivers are due to inefficiencies in service provision, which are known to the Health Board. KPMG has also identified that the significant driver for the underlying deficit however is due to increased demand for services from the Health Board's population.
- 67 **Financial scrutiny – There is improving scrutiny through the Finance Committee with an increasing focus on the longer-term.**
- 68 The Finance Committee is key to providing the Board with the assurances it requires over the Health Board's financial performance. Over the last 12 months, there is a better sense of more structured forward planning and control, and the quality of the scrutiny provided by its members is improving. Working well together, both the Finance and Turnaround Directors are the main lead officers responsible for providing the Committee with regular, quality information not only around financial performance and savings delivery but also development of the financial plan.
- 69 The challenge in balancing the focus of financial planning between the short and longer-term remains. Strategic decisions are starting to take shape and are giving the Finance Committee more focus. However, the Health Board still has significant challenges to overcome in terms of delivering the longer-term vision within the financial resources available.

Improving performance

- 70 **Performance against targets - Despite an overall backdrop of improvements, performance has declined in a number of areas during the year with unscheduled care remaining a particular challenge.**
- 71 Despite achieving a position of no 36-week breaches at the end of 2018-19, the numbers waiting more than 36-weeks for planned care has steadily increased since April 2019. This is against a backdrop of increased demand on planned services with an overall increase in numbers on elective waiting lists. Waiting times performance, however, compares significantly better than when the Health Board moved into 'targeted intervention' and compares favourably to the rest of Wales. Plans are also in place to recover the position by the end of March 2020.
- 72 Similarly, the improvements in diagnostic and therapy waits in 2018-19 have not been sustained into 2019-20 with an increasing number of patients waiting for cardiology and radiology tests beyond the 8-week target, and physiotherapy services beyond the 14-week target. The breaches in physiotherapy currently means that the Health Board has the worse therapy performance across Wales, although other diagnostic waiting times are amongst the best. Recovery plans are in place to reduce physiotherapy, cardiology and radiology waits back in line with the target.

- 73 Since April 2019, the number of patients delayed on the follow-up outpatients waiting list increased by 25% to 44,000 patients by September, with two-thirds delayed at least twice as long as they should be. The Health Board is also not achieving the new eye care measures, which came into effect from 1st April 2019.
- 74 Across the unscheduled care pathway, performance against a number of measures indicate that the Health Board is struggling to meet demand and get patients through the system efficiently:
- The number of ambulance handovers over one hour is increasing, The percentage of red calls responded to within 8 minutes is just above the target, with the exception of Ceredigion;
 - The percentage of patients seen within 4, and 12 hours is declining. The numbers waiting more than 12 hours is the second highest in Wales, with long delays most problematic in Worthybush hospital;
 - The average length of stay for medical emergency inpatients is deteriorating; and
 - The number of delayed transfers of care are increasing.
- 75 More positively, the Health Board continues to perform well across a number of the stroke care measures with timely access to specialist staff above the Welsh Government target and improving. Timely access to the stroke unit has deteriorated recently but for the majority of the year to date, performance has been above target. Cancer performance has however deteriorated. Having previously performed well in relation to the Non-Urgent Suspected Cancer target, both cancer targets are not being met.
- 76 **Performance management – Performance management reviews continue to evolve but there is scope to apply the review process to corporate directorates.**
- 77 The approach to performance reviews within the operational directorates continues to develop. All executive directors are invited to attend, and each review is now supported by an interactive dashboard, which covers performance against targets, workforce, quality and safety, audit and inspection, risk and finance. Progress against agreed actions to support delivery of the annual plan is also included. However, medical representation at these meetings is still lacking. The newly appointed Deputy Medical Director for Acute Hospital Services is taking a lead identifying and streamlining which meetings require clinical directors and realigning job plans to allow them to attend meetings, such as the EPRs, which should improve medical attendance over time.
- 78 As reported previously, separate Holding to Account meetings are held with the Turnaround Director. Additional Holding to Account meetings are held with the Chief Executive and a number of Executive Directors where directorates are escalated. Separate check and challenge meetings (see paragraph 32) are also taking place. The number of meetings that directorates have to attend, including the transformation groups, place considerable time pressures on directorate teams and the executives. The Health Board has recognised the opportunity to bring the Holding to Account meetings into the EPRs, particularly with the recent appointment of the Turnaround Director into the Executive Director of Operations role.
- 79 The Health Board has increased the frequency of EPRs for directorates which are underperforming, although this is not yet reflected in the performance management framework. With the exception of Estates, the EPRs do not currently apply to corporate directorates and scrutiny of performance of these services is not as robust and transparent. To deliver the efficiencies needed in the short-term the Health Board could look to apply the EPRs to corporate directorates.

Quality performance

There are early signs of improvement but there remains a considerable amount of work still to do to improve quality performance

- 80 Last year, we identified that performance against a number of quality and safety indicators were below Welsh Government targets, with an increasing need for the Health Board to more explicitly focus its attention on the quality and safety of its services.
- 81 In March 2019, the Health Board launched its Quality Improvement Strategic Framework with the overall aim of increasing the emphasis on quality improvement across the organisation, and in particular, shared learning. In addition, the Medical Director has appointed a new Associate Medical Director (AMD) for Quality and Safety as part of his new structure.
- 82 A number of performance measures are now showing positive signs of improvement with the number of concerns responded to within 30 working days above the target, and the level of zero never events maintained since October 2018. Crude mortality rates have also consistently improved since September 2018.
- 83 Healthcare acquired infection rates however remain a significant concern with C. difficile, MSSA and E. coli cases per 100,000 head of population some of the highest in Wales. Hospital acquired pressure sores is also increasing, and sepsis-six bundle compliance is deteriorating. The percentage of serious incidents assured within the recommended 60-day timescale is well below the target. The percentage of mortality reviews undertaken within 28 days is not yet at target level, although it is improving.
- 84 Our recent work on the Health Board's operational quality and safety arrangements identified a number of areas where quality governance arrangements need to improve. A more detailed examination of the elements underpinning the Health Board's quality governance arrangements will be undertaken in early 2020.

Previous recommendations

- 85 In 2017 and 2018, we made the following recommendations in relation to performance and financial management, including financial scrutiny. **Exhibit 4** describes the progress made.

Exhibit 4: progress on previous structured assessment recommendations

Previous recommendations	Description of progress
<p>R1 The Health Board needs to improve the identification and design of saving schemes through:</p> <p>a. increasing the use of data and intelligence to identify opportunities for efficiency improvements reflecting them in more meaningful and realistic savings targets for different areas of the business;</p>	<p>The Health Board is improving its use of data to identify opportunities for efficiencies through benchmarking. The business partnering model is also starting to embed itself and is encouraging greater intelligence to identify opportunities for efficiency and realistic targets. The recent KPMG work will further assist with taking this recommendation forward.</p>

Previous recommendations	Description of progress
<ul style="list-style-type: none"> b. avoiding over-reliance on in-year cost control, accountancy gains and non-recurrent savings; and c. embedding the 60-day cycle process to identify where longer term and sustainable efficiencies can be achieved through service modernisation, and approaches such as value-based healthcare and productivity improvements. (2017) 	<p>Complete.</p> <p>At month six 2019-20, there is still some reliance on non-recurrent savings, but this is getting less each year.</p> <p>Complete.</p> <p>The 60-day cycle continues to form part of the turnaround process. It is also embedded in to the new Transformation programme as a way of supporting longer-term sustainability. The Director of Turnaround is due to take up post as the new Executive Director of Operations at the end of November 2019. He will take over as chair of two of the three change programmes, through which he will maintain a focus on efficiencies through service modernisation. Value-based healthcare is still in its early stages but is being embedded following approval of the joint business case with Swansea Bay University Health Board at the end of 2018</p> <p>Complete.</p>
<p>R3 The Health Board needs to adopt a more proactive approach to learning and sharing good practice about savings and wider financial planning. This should include making more use of initiatives such as the Welsh Government's 'Invest to Save' schemes. (2017)</p>	<p>The Health Board is becoming more focused on benchmarking and learning from others to increase efficiencies. Learning and sharing is made available through the turnaround meetings and the business partnering model, and there are a number of 'Invest to Save' schemes in place.</p> <p>Complete</p>
<p>R3 To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to account or performance review meetings with operational teams by:</p> <ul style="list-style-type: none"> a. reviewing the frequency and timing of these meetings; b. reviewing the location of these meetings, to improve visibility of the executive team; and c. aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully. (2018) 	<p>Refer to paragraphs 47, and 77 to 78.</p> <p>Not yet complete.</p>

Previous recommendations	Description of progress
<p>R5 To support its longer-term financial position, the Health Board should ensure that the Finance Committee continues to develop its role and to provide increasing scrutiny and challenge on the plans to achieve efficiency savings in the medium to long-term. (2018)</p>	<p>The Finance Committee is increasingly undertaking detailed scrutiny of the Health Board's plans to achieve efficiency savings with a focus on both the medium and long-term. Complete</p>
<p>R10 The Health Board needs to strengthen its performance management framework at an operational level by:</p> <ul style="list-style-type: none"> a. ensuring sufficient time is allowed within the bi-monthly performance management reviews to consider all elements of performance, including finance, workforce and delivery against plan; b. ensuring that the process includes wider representation from across the directors; c. ensuring that governance approaches at operational and service level are standardised and include a comprehensive review of performance; d. expanding the range of performance metrics that are considered at an operational level, particularly in relation to quality and safety; e. exposing the operational directorate teams to scrutiny at both the BPPAC and Quality, Safety and Experience Assurance Committee (QSEAC) on areas of underperformance. (2017) 	<p>Refer to paragraph 77. In addition, operational directorates are more exposed to the scrutiny process in both BPPAC and QSEAC, with directorates being called in to account for underperformance. The only element of this recommendation outstanding is in relation to standardised governance approaches, which is now being addressed as part of Recommendation 1 of our separate work on quality and safety arrangements, reported in August 2019. Complete</p>

Governance

- 86 We considered the Health Board's governance arrangements. We looked at the way in which the Board and its committees conduct their business, and the extent to which Board structures are supporting good governance. We also reviewed the progress made in addressing our previous recommendations relating to the Board.
- 87 In 2019, we found that **governance arrangements are generally sound with further improvements underway.**

Conducting business effectively

Positive changes are being made to enhance Board and committee effectiveness

- 88 Despite a period of change, the Board continues to be generally well-run and the quality of scrutiny and challenge remains high. The Board has largely maintained a full complement of IMs who demonstrate a very good range of knowledge and skills collectively. There is an effective Board development programme in place which is delivered through the use of internal and external resources. This has helped to develop a positive and cohesive relationship between IMs, and with the Executive team. The approach to development for IMs is also comprehensive and flexible, supported by regular six-monthly reviews. During the year, an interactive handbook has been developed for new IMs which enables a wide range of information relevant to their role to be explored. Early feedback from IMs on the handbook is very positive, and other NHS bodies are now looking to learn from the work that the Health Board has done in this area.
- 89 Board meetings remain open and transparent, with ongoing use of webcasting. They are rotated around the three counties and members of the public continue to be invited to submit questions prior to the meeting taking place. In 2018, we highlighted that Board agendas could be long and lacked a routine focus on the quality and safety of services provided. Since her appointment, the new Chair has been focusing attention on streamlining the Board agenda. The format of the Board meeting in September 2019 focused more specifically on issues that genuinely required Board attention. This included escalating new issues up to Board and de-escalating other issues down to committees. This focus reduced the meeting duration. From November onwards, the Chair is looking to strengthen patient stories and have a more thematic feel to the agenda. Discussions that take place during the private sessions continue to be limited only to those that are of a sensitive nature.
- 90 As well as the Board, the Chair has focused attention on the committees and sub-committees, starting with the QSEAC. Plans are in place to streamline a number of the QSEAC sub-committees, and increasing the focus on patient safety, while a new Listening and Learning Group will be established. Our planned work on quality governance (referred to in paragraph 84) will explore these arrangements further.
- 91 In relation to the Board's other committees, this year we have focused on the BPPAC. The main focus of the BPPAC is now on performance following the previous disaggregation of finance and planning into a dedicated committee and sub-committee respectively. The BPPAC is supported by the performance reporting tool, which allows users to look at specific areas and to drill down into data as appropriate. Although the tool does not report in real-time, it provides easy access to the most up-to-date information available covering all aspects of service provision, and it has been positively received by both the Board and BPPAC.
- 92 In light of the new strategy, there is scope to revisit the level of focus given to planning by BPPAC. The Planning Sub-Committee does provide assurance to BPPAC, but this is predominantly through the minutes of the meeting and is not a key focus of the BPPAC agenda. The Sub-Committee is largely an operational group although there are a number of important areas considered which need independent scrutiny. The Health Board has recognised the need to revisit the Planning Sub-Committee and is proposing subsuming the sub-committee back into BPPAC. The establishment of the HCSDG and its direct reporting line to the Board however poses questions over the role of BPPAC in providing assurance on delivery of the strategy and the underpinning plans. The Board needs to consider the role of BPPAC in providing board assurance on strategic planning (see paragraphs 36 to 37). The

Health Board has already recognised that there is also opportunity for BPPAC to take assurance on workforce and organisational development as part of the wider consideration of use of resources. The Workforce and Organisational Development Sub-Committee currently reports to the QSEAC and is discussed later in this report (see paragraph 116).

- 93 Across all of the Board's committees, the current chairs are effective in their roles and there are good flows of assurance, issues and risks between committees and up to Board. The ongoing use of self-assessments has been helpful in identifying areas for improvement and a self-reflection at the end of each meeting is now included on all committee agendas. IMs are able to contribute their expertise and to receive assurance about the work of the Health Board through membership of key committees. Some IMs are members of sub-committees and groups which provide assurance to those committees. This places additional pressure on their time. The new Chair has already recognised this as an issue and is seeking to address membership as part of her wider consideration of the committees and their supporting structures.
- 94 Over the last twelve months, IMs have continued to undertake walkabouts to clinical areas to develop their knowledge and to triangulate the assurances being provided to them through Board and committees. Frequency of these visits has however been an issue with a number of walkabouts cancelled due to director workload pressures. IM capacity to meet the demands on their time has also had an impact. The Chair's review of committee membership, along with contingency plans being put in place to minimise cancellations, should enable the walkabouts to happen more frequently.

Managing risks to achieving strategic priorities

The Health Board continues to have a well-developed Board Assurance Framework and is examining how it can be updated to support the implementation of its strategy

- 95 We have consistently reported that the Health Board has a well-developed Board Assurance Framework (BAF). It clearly sets out the controls in place, the sources of assurance, where gaps in assurance exist and a set of performance indicators which are used to measure progress. It is underpinned by a comprehensive Regulatory and Review Body Assurance Framework which focuses on high-risk areas, both in terms of likelihood and the impact of non-compliance with regulations and legislation.
- 96 The Health Board is currently exploring ways in which the BAF can be updated to support the implementation of the strategy from 2020 onwards. Work is underway to evolve the framework by mapping governance assurance areas and how they link to committees. This includes mapping director objectives for next year, as well as those set for the next three-years. Some risks have been identified which are not linked to specific director objectives. These are being examined to see whether they can be linked, or whether the risks need to be updated. Director objectives for 2018-19 are available online as an interactive tool and a revised scheme of delegation will be submitted to the Board in November 2019 to bring the objectives up to date.
- 97 The inclusion of risk appetite in the BAF and alignment of the Corporate Risk Register to the Board and its committees has strengthened the corporate focus on risk. The Corporate Risk Register is considered each month by the Executive Team and directorate level risks are considered as part of EPRs.

Embedding a sound system of assurance

Many aspects of governance remain robust with plans in place to improve identified areas of weakness

- 98 Our work has identified that updated Standing Orders were recently approved at the Audit and Risk Assurance Committee (ARAC) meeting and will go to the November Board meeting for ratification. There are well-established arrangements for declaring, registering and handling interests, gifts, hospitality, honoraria and sponsorship, which are reviewed annually by ARAC. These arrangements are supported by an online system to capture declarations. All Board member declarations are available via the Health Board's website, and members are also asked to declare interests at the start of every Board and committee meeting. Last year we reported that work was taking place to improve awareness and completion of the register of interests through a range of annual communication campaigns. This work is ongoing.
- 99 The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments. In January 2019, the Health Board received 5,103 data-matches through the NFI web application, of which 504 were higher risk and recommended for review. As at October 2019, the Health Board had made good progress in reviewing most of the high-risk payroll and procurement matches with enquiries ongoing in a small number of cases. Creditor payment matches had not been reviewed. The Health Board is now working with NHS Shared Services to make sure these matches are reviewed. The Auditor General is undertaking further work to examine the effectiveness of counter fraud arrangements across the public sector in Wales, with a view to publishing his findings in summer 2020. His work will be informed by local fieldwork commencing in late 2019.
- 100 The Health Board has a comprehensive Internal Audit programme of work in place, with sufficient resources for delivery, and effective approaches for reporting assurances or concerns. The new Head of Internal Audit has settled in well and following a briefing session with ARAC members in February 2019, previous concerns around the application of assurance ratings have been resolved.
- 101 ARAC has previously raised concerns regarding non-participation in clinical audits. A recent Welsh Health Circular (WHC)⁴ clearly stated that 'Health boards and trusts in Wales are required to fully participate in all national clinical audits and outcome reviews listed in the annual National Clinical Audit and Outcome Review Annual Plan'. The Clinical Audit Department has adopted a clear process for compiling the audit programme, which challenges non-participation by directorates to improve the number of national audits in which the Health Board participates. The strengthening of the QSEAC arrangements, as outlined in paragraph 90, an increased focus on clinical audit by the new AMD for Quality and Safety, and the need to adopt the WHC should help to improve national audit participation.
- 102 The Information Governance Committee (IGC) is now more focussed. This year our local follow-up work on clinical coding arrangements found that significant shortcomings remain. The IGC has helped to raise awareness of the issues and risks associated with clinical coding, although prioritising resources to this area is a problem. Last year, the Health Board's external cybersecurity assessment identified several improvement actions that were dependent on additional resources being made available. At the time of our work in 2019, Welsh Government funding was expected for two cyber

⁴ WHC/2019/006 – NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2019-20.

security posts, which has since been approved. When in place these posts will provide additional assurance regarding information security, and further ensure that the Health Board fulfils the requirements of the General Data Protection Regulations.

- 103 There continues to be a robust process for tracking recommendations by all regulators and holding officers to account where outstanding recommendations remain. Other NHS bodies are looking at the Health Board's tracking arrangements as good practice.

Previous recommendations

- 104 In 2018, we made the following recommendations in relation to board effectiveness. **Exhibit 5** describes the progress made.

Exhibit 5: progress on previous structured assessment recommendations

Previous recommendations	Description of progress
<p>R1 To enable Board members to make well-informed decisions and to effectively scrutinise, the Board should agree the level and quality of information that it expects to receive, using the findings from the Board member survey to inform where improvements need to be made. (2018)</p>	<p>Along with the findings of recent self-assessments, the responses from our previous Board member survey have been considered to address areas of improvement. This has included the development of the interactive handbook.</p> <p>Complete</p>
<p>R2 To improve the effectiveness of committees, the Health Board should consider including time on committee agendas to reflect on the administration and conduct of the meeting, and the quality of information provided for scrutiny and assurance. (2018)</p>	<p>Refer to paragraph 93</p> <p>Complete</p>

Managing workforce

- 105 We considered the action that the Health Board is taking to ensure that its workforce is well managed. We also reviewed progress against previous recommendations in relation to organisational development.
- 106 We found that **the Health Board compares well against a number of workforce metrics, is putting new initiatives in place to develop the workforce and support staff well-being, and is increasing the focus at Board and Committee level.**
- 107 Last year, we reported that the Health Board was managing its workforce effectively, but vacancies presented challenges and there was a need to put in place a learning and development plan.

108 **Exhibit 6** shows the Health Board's performance on some key measures compared with the Wales average for 2019. The Health Board's performance compares better across all five measures, and all measures are continuing to improve with the exception of vacancies, which have risen slightly.

Exhibit 6: performance against key workforce measures, July 2018 and July 2019⁵

Workforce measures (%)	Health Board July 2018	Health Board July 2019	Health Board July 2018 compared to 2019	Wales average July 2019
Sickness absence	5.1%	4.9%	↓	5.4%
Turnover	8.6%	7.9%	↓	7.1%
Vacancies	2.1%	2.6%	↑	2.9%
Appraisals	70.0%	79.7%	↑	69.5%
Statutory and mandatory training	72.0%	83.0%	↑	79.3%

Source: NHS Wales Workforce Dashboard, Health Education and Improvement Wales

- 109 Sickness absence rates are some of the lowest in Wales, with good scrutiny of sickness and the associated costs at the Workforce and Organisational Development Sub-Committee. Turnover and vacancy rates are the second lowest in Wales, reflecting the positive work that has been done by the Health Board in relation to its recruitment campaigns. Medical vacancies are however an outlier, although the Health Board still has a number of difficult to recruit specialties. Appraisal rates are the highest in Wales, and compliance with statutory and mandatory training is the second highest in Wales. The appraisal rate for medical staff is significantly high at 97%. However, workload pressures arising from medical staff vacancies is resulting in statutory and mandatory training compliance falling below the Wales average at just 34%.
- 110 Gaps in staffing levels has meant a continued reliance on the use of temporary staff. The percentage spend on agency pay is running at just below the Wales average which is positive, although there have been increases in agency spend for Allied Healthcare Professionals and Healthcare Scientists. Medical agency spend has reduced slightly. Bank and agency usage continue to be monitored on a weekly basis and presented to the Workforce Control Panel. Bank usage has increased but not enough to eradicate agency use. Although a slight decline in the percentage spend on agency for Nursing and Midwifery staff, performance remains the highest in Wales.
- 111 Despite overall positive workforce performance, learning and development remains a challenge. The Learning and Development team has been under-resourced and working without a manager for an extended period of time. The Executive Director of Workforce and Organisational Development recognises that they have achieved a lot despite these challenging circumstances and is providing

⁵ Sickness: rolling 12-month average at July; Turnover: 12-month period up to 1 July; Vacancy: based on advertised vacancies during July; Appraisal: preceding 12 months at July; Statutory and mandatory training: at July.

management oversight and guidance, and supporting the team to review what they do. To assist in that process, Swansea University has been invited to look at the ways in which the team is linked to academia.

- 112 In 2018 we reported that there was no systematic training plan and that remains unchanged in 2019. The current approach is not holistic with learning and development plans developed at directorate level. The intention is to establish what the training 'offer' should be and what capacity is available to provide it. The situation has become much more pressing now that the strategy is being implemented.
- 113 During the year, the Health and Wellbeing Group and the Anti-Bullying Group have been merged to become the Colleague Experience Group, which meets bi-monthly. It provides leadership and support in facilitating the health and well-being of staff as an integral part of corporate objectives. The new Chair has a strong interest in engaging and supporting staff, particularly to raise the trust necessary for them to feel confident about reporting concerns about services and other staff members. She intends to establish a 'speaking up safely' process at the Health Board. This is particularly timely given the findings of the review into maternity services at Cwm Taf University Health Board, which found that a culture of fear had led to under-reporting of incidents and concerns. Alongside the staff guardian approach, the programme of walkabouts for executives and IMs continues to provide them with an opportunity to hear staff concerns.
- 114 The Health Board continues to implement a substantive programme of organisational development work at all levels of staff. Initially delayed, the medical leadership organisational development programme has now been established and is starting to increase the number of medical staff putting themselves forward for leadership roles. The refreshed Medical Director structure has been implemented, with some very strong appointments in place.
- 115 A modernised workforce will be a key aspect of delivering the strategy successfully. The Transformation Programme's SEG will provide the necessary focus on skills and expertise through workforce planning and redesign, organisational development and transformation. A strong example of workforce modernisation is the recently launched Health and Care Apprentice Programme scheme, which has been well-received and is unique in Wales. The approach is based on investing in the development of the population within local communities to develop individuals from entry level to registration within their chosen profession in just over eight years. This type of approach embodies the five ways of working set out by the Wellbeing of Future Generations (Wales) Act 2015.
- 116 Apart from high-level performance against a number of workforce measures, workforce is not a key feature of Board and committees. Scrutiny of workforce and organisational development is currently the responsibility of QSEAC through the reporting sub-committee. This sub-committee has a wide coverage of workforce aspects but only the key quality and safety aspects get escalated up to the QSEAC and Board. The broader workforce and organisational development issues have not received the breadth of focus and scrutiny that they need. The Health Board has already recognised this and is in the process of subsuming the sub-committee into BPPAC to ensure that workforce and organisational development is given the board level attention needed to prepare the way for change and enable the strategy to be delivered.

Previous recommendations

- 117 In 2017, we made the following recommendations in relation to organisational development. **Exhibit 7** describes the progress made.

Exhibit 7: progress against previous structured assessment recommendations

Previous recommendations	Description of progress
R5 The Health Board needs to progress its work to develop its clinical directors at pace and provide the necessary support to its wider triumvirate teams to develop their management capabilities. (2017)	Refer to paragraph 114. Organisational development work has also been put in place to support the wider directorate teams. Complete

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Management response

Report title: Structured Assessment

Completion date: December 2019

Document reference: 1661A2019-20

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	We found scope to reduce potential duplication of assurance between the Business Planning and Performance Assurance Committee (BPPAC) with the Health and Care Strategy Delivery Group (HCSDG). The Health Board should clarify the reporting lines of the Health and Care Strategy Delivery Group to ensure that the risk of duplication of assurance is mitigated.	Simplified lines of assurance in relation to delivery of the Health Board's plans, which reduces duplication between HCSDG and BPPAC					

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2	We found that the Executive Performance Reviews (EPRs) do not apply to corporate directorates, with the exception of Estates. The Health Board should apply EPRs to corporate directorates not already covered within the process.	Consistent performance management processes across both clinical and non-clinical areas					
R3	We found that there is scope to empower the wider workforce to contribute to the transformational change agenda. The Health Board should implement practical solutions to engage the wider workforce in the change programme, for example by identifying change champions within individual services.	Increased engagement from staff in the transformational change agenda					



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charter for Improving Patient Experience
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and 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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In accordance with the Board's Quality Improvement Strategic Framework, and the All Wales Framework for Assuring Service User Feedback, the Health Board is required to develop improved real-time feedback mechanisms for patients and other users of services regarding their experiences of care, as well as a wide range of other mechanisms to receive and respond to feedback.

In February 2019, it was agreed that the Health Board would produce a Charter for Improving Patient Experience, setting out clearly what patients, families and carers can expect when receiving services from the Health Board.

The attached Charter and associated poster has been co-produced with patients and our communities, based on what matters to them when accessing care and treatment, to enable a positive experience to be achieved. Consultation has taken place with a wide range of stakeholders, including the Stakeholder Reference Group and Health Care Professionals Forum.

Cefndir / Background

Feedback from the participants has provided a very rich source of data regarding what is important to individuals and how patient experience can be improved. Themes included: dignity, respect and honesty; communication/engagement; person centred care; timeliness/ accessibility of care and treatment; advocacy/support from friends family or neighbours; acceptable standards/quality of services; staff behaviour/attitude; support from services; patient records/information; transport/parking; better opportunities to provide feedback; discharge procedures; capacity; information technology; and joined-up services.

The Charter was developed using the 'always events' methodology, which has been adapted to produce a set of 'always experiences', which users of services can expect when visiting any service provided by the Health Board. The Charter also suggests ways in which patients and their families can assist the Health Board to deliver better experiences.

Asesiad / Assessment

The Charter will inform the Health Board's patient experience programme, individual service plans for patient experience, and integration of patient experience feedback into service planning and improvement.

The programme for 2020/21 includes training on the Charter and 'customer care and communication skills' for all staff members; expansion of the 'Friends and Family Test'/service user feedback system to all areas of the Health Board, increasing the ways in which feedback can be provided to include a number of surveys in ward, clinic and outpatient areas and providing patient experience ambassador training. This feedback will be presented to the Board on a regular basis and utilised by individual service areas to improve user experiences.

An assurance framework, including key performance indicators, is currently being developed. This will be reviewed and monitored by the Quality, Safety and Experience Assurance Committee.

Once approved by the Board, the Charter will be formally launched as part of National Patient Experience Week. It is anticipated that this will take place during the week of 27th April 2020 as part of the communication/implementation plan. It is intended that the Charter will be introduced into Health Board-wide training and induction programmes, and will link with the Health Board values and behaviours framework.

Argymhelliad / Recommendation

The Board is asked to consider and approve the Charter for Improving Patient Experience for publication and implementation.

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within body of report
Rhestr Termau: Glossary of Terms:	Within body of report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Improving Experience Sub-Committee Quality, Safety & Experience Sub-Committee Stakeholder Reference Group Health Professions Forum

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital and resource requirements will be required to support the capacity and system requirements required by the implementation plan.
Ansawdd / Gofal Claf: Quality / Patient Care:	Understanding patient experiences is vital to providing excellent care and driving quality improvement.
Gweithlu: Workforce:	The success of the process is dependent upon the commitment and support from staff across the organisation, in the encouragement of patients and their families to provide feedback, both positive and negative and to support organisational learning.
Risg: Risk:	The need to provide improvements in patient experience is included within the corporate and directorate risk registers.
Cyfreithiol: Legal:	The UHB has a duty under the Concerns and Redress Regulations 2011 and a statutory responsibility to implement the Welsh Government framework for assuring service user experience.
Enw Da: Reputational:	There are reputational risks for the UHB if feedback from patients is not received in a timely manner and action taken where required to address any concerns raised.
Gyfrinachedd: Privacy:	All process will be compliant with the General Data Protection Regulation (GDPR). Privacy impact assessments will be undertaken on any new proposals and presented to Information Governance Sub-Committee.
Cydraddoldeb: Equality:	The process is established to learn from concerns and patient experience: 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 make the process of providing feedback as easy and accessible as possible. Promotion of the charter is accessible in a range of languages and formats and translation services are available, when required. Versions for children and young people will also be developed.



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

A Charter for Improving Patient Experience

(your healthcare, your expectations,
our pledge)



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* 'NHS care and treatment' refers to any services provided by Hywel Dda University Health Board and its staff including hospitals and community services. This also includes GPs, dentists, opticians and pharmacists (primary care services).

When we say 'people' and 'communities' we mean:

- Patients who use healthcare services;
- Their parents, carers and family members;
- Their nominated advocates (people who support you to be heard or speak on your behalf); and
- People who may need to use healthcare services in the future.

Introduction

This Charter tells you what you can expect when you use our services and receive care. We want your experience of using our services to be good every time. In our plan for improving health services (Healthier Mid and West Wales Strategy) ([insert link](#)) we promise to provide safe services, which are easy to use.

The most important way we can make this happen is to involve people and our communities. We know that a good experience, – being listened to, respected, understood, and fully involved in your health care - brings improvements in health and well-being.

Patients have already told us about the many examples of excellent care from our staff; but this is not the case for every patient, every time. By listening to what you say, and understanding your point of view, we can make improvements to our services. The Health Board's Annual Quality Statement ([link](#)) shows what we are currently doing to improve our services.

We have developed this Charter with help from our patients, communities and staff. They told us about what matters to them when receiving health care and what would create a good experience, all of the time. This has helped us to make a number of promises that we call **'always experiences'** – those parts of the care you receive that should always happen. They are:

WE WILL ALWAYS:

Treat you with dignity, respect and kindness.

Communicate with you in a way which meets your individual, language and communication needs.

Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.

Provide safe and effective care, in the most appropriate and clean environment.

Ensure that your information is kept secure and confidential.

Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

We know some people feel worried about reporting a bad experience and may be concerned about this having an impact on their treatment or care. We are pleased to have any feedback that is given and we encourage you to share it with us so that we can put things right and use what you have told us to improve our services.

The following promises explain what you can expect from our staff and services. We have also suggested how you can help us meet your individual needs and provide better care.

We will always treat you with dignity, respect and kindness



What does this mean for me?

- Our staff will introduce themselves, wear identification badges, and greet you in a warm, friendly and kind manner.
- We will be open and honest in all of our communications.
- We will consider your needs, wishes and understanding and act on them.
- We will listen to you.
- You will receive the right care for your individual needs.
- We will treat you fairly and equally, regardless of age, disability, sex, sexual orientation, gender identity/gender expression, marriage or civil partnership, pregnancy and maternity, race, religion or belief (including no belief).
- We will respect your right to privacy.

hello
my name is...

Ways you can help us

- Tell staff about your preferences, needs and wishes so that we can act on them and make a note on your care record.
- Please treat all staff with dignity and respect. Aggression or violence including written abuse or threats towards our staff, other patients or their families/carers/friends, may result in you being refused access to our services.
- Please treat staff, other patients and their family and friends equally and fairly, regardless of race, age, disability, sex, gender, pregnancy/maternity, religion or belief.
- Respect the privacy of other patients.

We will always communicate with you in a way that meets your individual, language and communication needs

What does this mean for me?

- Our staff will communicate in the way you prefer or need.
- Once we are aware of your communication needs, we will put in place appropriate support and make a record.
- You will receive the same standard of service, regardless of your language or communication needs.
- If you have specific care needs, such as dementia, deafness, blindness, learning disabilities or a brain injury your communication needs will be agreed with you and support arranged.
- We will give you written information to meet your individual needs at the right time.
- We will give you the opportunity to request support in advance of your appointment, including from family members, carers or advocates (someone who can support you with speaking up or will speak up on your behalf).



What you can do to help us

- If you need an interpreter or other communication support, we can arrange this for you, if you let us know before your appointment.
- If you do not understand what you are being told, please ask for the information to be explained further or provided in a way that you can understand. Or if you do not understand written information given, please tell us so that can be provided in a format which meets your needs
- You may ask us to arrange for an independent advocate to attend your appointment or be present to help you communicate your views.



We will always keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs

WELLNESS WAY

What does this mean for me?

- We will give you clear and open communication about your care and treatment at the right time.
- If you have to wait to go to hospital or to use services for your treatment, we will tell you how long you are likely to have to wait.
- We will not make decisions about your care and treatment without involving you.
- We will tell you what the proposed care and treatment will involve, including risks and benefits, and we will tell you what may happen if you do not have the treatment.
- We will support you to take part in discussions and decisions about your health and treatment, and give you the information you need to help you make decisions about the care and treatment that is available.
- We will encourage you to ask questions about the plan of care and treatment. You can ask for a second opinion at any time before you make a decision.
- If you are unable to make a decision for yourself, staff who make decisions on your behalf will consider what is in your best interests. They will take account of:
 - The best clinical option
 - What you have said in the past about how you want to be treated. This may be in the form of a document such as an Advance Directive or a letter of wishes
 - The views of others such as a parent, guardian, or other person who has responsibility for you if you are a child
 - The views of anyone who has legal authority to make a decision on your behalf.

- You do not have to accept the treatment, examination or test offered to you.
- We will tell you the names of the staff responsible for your care and how to contact them if you need to.
- We will tell you about support that is available from within the NHS or other relevant services, such as the Patient Support Service and the third (voluntary) sector.

What you can do to help us

- Take part in discussions and decisions about your care and treatment.
- If you need more time to consider the options, or need more information to help you decide, please ask the member of staff.
- If you do not understand the information we give you, please ask us.
- Let us know if you require support from family members, carers or advocates to help you make decisions about your health care.
- Be open and honest with us in your communications so that together we can make the right decisions to meet your needs.
- Please advise us about any changes in your health.
- Tell us, along with your GP, dentist, optician or any clinic you attend, about any changes to your address, land-line phone number/mobile phone number or e-mail so that we can easily contact you about your treatment or appointments.



We will always provide safe and effective care, in the most appropriate and clean environment

What does this mean for me?

- Staff providing your care will be properly qualified and skilled with the appropriate level of experience.
- Any person treating you will act with due care.
- We will provide your care as safely as possible.
- Care will be provided in the most appropriate setting, as close to your home as possible.
- The health care premises you attend will meet good standards of hygiene.
- Staff will always wash their hands before they examine you.



What you can do to help us

- Take personal responsibility for your own health – your GP, pharmacist or any member of staff involved in your care will be happy to help you manage your condition and support you to stay as healthy as possible.
- Please attend any health appointment or health related courses that we offer you.
- Tell us as soon as you can if you are no longer able to attend an appointment, or if you will not be available for any home visit.
- Please be on time for your appointment.
- Follow any advice you are given on treatment and medication, and finish any agreed course of treatment.
- Tell staff if you are allergic to any medicines or if you have experienced any side effects after taking any type of medicine.
- Always wash your hands before entering a hospital ward, or after using the toilet. Please also use the hand gel provided.
- Please avoid visiting a patient in hospital or in a care home if you are feeling unwell. You should wait 48 hours after vomiting or diarrhoea has stopped before visiting.

We will always keep your information secure and confidential

What does this mean for me?

- We will keep your personal health related information secure and only share it with staff involved in your care where this is necessary.
- Your confidential information will not be discussed by staff or shared with other organisations without your consent. In some circumstances, consent will not be required, for example if there is a legal requirement for staff to share information in your best interests.
- Sometime we will use information to help us improve our services and patient safety, but any personal/identifiable information will be removed.
- You can access your own health records, by accessing your GP or hospital medical records department.

What you can do to help us

- Tell us if you change your name, address, land line phone number/mobile phone number or e-mail address.
- Advise us if any information in your health records is wrong.
- Protect the privacy of any personal health information which you hold, for example any letters sent to you or copies of any records.



We will always support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things

What does this mean for me?

- We will ask you to tell us about your experience. Details of how you can provide feedback can be found here (include link).
- We will ask you to let us know when things have gone well.
- We will ask you to let us know when you have had a poor experience.
- You can provide feedback about any hospital, community service, GP practice, pharmacist, dentist or optician.
- This will also include any service that has been arranged by our Health Board, for example if you need to attend another hospital outside of the Health Board area for specialist treatment.
- We may text or phone you, or send you a survey questionnaire, asking for your feedback on the service you have received, to help us improve experiences and the quality of your service.
- You can ask for an independent advocate to help you give your views or help you to raise a complaint. Details of advocacy services can be found here (include link).

What you can do to help us

- We welcome your feedback – positive or negative – about the care and treatment you have received or about the NHS generally.
- If you have feedback, you can:
 - Speak to a member of staff or the Patient Support Team
 - Raise a formal complaint
 - Place your comments in a suggestion box
 - Use feedback on our website (insert link)
 - Take part in the surveys either provided to you when you are in hospital or attending appointments. If you do not wish to receive these messages, please tell us and we will ensure you do not receive them in future.



How will we know this is making a difference?



We will put in place a number of ways to check that this Charter is making a positive difference to patient and family experiences.

One of the most important ways we will do this is by listening to your feedback about your experience of our services. We receive feedback in a number of ways: comment cards, survey responses, compliments and complaints, Patient Advice and Liaison Service information, ward and appointment discussions, and patient stories.

We already collect a lot of information to help us improve the quality of our services. We will regularly measure the 'always experiences' to see how well we are doing.

This information will be gathered and used by individual services but also reviewed by the Board. This information will help the Board to recognise and spread good practice and identify areas for improvement.

We will share our progress with you on our website and throughout our hospital and community areas.

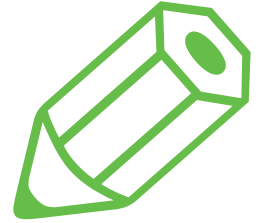
How you can get involved

You can join our involvement and engagement scheme – **Siarad Iechyd/Talking Health** by:

Visiting: www.talkinghealth.wales.nhs.uk

Calling: 01554 899056

Writing to: FREEPOST Hywel Dda Health Board



You can contact the Patient Support Team by:

Calling: 0300 0200 159

Visitng: www.hdhb.patientsupportservices@wales.nhs.uk

Writing to:

FEEDBACK@HYWELDDA

Patient Support Services

Hywel Dda University Health Board

Fishguard Road

Haverfordwest, SA61 2PZ





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

A Charter for Improving Patient Experience

(your healthcare, your expectations, our pledge)

WE WILL ALWAYS:

Treat you with dignity, respect and kindness.

Communicate with you in a way which meets your individual, language and communication needs.

Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.

Provide safe and effective care, in the most appropriate and clean environment.

Ensure that your information is kept secure and confidential.

Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

Ways in which you can help us:

- Talk to us about your preferences, needs and wishes.
- Ask questions of the health care staff, if you do not understand something or need more information.
- Please tell us as soon as you can if you are no longer able to make an appointment.
- Tell us if your name, address or contact details change.
- Please treat staff and other patients with dignity and respect.
- We welcome your feedback and would be pleased if you would tell us about your experiences (whether good or bad) to help us improve.

More details can be found by accessing (website & phone number)





CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress against the Winter Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Bishop, Service Delivery Manager, Unscheduled 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

This report provides the Board with an update on delivery of the Health Board's winter planning actions and the associated integrated Regional Partnership Board (RPB) actions which are supporting the Unscheduled Care (USC) system during this period of exceptionally high seasonal pressure.

The report builds on the 'Fragility of Unscheduled Care Services' paper presented to the Board seminar on 12th December 2019.

Cefndir / Background

Planning Cycle

In contrast to last year, this year the funding to assist with winter pressures has been allocated to Health Boards and Regional Partnership Boards, with RPBs being identified as a key vehicle to support system wide integrated planning and associated service delivery. As such, £17m of the funding package has been allocated across Wales.

The West Wales RPB received a total of £2.062m. Plans for the RPB element were required to demonstrate collaborative approaches to ease pressure on the system. These have been informed by integrated, regional planning across health and social care services to support delivery of the Quadruple Aims of:

- Improving population health and wellbeing through a focus of prevention;
- Improving the experience and quality of care for individuals and families;
- Enriching the wellbeing, capability and engagement of health and social care workforce; and
- Increasing the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

The plans align with Health Board plans, reflect official guidance issued by Welsh Government and address the following key themes:

- Optimising cross-organisational and sector working to support resilience
- Urgent primary care/ out of hours resilience
- Preventing unnecessary conveyance and admission to hospital
- Discharge to assess/ recover (D2AR)
- Community step down capacity
- An enhanced focus on the respiratory pathway
- An enhanced focus on the frailty pathway

Health Boards across Wales received a total funding package of £10m, of which HDdUHB received £1.213m. HDdUHB also allocated £1m recurrently from its core budgets, to support new/additional embedded initiatives across acute sites. The total funding support for winter is **£2.213m** allocated to HDdUHB and **£2.062m** allocated to the RPB, therefore the total regional support is **£4.275m**.

The winter plans were virtually approved by the RPB on 14th November 2019, and are scheduled to be approved retrospectively at the next RPB meeting on 23rd January 2020. The winter plans were, however, approved at the HDdUHB Public Board on 28th November 2019.

Lead into Winter

The autumn lead up to the Christmas holiday period this year has been very different to previous years; the trend of both 4 hour and 12 performance, in previous years, showed an autumn improvement following a dip over the summer months; however this year the performance started to decline in September 2019 with November 2019 having the lowest performance recorded in the health board. This has, therefore, placed the Health Board in an unusual and very different position leading into the holiday period.

This seasonal trend is not unique to HDdUHB and the evidence base suggests this is attributed to changes in weather and the wider environment for example viral infections etc.

Alongside this, there has also been a reported increase in the acuity of patients and difficulties experienced in maintaining flow through the system. This has resulted in delays within the emergency and assessment units.

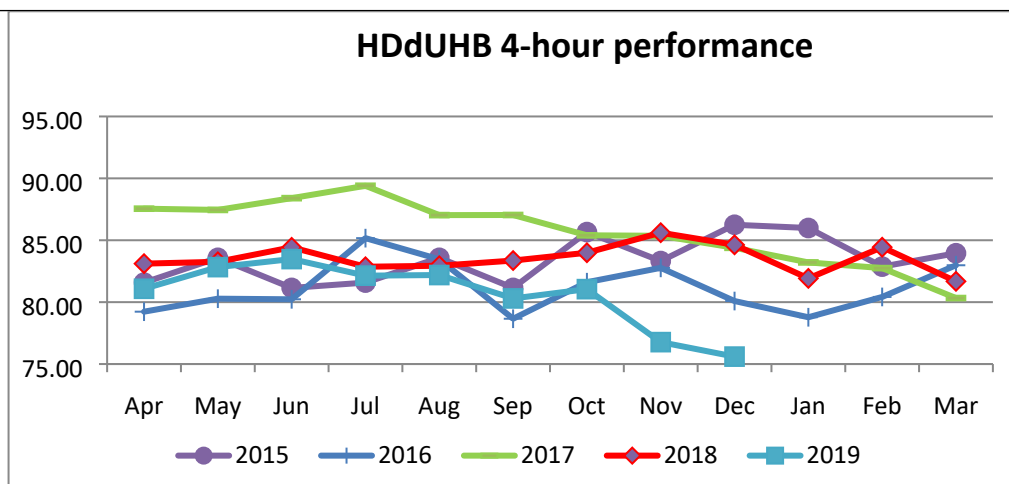
Asesiad / Assessment

System Pressures

In order to fully understand the peaks and troughs of demand on the USC system over the winter period, an initial evaluation of the data from several sources has been undertaken:

Whilst 4-hour performance has been consistently lower this year compared to last, from September 2019, there has been a significant reduction in 4-hour performance within HDdUHB; November and December performance figures being the lowest seen since 2015. This trend pattern again is not unique and is evidenced across the UK this year;

		Bronglais	Glangwili	Prince Philip	Withybush	HDdUHB
4-hour Breach performance (%)	Nov-18	90.4	81.6	94.2	77.0	85.6
	Nov-19	80.3	68.7	90.4	68.9	76.8
	variance	-10.10	-12.91	-3.81	-8.10	-8.84
	Dec-18	86.6	79.9	94.4	79.4	84.6
	Dec-19	77.1	71.1	90.5	66.2	75.6
	variance	-9.46	-8.84	-3.91	-13.24	-9.03



This pattern is consistent with the 12-hour breaches, where the HDdUHB total for November was above 1000 for the first time.

Contributing to this November saw an increase in the numbers of new attenders to Emergency Departments (ED) of 660 (5.7%), with December adding to this with a small further increase on the previous month.

In contrast, ambulance arrivals over this period compared to last year have reduced; November saw a 6% reduction (174 ambulances) and December a 9% reduction (291 ambulances). This would indicate a greater number of 'walk in' attendances, something also reported by other Health Boards.

As a consequence of busier departments the number of lost hours for ambulances delayed outside of the acute hospital sites saw a significant increase in both November and December compared to last year, and the proportion of the All Wales lost hours at HDdUHB increased to 14.3% in December compared to 8.4% last year.

Of note however, emergency admissions across all four hospitals reduced in both months; with Glangwili seeing the largest reduction in November and Withybush in December.

		Bronglais	Glangwili	Prince Philip	Withybush	HDdUHB
Emergency Admissions	Nov-18	472	1026	736	664	2898
	Nov-19	450	966	697	681	2794
	variance	-4.9%	-6.2%	-5.6%	2.5%	-3.7%
	Dec-18	500	1041	747	679	2967
	Dec-19	446	1016	718	592	2772
	variance	-12.1%	-2.5%	-4.0%	-14.7%	-7.0%

Within this, however, the number of medical, surgical and trauma & orthopaedic patients with a length of stay over 10 days has increased across the four acute hospitals, with Prince Philip seeing the largest increase in November of 18.3% / 13 patients and Bronglais the largest in December of 41.4% / 24 patients. This would suggest that the length of time patients have been staying in hospital has outweighed the lower admission rates experienced so far. This would support the evidence we have of the level of sickness been seen and the likelihood that a greater number of patients completed their hospital treatment within the ED department.

		Bronglais	Glangwili	Prince Philip	Withybush	HDdUHB
Number Patients LOS > 10 days	Nov-18	54	123	71	90	338
	Nov-19	57	127	84	103	371
	variance	3	4	13	13	33
		5.6%	3.3%	18.3%	14.4%	9.8%
	Dec-18	58	131	81	113	383
	Dec-19	82	151	91	108	432
	variance	24	20	10	-5	49
		41.4%	15.3%	12.3%	-4.4%	12.8%

Whilst it often perceived that longer lengths of stay are tied to medical patients, the numbers of trauma & orthopaedic patients has increased at all sites over this period, apart from Withybush.

Periods of High Escalation – Business Continuity

During the first week of January, due to continued pressures on the acute sites, actions in line with our business continuity arrangements were initiated at all 4 acute sites; namely the calling in of additional senior staff on to all sites, identification of any additional areas on all sites which could accommodate patients and a further focus on discharging patients with support from the Acute Response Teams in the community.

In addition, the County Director and Head of Adult Social Care in Carmarthen also attended Glangwili Hospital and were actively identifying patients who could be moved to other accommodation including further flexing community hospital beds and the bridging service, a service which is part of our winter plan.

Alongside this, the decision was made to utilise a ring-fenced orthopaedic ward in Prince Philip Hospital to free up further medical bed capacity, a decision taken recognising individual patient clinical risk balanced against the overall system requirement.

Further daily reviews of elective activity across all four acute remain in place, and the difficult decisions to cancel electives in a planned way to aid and sustain the recovery across all sites continue to be managed.

Why is this happening?

During this period and particularly in late December into early January 2020, all acute hospitals have experienced long periods of high escalation, with some declaring a black business continuity status in the first working week of January (week commencing 6th January). Whilst some de-escalation towards the end of that week was achieved, the broader system pressures described above remain in evidence.

The reasons behind the pressures on the USC system are multi-factorial; whilst pressures on the USC system are present throughout the year, winter does present some specific issues which may not be exhibited during the summer months as briefly outlined above i.e. changes in weather and the wider environment for example viral infections etc.

Viral Infections

Influenza has been circulating in the community in Wales since the beginning of December when we received the first of our weekly surveillance briefings. By the middle of December the influenza-like illness (ILI) consultation rate for GPs had reached the medium intensity level, but we saw significant numbers of consultations especially during the Christmas week and the first week in January.

Our workforce sickness absence levels for colds and flu (data up to November 2019 currently) show that absence has been higher this year in October and November than in the same months the previous two years. However we await data for December through to February as these months typically experience the greatest impact from staff sickness and absence

So far this season we have received nearly 180 positive flu test samples, the greatest proportion being in December and we have had a small number of patients having to be admitted to our critical care services due to influenza.

The level of Norovirus and Flu presenting to our hospitals prior to Christmas and over the New Year period requiring admission resulted in a number of beds being blocked, thereby impacting upon medical bed capacity and assessment timescales due to restricted access to patients until the start of January. The beds anticipated to be reopened in Glangwili did not become available as planned, due to patients experiencing a recurrence of symptoms.

This issue was particularly prevalent at Prince Philip Hospital. On Monday 2nd December, due to norovirus affecting patients on 9 of the 10 ward areas and 31 staff at Prince Philip Hospital, “outbreak” control procedures were implemented, including closing the hospital to visitors and suspending elective operating. This continued for 8 days. The limitation placed on staff entering the wards e.g. social workers, designed to limit the spread of the outbreak, had an ongoing impact on delays to discharge planning.

In-Hours Primary Care Pressures

Whilst there have been well-established systems for monitoring pressures on the system in secondary care and also in the urgent primary care/Out of Hours (OOH) service, there has not been a formal system, or standard reporting tool, for in-hours primary care. In January 2020, WG implemented a nationally agreed escalation tool for practices to self-assess their current position. Baseline returns from Practices were requested for a deadline of 16th January 2020 using a pro-forma, and a web-based tool is under development for future returns. Completion of this return is not a contractual requirement. However, practices have been strongly encouraged to engage in order to raise the profile of the pressures they are experiencing as part of the broader picture. Ongoing reporting is by exception only.

24 of the 48 Practices in Hywel Dda (50%) submitted the baseline return by the deadline, caution should be exercised with these preliminary returns as some Practices and Localities with known sustainability challenges, who are likely to be affected most by pressure across the system, are among those yet to respond. The predominant factor is workforce shortages, of GPs in particular.

Baseline returns are as follows:

- Level 1 (Green): General Practice contacts within expected levels and sufficient to meet demand. Staffing sufficient to maintain services – 13 Practices (27%)
- Level 2 (Amber): General Practice contacts higher than expected but sufficient to meet demand. Reduced staffing but sufficient to maintain services – 8 Practices (17%)
- Level 3 (Red): General Practice contacts higher than expected and impact on service delivery of patient safety. Reduction in staffing numbers which is impacting on service delivery or patient safety due to sickness, vacancy factor, adverse weather. Business continuity issues affecting practice processes, including telephony, IT systems, access due to adverse weather – 1 Practice (2%)
- Level 4 (Red): General Practice contacts higher than expected and significant impact on service delivery or patient safety. Reduction in staffing numbers causing increased pressure which is significantly impacting on service delivery or patient safety, due to

sickness, vacancy factor, adverse weather, business continuity issues significantly affecting practice processes, including: telephony, IT Systems, access due to adverse weather, significant issue with access to secondary care or WAST, excess demand / escalation level not expected to reduce within the next 7 days without external support – 2 Practices (4%)

Across the Localities, the picture is variable, suggesting that sustainability issues within the individual Practices are as much a factor in their reporting as any increase in attendances. Practices reporting at Levels 3 and 4 are in South Pembrokeshire, Amman Gwendraeth and South Ceredigion. The 4 Managed Practices all reported as Levels 1 or 2. Future returns are by exception only. Practices who have failed to respond to the baseline return are being actively chased and Practices will be encouraged to engage and report as a means of raising the profile of the pressures they are experiencing.

Out of Hours GP Services

Service fragility has continued in the GP OOH service over the past quarter and reached its high point in December, when for one weekend nightshift there was only one GP working across the three counties. Consistently, the service struggles to fill its rotas from Wednesdays through to the start of the following week, at which point it recovers and follows a similar pattern again from the mid-point of the next week. This regularly results in base closures, often several times each week. This ongoing fragile rota's does have an impact on the number of people attending the A&E departments, however this is very difficult to track and measure.

The decision to limit the Out of Hours service to fewer than five bases in these situations, which is always taken in the interest of clinical safety and consistency of service provision to the public, has been discussed for some months ahead of longer term service modernisation. In the interest of consolidating the capacity which can be secured at any given point, the service is considering formalising this reactive ad-hoc arrangement into a permanent measure, which can be implemented short-term. This will be after all the necessary engagement discussions have taken place. The service believes this should not be delayed unreasonably, given the clinical safety risks which exist with the current arrangement.

Additionally, targeted winter actions are planned for implementation over the coming weeks, following the successful recruitment of staff, and are summarised as follows:

- Additional Acute Response Team capacity using existing staff (starting first weekend in February 2020)
- Establishing a clinical supervisor to support existing rota patterns (starting first weekend in February 2020)
- Advice GP via remote working arrangement (in place depending on availability)
- Community pharmacy weekend access (starting first weekend in February 2020)
- Additional administration to oversee and reduce the delays of those patients waiting for calls on the GP OOHs system (in place).

Demand at the Front Door

In terms of ED demand, the seasonal trend is for the numbers of new attenders to ED to reduce during the winter period and then increase in early spring through to late summer. This year the trend has again followed this pattern with perhaps the only noticeable difference to previous years where there has been a small increase in numbers in December whilst maintaining an overall downward trend, this year the numbers have been consistently on this downward trend. This indicates that resilient planning for the front door needs to be in place all year round, with a particular focus over the July/August period where numbers over the past 2 years have been at their highest

The number of ambulance arrivals are also consistent in showing a downward trend, with numbers reducing consistently from the number of arrivals in 2017.

Therefore the current site escalation pressures are unlikely to be linked to this reducing demand pattern and the increasing 12 hour breach performance, coupled with the increasing ambulance handover delays all indicate delays in obtaining a bed and is indicative of the wider issues relating to patient flow.

Bed Capacity

The process of planning for the winter commenced with an analysis of bed demand. This methodology has been derived empirically from the actual January to March 2019 position. The gap consists of surge beds plus medical patients on surgical wards plus patients lodging overnight in EDs or Minor Injury Units. The overall gap equated to 158 beds.

Taking the 158 medical bed deficit opening position, some allowance was made for what is considered tolerable but largely unavoidable capacity impacts arising from emergency department lodgings and general outlying; both without significant detriment to clinical safety or patient experience. 49 beds have been assumed in the plan to be utilised in this way this winter.

The analysis then assumed that medical bed closures (mainly reductions in surge beds and outliers) already achieved through improvement actions since last winter can be maintained over the winter period. Further bed closures included in savings plans were then added (as these are assumed in our annual plan) as well as any lost capacity from winter 2019, for example community care beds that are not open and the reduction in beds from the ward 9/10 reconfiguration at Withybush.

These adjustments produced an overall bed deficit of 155 medical beds that needed to be addressed with winter actions.

Applying the impact of actions planned for 2019/20, including the opening of surge beds and delaying the closure of beds from savings plans, this mitigated this gap and resulted in a final bed deficit of **9** medical beds. This residual gap of -9 beds, is the same bed gap that the health board faced going into last winter 2018/19, is was deemed to be within a reasonable level of tolerance.

Discharge Challenges

Generally, the unscheduled care system continues to see delays in its efforts to promptly discharge from acute settings and this is a notable area of concern. Whilst there remains relatively high numbers of medically optimised patients occupying acute beds, the number of those patients who are ready to transfer onto other services is substantially lower. Whilst it is widely acknowledged that there are capacity issues across reablement, domiciliary care and care home / nursing home placements this would indicate that there are also significant delays in the assessment process. There is evidence that the an early trigger to commence this process is not happening early enough after admission and the ongoing work to implement the Discharge to Recover & Assess Pathways should significantly reduce these process delays.

In Pembrokeshire the issue relates mainly, but not solely, to rapid access for social care services. The numbers of people receiving reablement in Pembrokeshire is comparable to the same period last year whilst more people have received domiciliary care, however the delays for people awaiting this care is nearly twice that of previous years. This delay is not related to

the number of referrals as this has remained fairly static. The number of new packages being provided by reablement services significantly dropped following the cessation of a key service provider, which necessitated a transfer in the Local Authority on the 1st November 2019. Whilst it had been anticipated that all of the resources would follow this service, this was not the case and new packages are only just being provided for as the existing limited resources were being utilised on existing packages. The Local Authority has plans in place to reduce these delays in the coming weeks.

Carmarthenshire continue to apply an integrated approach to manage the current exceptional circumstances. Reablement has capacity and has been supporting discharge as and when patients are ready for discharge. The Bridging Service and Step up/Step down is being utilised to support discharges and there continues to be flow within this service. The Crisis Response Team and Acute Response Team have been taking patients home not only from the front door, but from all wards. All wards are linking directly with British Red Cross for those patients with low level needs. There have been some delays with ward closures due to infection control matters particularly with patients being discharged to care home settings, but this is resolving itself once wards are reopened. The Transfer of Care and Liaison Service (TOCALs) teams have been re-grouping on a regularly basis throughout the day to ensure communication is clear and that everyone is up to date with those who can or have been discharged. Senior Managers across acute and community have been on both sites daily to offer support and leadership. We have had a positive response from all providers, agencies and professionals to support alleviate the extreme pressures with minimal delays.

In Ceredigion, there has been a reduction in domiciliary care capacity and also 2 care homes have had embargoes leading into the winter period, which has significantly reduced capacity in an already fragile system. Bronglais Hospital has also had challenges with cross border complex discharges to Powys and Gwynedd. In order to mitigate these challenges, step down beds and community care beds are purchased on an ad-hoc basis utilising winter monies, alongside the purchase of additional community equipment to facilitate earlier discharge from acute beds

Long-term care (LTC) is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time. Increasingly, LTC involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes. Limited provision in available nursing home beds and domiciliary care capacity and late referrals to the LTC pathway all have significant impact on patients discharge, increasing their length of stay. Whilst measures have been put in place, where possible, to provide alternative capacity utilising winter funding, the longer-term solution lies in early referral of patients requiring LTC assessments and the aim to have limited assessments for long-term care taking place in hospitals, which will require changing the scope and functions of community hospitals. It is worth noting that over the Christmas/New Year fortnight there were small numbers of referrals into long-term care and no escalation of cases to the Head of LTC. This repeats the pattern witnessed during the last 3 years.

The RPB winter allocation was set up to encourage closer collaboration and partnership working across the three local authorities and the Health Board, and this has supported a number of successful initiatives, including the bridging service which has been most effective in Carmarthenshire, the care and repair service and provision of additional community equipment across the three counties and the extended use of the acute response team, to list a few.

Workforce Challenges

Workforce availability and capacity across the whole of the unscheduled care system. In particular:

- Vacancies remain in middle grade posts within A&E and general medicine at the acute sites;
- Nursing staffing levels on medical wards with a resultant reliance on agency staff, Bronglais and Withybush Hospitals in particular have a high percentage of vacancies which impacts on the efficient implementation of discharge pathways;
- Hospital @ Night model at Bronglais Hospital, with a single A&E Doctor on the rota past midnight, urgently needs a demand and capacity review;
- GP Out of Hours rota remains fragile (as noted elsewhere in this report);
- Recruitment into the community care sector, medical, therapist and nursing positions continues to be challenging;
- Vacancies in community hospitals negatively impact the efficient transfer of some patients from the acute hospitals.

All posts continue to be actively recruited and we are appointing advanced practitioners to support more timely patient care and assessment through an alternative workforce; Carmarthenshire has a senior nurse to improve complex discharges.

January Update

- ED attenders are current at similar levels to the same period last year;
- Ambulance arrivals are 5% lower than the same period last year, although the number of lost hours is significantly higher. It is still very early in the month, but the very latest data shows a significant improvement in hours lost which, if it continues, will bring performance more in line with January 2019;
- 4 hour and 12 hour performance are lower than last year, although some improvement is also being seen in the latest data;
- Emergency admissions remain lower than last year, which is likely to reflect the numbers of patients completing their care in ED.

Winter Actions to Address Systems Pressures

The initiatives within the winter plans are focused on actions which had a proven benefit in previous years or new/additional initiatives supporting patient flow across community and social care services which will impact positively on patient flow at the acute sites.

These targeted actions are focused on the following areas:

- Reducing Demand – alternative pathways to avoid conveyance, improved use of ambulatory care units & hot clinics, improving vaccination rates for high risk groups, improved crisis response mental health services, integrated Multi-Disciplinary Team (MDT) approach to OOH services
- Managing Demand – pharmacy at the ‘front door’ service, additional support to acute services particularly therapy services, additional community nursing response
- Reducing Length of Stay – implementing D2RA pathways, joint working with Third sector to facilitate complex discharge planning, ‘Home Support Team’ to facilitate discharge and bridge the re-ablement gap, extension of Care & Repair services, additional mental health liaison teams working in partnership with acute sites
- Improving Patient Experience – delivery of respite & palliative care services in the community by Third sector, proactive messaging for respiratory patients
- Enhancing Operational Grip – developing of on-line SITREP reporting and on call arrangements.

As set out above, HDdUHB budgeted £1m recurrently for actions to be embedded substantively into services. These projects include:

- Dedicated pharmacy resource at the 'front door' of all four acute hospitals
- Additional therapy resources at Glangwili, Prince Philip and Withybush Hospitals
- Additional Band 3 Frailty Support worker in Clinical Decision Unit (CDU) at Glangwili
- Additional portering resource for CDU & ED at Glangwili
- New co-ordinator for Acute Coronary Syndrome (ACS) patients – treat & repatriate, at Prince Philip Hospital
- Continue Home Support Team therapy support to facilitate discharge and to bridge the gap to community services at Withybush Hospital.

The delivery and impact of these actions, and associated spending, is discussed weekly during a conference call, with participation of both health and social care colleagues, to ensure that actions have been deployed, the expected benefits are being delivered and (if there is an underspend where actions have been delayed) that this can be identified quickly and redistributed to existing or new actions to deliver a benefit to the system.

The current profiling of expenditure against the allocated aggregated winter budget of £4.275m is that it will break even against spending and whilst some initiatives have slipped, alternatives have been supported in substitution.

Appendix 1 highlights key actions from both winter plans, with an indication of progress to date.

Systems Pressures Workshop

An integrated workshop was held on 16th December 2019 and was attended by over 60 participants from across the three counties. The aim of the workshop was to recognise the severe pressures facing the Health and Social Care system in West Wales and to share an understanding of the system pressures, issues and pressure points, practitioner experiences, and, critically, the improvements that could be made to the way the whole system works.

The actions agreed at the workshop have been discussed and approved through the Integrated Executive Group and are being progressed alongside the winter actions.

Next Steps

A full lessons learnt review, will be undertaken in April/May 2020 to provide perspective and evaluate the effectiveness of additionality measures taken, to influence the planning cycle for 2020/21.

Argymhelliad / Recommendation

The Board is asked to:

- Note the extent of continued system pressures across the broader unscheduled care system;
- Note the proactive measure taken in setting up a systems pressures workshop and the associated agreed actions; and
- Note the winter and system pressure actions being undertaken to mitigate the broader system pressures being experienced.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:

Corporate Risk 629

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 5.1 Timely Access 6. Individual care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Government Winter Planning directives
Rhestr Termau: Glossary of Terms:	Contained within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance Committee Executive Team Integrated Executive Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There will be significant financial costs associated with winter planning, these are currently being monitored by the Finance Department to ensure that all plans deliver a break even position
Ansawdd / Gofal Claf: Quality / Patient Care:	Robust winter plans will ensure patient care continues to be provided throughout the winter period.
Gweithlu: Workforce:	Use of agency resources to mitigate internal human resource capacity limitations details are contained within the winter plans.
Risg: Risk:	The winter period presents heightened risk to the Health Board with increased demand across the unscheduled care system. The risk issues associated with the

	<p>unscheduled care system and across winter are recorded on existing risk registers.</p> <p>Due to bed reconfigurations and overspends on the acute sites some of the escalation capacity opened during 2018/19 will not be available for this year and this remains a significant risk at this point.</p>
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	There could be significant reputational risks for the HB and partners in the event of major incident.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Bespoke winter plans are in place for the three counties which reflect the needs of the population within each of these counties.

Appendix 1 Integrated Winter Action Plan

Winter Action	SRO	Progress to Date
Dedicated pharmacy support at the front door	Jenny Pugh Jones	<p>All the new substantive posts are currently out to recruitment. As a number of the appointments may be internal, backfill would be needed before we can fully implement the service. However it is anticipated that posts will be filled by April 2020.</p> <p>Wherever possible shifts are being filled by current post holders on a goodwill basis. The only site to see consistent fill rates is Glangwili Hospital, through volunteers coming in at 8am. There are on average 1 / 2 Pharmacists, 1 Pharmacy technician and 1 ATO working at the front day each day Monday to Friday. The service is configured differently at weekends with 1 Pharmacist & 1 Pharmacy technician being available.</p> <p>The numbers of patients being reviewed by the pharmacy team, including advice given, medication reviews etc is on average 2 to 5 per day.</p>
Additional discharge vehicle, with Welsh Ambulance Services NHS Trust (WAST), to facilitate discharges from all sites	Rob Jeffery	<p>The discharge vehicle is being provided on a daily basis and can respond to requests from any sites within HDdUHB. The vehicle is regularly being used to facilitate discharges.</p> <p>The numbers of booked journeys and those that were aborted, with the reasons for the cancelled journey, are monitored on a daily basis to ensure that the vehicle is being fully utilised.</p>
Continuation of the Home Support Team	Janice Cole-Williams	<p>The Home Support team of 5.6 whole time equivalent (wte) staff were employed temporarily in November 2019 to support discharge from orthopaedics and general surgery. The service operates 7 days a week, providing direct care & support for up to 2 weeks following discharge, bridging the gap between acute and community and reducing the average length of stay, particularly for those having suffered a fractured hip.</p> <p>The winter monies has increased this team to 10 wte substantive posts, as part of the £1m recurrent funding allocation. All the new posts are currently</p>

Appendix 1 Integrated Winter Action Plan

		<p>out to advert and interviews are scheduled later this month. Staff should start by the end of February 2020.</p> <p>Capacity within the current team is maximised by supporting patients to go home once medically optimised whilst still requiring some functional support. These patients would otherwise remain in hospital whilst they gained more confidence & strength. Visits can continue for in the region of 2 weeks following discharge where the need for long term care is not anticipated. Carers take an enablement approach and often help with mobility, washing & dressing, nutritional needs & building confidence with stoma care.</p> <p>Patients are referred to the service from all areas but predominantly Orthopaedics and General Surgery. Patient & staff feedback of the home support service has been extremely encouraging with several pieces of positive patient feedback having been received.</p>
Advanced Care Planning (ACP) & Stay Well planning support to care homes	County Directors	<p>Each County had existing process in place to provide planning support to out populations;</p> <p>Carmarthenshire - Building on a successful pilot that was undertaken during 2018/19, Acute Geriatrician colleagues are currently working community sessions and assessing care home residents. This includes ACPs. This was initially focused on the largest care home in Llanelli and is being rolled out to other Care Homes and it is intended to develop the team around Geriatricians across the County to increase scope. Transformation Fund monies have allowed funding of community clinicians (GP sessions) who will support this work along with our community nursing resource and the introduction of 'Red Bag Scheme'. The innovative red bag scheme, developed in England, helps to provide a better care experience for care home residents by improving communication between care homes and hospitals. When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the</p>

Appendix 1 Integrated Winter Action Plan

		<p>resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items.</p> <p>Pembrokeshire already deliver this service in partnership with Paul Sartori (PS) and through cluster projects. The Quarter 2 report evidences 173 people supported so far this year.</p> <p>Ceredigion are also working with PS. PS have recruited 2 new team members on an 'as needed' basis to assist with the project. They have allocated 1 team lead to each care home from their experienced nurses. The ACP team met with Care Homes on 18th December 2019 to introduce themselves and discuss aims for the project. Training to be delivered either in care homes or at central venues is currently being scoped and planned, with the aim to deliver this training during January 2020. Training venues have been booked - Cardigan Castle 10th and 13th January, (four sessions over two days, each session 3 hours each, only one session is needed per person, all attending will receive a certificate). There will be tea/coffee and a selection of homemade cakes at each session. 36 have people booked onto the training dates at this point.</p>
Commissioning for implementation of the 4 Discharge to Recover and Assess Pathways, including the bridging service & Community Care Beds	County Directors	<p>In both Carmarthenshire and Pembrokeshire a new bridging service was introduced during winter 2018/19, this was an 'on demand' service to facilitate timely discharge from hospital and maintain people in the community for as long as possible. This was a 'proof of concept' proposal that aimed to reduce delays in discharge from hospital related to the inability of the independent care sector providers to increase their domiciliary care workforce capacity rapidly enough to meet increased demand experienced in hospitals during winter months. The service supported the person's transition home from hospital and worked with the individual to establish their personal outcomes and how these will be met. These posts have been made substantive as part of the £1m recurrent funding allocation.</p>

Appendix 1 Integrated Winter Action Plan

		<p>Pembrokeshire – Most Community Care Beds are spot purchased with the exception of one 5 bed new unit in the north which has been block booked. Intermediate Care Beds are accessible through South Pembrokeshire Hospital where there is embedded therapy staff to support rehabilitation and reablement, along with multi-professional discharge assessment and planning. Bridging Care, commenced with 22 patients having been supported and discharged since the start of April 2019 and a further 10 patients currently being provided with care at home.</p> <p>Carmarthenshire – Additional domiciliary care hours have been commissioned to reduce current time taken to place care and support packages (to include Bridging Service). This commenced on 25th November 2019. Phase 1 up to the end of December had supported 12 discharges home from hospital and reduced 3 packages of care through the right sizing process.</p> <p>Block purchase of additional step down beds x12 across county was put in place on the 18th December for 8 weeks. Additional social work hours to reduce assessment delays has been put in place as of 2nd January 2020. As part of this year's winter monies, we have secured appointment of fixed term senior nurse to lead implementation of Discharge 2 Recover & Assess and 'flow' improvement for minimum 3 months.</p>
Establishing a Chronic Obstructive Pulmonary Disease (COPD) pathway to improve self-management in Ceredigion	Jina Hawkes	Researched existing plans and approaches. Developed draft pathway for discussion with respiratory Multi-Disciplinary Team (MDT). A meeting has taken place with Ceredigion Respiratory team including Consultant, Secondary Care nurses and Community Oxygen / Respiratory nurses and a patient criteria and pathway agreed.
Dedicated Acute Response Team (ART) resource and vehicle, to support GP Out of Hours (OOH) services for palliative care patients,	Nick Davies	Discussions with service and Assistant Director Nursing around the governance arrangements have been held and the necessary arrangements put in place. These discussions have slightly delayed the delivery of this action alongside increasing the bank resource in order to deliver these

Appendix 1 Integrated Winter Action Plan

avoiding unnecessary conveyances to hospital		additional sessions, however these are now in place and the service will come on line from the first week of February 2020.
Clinical lead GP shifts and remote working GP shifts to support the GP OOH rota	Nick Davies	<p>Due to the fragility of the GP OOH rota, winter monies have been made available to provide a new clinical lead shift and to review the practical possibility of GPs providing telephone advice from their home.</p> <p>Expressions of interest for shift lead GP and remote working GP have been sought, with 4 received. These additional shifts will be implemented as soon as possible.</p>
Additional community equipment and leasing of vehicle to ensure delivery to facilitate discharge from acute beds	County Directors	<p>Following identification of equipment shortages, and the success of purchasing additional equipment during last winter, monies were allocated earlier this year to enable additional equipment to be purchased.</p> <p>A review of last year's equipment shortages was been undertaken which identified that there a need for additional beds and pressure mattresses to be ordered. This equipment has been procured and supplied.</p> <p>In order to facilitate the delivery of equipment in a timely manner and additional vehicle has been leased, the vehicle has been contracted and commenced 1st November 2019.</p>
Extending evening and weekend opening hours of Porth Gofal (single point of contact) in Ceredigion	Ceredigion County Council Jina Hawkes	This project continues to develop. As a result of the Winter Pressures summit in December 2019, we are intending to expand this project to absorb underspend. The proposal is for two temporary posts - 1 role is to be based within the ED and Clinical Decision Unit (CDU) in order to facilitate discussions with family and carers and the individual (where possible), at an early stage and provide information, signposting and turnaround service to other agencies, if appropriate, to avoid hospital admissions. Also re-starting care packages by liaising with providers, and contacting British Red Cross for the low level domiciliary care service. Provide an initial assessment where required. The second role is to follow discharges in the community to ensure packages of care are suitable and supporting the service user and

Appendix 1 Integrated Winter Action Plan

		carer to prevent admissions to hospital. Registered Managers from Local Authority homes will be utilised for 'in-reach' assessments before discharge to anticipate transfers from hospital to residential care setting – funding used for back-fill capacity within the homes.
Provision of planned weekend day centre support, additional day respite for carers and multi-cast opportunities in Ceredigion	Ceredigion County Council Jina Hawkes	This project will not continue – allocation has been profiled into the other two projects above, due to significant difficulties in start-up.
Utilisation of blood bikes in Ceredigion to act as transport for medicines due to lack of weekend pharmacies, avoiding unnecessary attendance at GP OOH or EDs	Jina Hawkes	As part of the winter monies the existing Blood Bike scheme, to deliver medication, was extended at weekends and out of hours. This is when patients and carers have difficulty accessing a pharmacy in their local area. Engagement has taken place with the existing Blood Bikes scheme. The request for an increase in service provision has now been directed to a national contact and discussions are progressing.
Extending Third Sector support to palliative care patients in Carmarthenshire	Rhian Dawson	Led by Marie Curie, this scheme funds up to an additional 4,430 hours to top up their existing contract of 15,500 hours to support end of life care at home. Delivery was due to commence on the 9 th December, however, significant staffing sickness levels within the organisation has prevented commencement of the additional hours. New commencement date is projected for 3 rd February for the remaining 2 months of winter.
Appointing new housing officers to attend daily Board Rounds in acute and community hospitals in Carmarthenshire	Carmarthenshire County Council Rhian Dawson	As part of the board round evaluation, on occasion issues related to housing haven been cited as causing a delay in discharge from the acute hospitals. As a pilot this year additional hours are in place from 1 st January 2020 until the end of March 2020 to provide board round cover 1 day per week to support discharge for a housing related reason.
Creating 'surge' in Amman Valley Hospital and associated agency costs for both Amman Valley & Llandovery community hospitals	Rhian Dawson	Capacity has been created at Amman Valley Community Hospital and Llandovery Community Hospital to facilitate discharge from the acute sites. Winter funding has allowed capacity to be retained at 28 beds at Amman Valley Hospital rather than be reduced to 22 beds in line with Cost Improvement Plan (CIP) savings. This has supported patient flow.

Appendix 1 Integrated Winter Action Plan

New administrative flow coordinator to improve flow through the community hospital beds in Pembrokeshire	Elaine Lorton	<p>In order to facilitate patient flow and reduce delays on the discharge pathway administrative hours have been backfilled, from winter monies, to enable the ward clerk to focus on the tracker / co-ordinator role.</p> <p>This commenced at the start of December 2020 and we are beginning to see an increase in flow; however, further evaluation over time is needed to assess the actual impact of this role.</p>
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Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Meeting held on 3 rd December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> Corporate Risks Assigned to QSEAC – Members received the Corporate Risks assigned to QSEAC report, where the three new risks were discussed in detail in order to provide assurance to the Committee. In regard to <i>Risk 750: Lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital (WGH)</i>. Members acknowledged the fragility of ED and recognised the on-going commitment by staff who are working under extreme pressure. Whilst only limited assurance could be provided, Members were advised that a Fragility of Services report is due to be presented to the Board Seminar session on 12th December 2019, where further discussions will take place. With regard to <i>Risk 91 - Lack of consultant Cellular Pathologists to enable support compliance with the 14 day timescale set out within the new Singles Cancer Pathway</i>. Whilst some assurance was received from the mitigations in place, Members proposed that a deep dive on the service, in particular the impact of the single cancer pathway, should be presented to the next QSEAC meeting in February 2020. With regard to <i>Risk 805 - Failure of the tertiary centre to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI) procedure</i>, Members received assurance that patients currently on the waiting list are being seen within the 36 week target, whilst acknowledging that further discussions are required in regard to the appropriateness of this all Wales target. It was further acknowledged that until the outcome of the Royal College of Physicians (RCP) review is received, no further assurance could be provided in regard to the long term sustainability of the service. Delivery of Ophthalmology Plan and Impact on Care and Outcomes for Hywel Dda Patients – Members received the Delivery of Ophthalmology Plan and Impact on Care and Outcomes for Hywel Dda Patients report. The Committee recognised the work of staff in the Hospital Eye Service (HES) and Community settings and welcomed the proposed regional development with A Regional Collaboration for Health (ARCH) to support recruitment and retention. The Committee received assurance that the Directorate has improved arrangements for reporting and investigating patient safety incidents and the planned improvements to support patient experience, Monitoring should now take place by the Operational Quality, Safety and Experience Sub-Committee (QQSESC) with future reports presented to QSEAC by exception only. Hospital Acquired Thrombosis (HAT) – Members received the Hospital Acquired Thrombosis (HAT) report providing an overview of Hywel Dda University Health Board's position. Concerns were raised regarding the potential for an increase in errors which would have a direct impact on patient experience given that 5 different Thrombo-prophylaxis (TP) Risk Assessment 	

tools are in use in Hywel Dda for different specialities and admissions in line with all Wales guidelines, which could potentially cause confusion within the clinical teams. This will be taken forward by the Thrombosis Group and the soon to be appointed quality improvement leads. Given that on the evidence presented within the report, Members did not believe that sufficient progress has been made, and emphasised the need for pace and focus on this matter. It was proposed that a further report and action plan would be presented to QSEAC at the February 2020 meeting.

- **Mortality Performance and Developments** – Members received the Mortality Performance and Developments report, welcomed the significant improvement regarding stage 1 compliance for Bronglais General Hospital (BGH), and challenged the Health Board to meet the 95% compliance target by February 2020.
- **Enabling Quality Improvement in Practice (EQIIP) Collaborative Programme** – Members received the Enabling Quality Improvement in Practice (EQIIP) Collaborative Programme, welcoming the positive improvement work delivered to date, and supported the continuation of the programme, suggesting that for the next cohort a focus on wider teams within the Health Board could be considered, for example non-clinical teams.
- **Colorectal Cancer Multidisciplinary Team (MDT) Peer Review** – Members received the Colorectal Cancer Multidisciplinary Team (MDT) Peer Review update report, noting that the review had been requested by the Health Board to assess the current position following the previous peer review undertaken in 2017. For QSEAC's assurance, confirmation was received that no serious concerns had been identified by the review team. It was further noted that work is being progressed to improve the underlying cultural and leadership issues in the MDT with the Health Board investing in leaders and providing programmes for clinicians through the medical leadership forum. Given the level of assurance received regarding the actions to date, the Committee agreed that further monitoring of the action plan would be undertaken by the Directorate.
- **Claims Management Report – High Value/Novel Claims** – Members received the Claims Management Report – High Value/Novel Claims which included a summary of the current clinical negligence claim caseload, and cases valued in excess of £100,000. Members agreed that an overview Claims Management report would be presented to the main QSEAC meeting in future, with the detailed report to be considered during In-Committee QSEAC.
- **Exception Report From Workforce And Organisational Development Sub-Committee (WODSC)** – Members received the Workforce and OD Sub-Committee (WODSC) exception report and recognised the improvement in Personal Appraisal Development Review (PADR) compliance which is now above the Wales average. However due to concerns expressed in regard to core attendance at WODSC meetings, further, discussions would be required regarding the ToRs and membership of the Sub-Committee.



**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:

- Cellular Pathology staffing issues.
- Hospital Acquired Thrombosis (HAT).
- Core attendance at WODSC meetings.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /

Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

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

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

4th February 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 17 th December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) Update Report - the Committee received the H&SEPSC update report from the meeting held on 5th November 2019. In relation to the Health & Safety Executive (HSE) Inspection, the Committee noted control groups and task and finish groups have been established to co-ordinate compliance, chaired by Executive Directors and Heads of Service. These groups will be monitored by the H&SEPSC through the current bi-monthly meetings and monthly extraordinary meetings to ensure a full understanding of the enforcement actions and how evidence will be collated to ensure assurance is given to Board and BPPAC. In relation to the Fire Enforcement Notice at Withybush General Hospital, Members noted that a control group has been established to implement the improvements needed to comply with the notice, and that discussions are in place with Welsh Government regarding a business case for capital for the required rectifications. An update report on both the HSE Inspection and Fire Enforcement Notice will be presented to BPPAC at its February 2020 meeting. Information Governance Sub-Committee (IGSC) Update Report - the Committee received the IGSC update report from the meeting held on 11th December 2019. Members noted the fragility within the Clinical Coding Team workforce and that an urgent plan would be developed by IGSC as a business justification case to the Executive Team. The IGSC approved the Macmillan Person Centred Care Project/eHNA (Electronic Holistic Needs Assessment) and Friends & Family Service. BPPAC approved the IGSC revised Terms of Reference and All Wales Email Use Policy. Welsh Community Care Information System (WCCIS) Business Case – the Committee noted that WCCIS became operational in Ceredigion on 9th December 2019 and that a Full Business Case would be presented to BPPAC in Summer 2020 with an anticipation of rolling WCCIS out to other Counties. In summary, Members welcomed the progress on implementation of WCCIS to date. Corporate Risks Associated to BPPAC - the Committee received the Corporate Risks allocated to BPPAC. In regards to <i>Risk 371 "Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information"</i>, Members noted that a report would be submitted to the Executive Team in January 2020. In regards to <i>Risk 813 "Failure to fully comply with the requirements of Regulatory Reform (Fire Safety) Order 205"</i>, Members noted this is a new risk following the recent enforcement issues in Withybush General Hospital and that appropriate actions are in place. 	

In summary, Members accepted the current mitigations in place and received assurance that actions are being undertaken.

- Operational Risk Report** - the Committee received the Operational Risks allocated to BPPAC. In regards to *Risk 63” Lack of adequate private practice process causing commercial risk affects the whole Health Board”*, it was agreed to review the action plans in place in relation to this risk. In regards to *Risk 54 “Non achievement of agreed performance for urgent & non urgent suspected cancers affects the whole Health Board”*, Members agreed that 9 remains an appropriate score whilst acknowledging that the risk is above the Board’s tolerance level.
- Integrated Performance Assurance Report** - the Committee received the Integrated Performance Assurance Report for Month 7 2019-20, noting HDdUHB ranked in the top 3 for 37.5% of measures which represents a 1% reduction from the previous month. Members noted that unscheduled care is currently dominating the performance and proving extremely challenging, however, in terms of planned care, assurance had been received from WG that whilst current performance levels are slightly below target, there is a confidence that the year-end targets will be met. An update following the Winter Summit held on 16th December 2019 was also provided to Members highlighting the particular pressures on services that are continuing into December. Members acknowledged the substantial work undertaken to stabilise the pressures with a significant amount of work undertaken on the integrated performance management dashboards to obtain live information to assist in managing the situation and take action.
- NHS Wales Shared Services Partnership (NWSSP) Performance Report** - the Committee noted the NWSSP Performance Report for Quarter 2 (2019/20).
- Planning Sub-Committee** - the Committee received the Planning Sub-Committee update report from the meeting held on 18th November 2019. Members noted the significant amount of work undertaken over the previous few months preparing the Three Year Plan 2020/23 and assurance was received that HDdUHB is on target to achieve this with an expectation that the plan will be presented to the In-Committee Board in January 2020 as it is anticipated that it will still be subject to ongoing discussion with WG.
- Capital, Estates and IM&T Sub-Committee Update Report** - the Committee received the Capital, Estates and IM&T Sub-Committee update report from the meeting held on 19th November 2019. In terms of capital governance, Members noted that three projects (Crosshands Health & Wellbeing Centre, Cylch Caron and Pond Street/Penlan) were reported with red RAG rating with the anticipation that Crosshands will revert to a green rating. The project teams involved were commended for their hard work in ensuring the successful delivery of Aberaeron and Cardigan Integrated Care Centres. Both the Infrastructure & Investment Enabling Plan 2020/23 and Draft Digital Delivery Programme Plan 2020-2023 have been completed.

- **Report on the Discretionary Capital Programme 2019/20** - the Committee received the Report on the Discretionary Capital Programme (DCP) 2019/20. Members noted the Sub-Committee's assessment of available capital funds and recommended priority expenditure list for 2019/20, the list of expenditure items being prepared should any additional capital funds become available, and the summary capital scheme governance report. Spending priorities included fire compliance and essential estates infrastructure and Members acknowledged the difficulty at this time of year in re-balancing capital whilst still tackling high end risks and demands.
- **Delivery of Ophthalmology for Hywel Dda Patients (Including Long Term Sustainability)** - the Committee noted and considered the long term plan for Ophthalmology services and supported the direction of travel outlined within the report. Members noted the fragility of services currently, however, were pleased to note discussions have commenced with Swansea Bay University Health Board (SBUHB) regarding a regional model, including joint posts to develop a sustainable service model for the future. It was acknowledged that until recruitment issues can be resolved, this will continue to be a risk.
- **A Regional Collaboration for Health (ARCH)** - the Committee received and noted an update on the activities of the ARCH Portfolio for the period October to November 2019, commending the on-going commitment and substantial work undertaken.
- **Llanelli Wellness Village** - the Committee received an update report, noting the extremely positive feedback that has been received regarding its ongoing implementation, the benefits of which will be discussed and showcased at a workshop to be held on 17th January 2020. It was further noted that HDdUHB has made a provisional commitment to lease 4-6 clinic pods within the Village for clinical space, which will create significant opportunities for the clinical workforce.

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:

- **Delivery of Ophthalmology for Hywel Dda Patients (Including Long Term Sustainability)** – Ophthalmology services recruitment continues to be a challenging issue and until this matter is resolved, it will continue to be a risk.

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:

20th February 2020



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance update for Hywel Dda University Health Board – Month 9 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Karen Miles, Director of Planning, Performance, Informatics and Commissioning In association with all Executive Leads
Rainbow10 SWYDDOG ADRODD: REPORTING OFFICER:	Karen Miles, Director of Planning, Performance, Informatics and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer 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](#)
 - [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 = 15% (5/34)
- within 5% of target = 9% (3/34)
- target not met = 76% (26/34)

All Wales data is available for 34 of the 36 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 38% of measures which is a 2.9% improvement from the previous month.

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 Termiau: 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
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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

Performance update for Hywel Dda University Health Board

as at 31st December 2019

Click one of the boxes below to navigate to that section of the report

Executive summary

Overview

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Stroke and cancer

Planned care and therapies

Quality and safety

Mental health and
neurodevelopmental

Population health

Workforce and finance



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

November and December were extremely challenging months across our unscheduled care pathway. We are continuing to implement our Winter Plan and work with our partners to reduce the pressure on our services and provide safe care for patients. The latest figures for December show we had our poorest performance in over 3 years:

- The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (58%);
- 799 ambulance handovers were reported as taking longer than 1 hour;
- 76% of patients were seen within 4 hours in A&E/MIU (target 95%) and 1,053 patients spent longer than 12 hours (target 0);
- The census count day in December 2019 saw 13 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?

- In December, 93.2% of stroke patients were assessed within 24 hours by a specialist stroke consultant;
- The 12 month improvement target was met for speech and language therapy for stroke patients;
- 98.3% of patients on a non-urgent suspected cancer pathway started treatment within 31 days of it being agreed;
- The reduction target was met for operations cancelled for non-clinical reasons within 24 hours of a patient's procedure date;

Where have we made improvements?

- The number of patients waiting more than 14 weeks for a specific therapy reduced from 224 in November to 146 in December;
- There has been a 12 month improvement in the number of staff completing their core skills training;
- Performance for serious incidents assured within timescale has improved from 40% in November to 75% in December;
- The percentage of urgent suspected cancer patients who commenced treatment within 62 days of referral improved by 3.1%;
- Performance in respect of the Single Cancer Pathway improved by 1% from the previous month;
- 61.8% of high risk Ophthalmology patients waited no more than 25% over their clinical target date, an improvement from November 2019.

Where is improvement needed?

- 38% of stroke patients were admitted to a stroke unit within 4 hours in December 2019, compared to 59.5% in December 2018;
- The number of patients waiting more than 8 weeks for a diagnostic test increased from 102 in November to 131 in December;
- There were 14,795 patients in December having a delayed planned care specialty follow up outpatient appointment, which is 1,885 less than December 2018;
- The number of patients waiting over 36 weeks from referral to treatment increased from 564 in November to 726 in December;
- In November, 634 children/young people waiting over 26 weeks for a neurodevelopmental assessment and 684 adults waiting for a psychological therapy;
- In December we reported 12 C.difficile infections, 29 E.coli infections and 3 S.aureus infections;
- Our sickness rate has increased over the past 2 months but we still have the lowest staff sickness rate of the 6 largest Health Boards in Wales;
- 75% of staff have had a performance appraisal development review, which is a 5% decrease since May 2019 and the 85% target has not been met;
- 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 need a more efficient process for signing off our consultant and SAS doctors job plans for the 90% target to be met by March 2020;
- Due to staff shortages, only 67% of concerns received a final reply within the agreed 30 working days;
- We have a year-end Control Total requirement of £15.0m deficit. The current forecast is £25.0m deficit.

Our 36 key deliverable measures

Latest data

26

3

5

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 38% of measures:

- 1 2 measures
- 2 5 measures
- 3 6 measures
- 4 5 measures
- 5 5 measures
- 6 10 measures
- 7 1 measure

All Wales Benchmarking data is latest published from Welsh Government and relates to historic data that is 1 or 2 months behind Hywel Dda figures.

Overview

Key deliverables

		Target	Previous period	Latest data	12m trend	Plan met?	All Wales rank	Notes **
Unscheduled care	Ambulance red calls	65%	58.4%	58.0%	↓	No	6 th out of 7	Poorest performance seen in Pembrokeshire (54.2%)
	Ambulance handovers over 1 hour	0	670	799	↓	No	3 rd out of 6	All 4 sites had worst performance seen in over 3 years
	A&E/MIU 4 hour waits	95%	76.8%	76.0%	↓	No	2 nd out of 6	BGH 77.1%, GGH 71.1%, PPH 90.5%, WGH 66.2%
	A&E/MIU 12 hour waits	0	1,053	1,053	↓	No	3 rd out of 6	Compared to Nov '19, GGH & WGH improved
	Non-mental health DTOC	12m↓	65	49	↓	No	3 rd out of 8	Carms 29, Cere 5, Pembs 13 and patients from out of county 2
	Mental health delayed transfers of care (DTOC)	12m↓	14	13	↓	No	4 th out of 7	Carms 6, Cere 5 and Pembs 2
Stroke and cancer	Admission to stroke unit <4 hours	55.5%	70.4%	38.0%	↓	No	2 nd out of 6	Target met in BGH (62.5%)
	Assessed by stroke consultant <24 hours	84.0%	98.3%	93.2%	↑	No	1 st out of 6	3 sites (GGH, PPH & WGH) achieved 100% compliance
	Stroke patients - speech and language therapy	12m↑	33.4%	34.8%	↑	n/a	6 th out of 6	Lowest compliance PPH (3 mins), highest BGH (7mins)
	Urgent suspected cancer	95%	72.8%	75.9%	↓	No	5 th out of 6	20 out of 83 patients breached
	Non urgent suspected cancer	98%	98.5%	98.3%	↑	Yes	2 nd out of 6	2 out of 117 patients breached
	Single cancer pathway	n/a	74%	75%	↓	n/a	6 th out of 6	150/200 treated in target with suspensions
Planned care and therapies	Hospital initiated cancellations	5%↓	103	156	↑	No	2 nd out of 7	41 more patients cancelled in Nov '19 compared to Nov '18
	Delayed follow-up appointments 5 specialties	12m↓	14,528	14,795	↑	No	3 rd out of 5	267 more follow ups in Nov than Dec '19 (Derm. reduced by 25)
	Ophthalmology patients seen by target date	95%	59.3%	61.75%	n/a	n/a	6 th out of 7	Slight improvement and more patients assigned a risk factor
	Diagnostic waiting times	0	102	131	↓	No	4 th out of 7	Most breaches from Cardiology (100) & Radiology (29)
	RTT – patients waiting 36 weeks+	0	564	726	↑	No	2 nd out of 7	The 2019/20 Annual Plan ambitions were not met and there was an increase of 162, 36 week breaches in December
	RTT – patients waiting <=26 weeks	95%	87.7%	86.5%	↓	No	3 rd out of 7	
	Therapy waiting times	0	224	146	↓	No	7 th out of 7	Most breaches are from Physiotherapy services with 128
Quality and safety	C.difficile	<=25	38.90	38.66	↑	n/a	6 th out of 6	Number of cases decreased from 14 in Nov to 12 in Dec '19
	E.coli	<=67	107.75	105.61	↓	n/a	6 th out of 6	Number of cases decreased from 36 in Nov to 29 in Dec '19
	S.aureus	<=20	30.73	28.30	↑	n/a	5 th out of 6	Number of cases decreased from 6 in Nov to 3 in Dec '19
	Serious incidents	90%	40%	75%	↑	Yes	4 th out of 9	6 out of 8 serious incidents assured within target
	Concerns and complaints	75%	72.5%	67%	↑	No	6 th out of 10	Reduced capacity lead to a drop in performance for December
MH +	Children/young people neurodevelopment waits	80%	33%	33.3%	n/a	n/a	6 th out of 7	In Nov 19 there were 634 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	56.3%	53.3%	n/a	n/a	6 th out of 7	In Nov 19 there were 684 adults waiting over 26 weeks
Population Health	'6 in 1' vaccine	95%	95.1%	94.5%	↑	No	6 th out of 7	Quarter 2 2019/20 (Jul-Sep) saw a 0.6% decline
	MMR vaccine	95%	92.2%	91.0%	↑	Yes	5 th 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	5 th out of 7	1,002 smokers treated
	Smoking cessation - CO validated as quit	40%	47.9%	47.1%	↑	n/a	3 rd out of 7	Target consistently met for over 1 year
	Childhood obesity	n/a	n/a	11.8%	n/a	n/a	4 th out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	4.95%	5.08%	↓	n/a	4 th out of 10	Lowest sickness rate of the 6 largest Health Boards in Wales
	Performance appraisals (PADR)	85%	75%	75%	↓	No	1 st out of 10	Performance has deteriorated over the last 7 months
	Core skills mandatory training	85%	82.5%	82.6%	↑	No	5 th out of 10	12 month improvement and 2.4% short of target
	Consultants/SAS doctors - current job plan	90%	59.0%	57.0%	n/a	No	n/a	Workshops being held Jan-Mar '20 to improve compliance
	Finance	£15.0	£17.54m	£20.11m	↓	n/a	n/a	Health Board Control Total requirement is £15.0m deficit.

+ Mental Health & neurodevelopment

** BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Witybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board

How did we do in December 2019?



58.0% of ambulances arrived to patients with life threatening conditions within the 8 minute target.



799 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). This is almost three and a half times the handover delays that we reported in December 2018 (226).



12,406 patients attended an A&E/MIU in December as a new attender. Of these patients, **76%** were seen and treated within 4 hours of arrival but 2,978 patients waited longer and **1,053** patients waited over 12 hours; From April to December there has been a 6% increase in attendances for major illness compared to 2018.



In December there were 3,857 emergency admissions to our hospitals of which 2,156 (56%) were admitted via A&E/MIU. On average medical emergency patients stayed in hospital for 10 days (Apr-Dec).



On December census count day there were **49** patients (aged 75 plus) and **13** 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	6 th out of 7
	Ambulances waiting > 1 hour to handover a patient	3 rd out of 6
	Patients being seen and treated within 4 hours in A&E/MIU	2 nd out of 6
	Patients waiting more than 12 hours in A&E/MIU	3 rd out of 6
	Non-mental health patients aged 75+ DTOC	3 rd out of 8
	Mental health patients DTOC	4 th out of 7

Risks

- Staff vacancies in our hospitals lead to difficulty filling shift rotas, impacting our ability to promptly treat patients ;
- An exceptional number of ambulance hours lost result in delayed response to patients in the community. In December, 2,183 hours were lost which equates to 187 double crewed ambulances being taken out of the system for a full shift;
- High sickness levels in the Wales Ambulance Service Trust (WAST) have a negative impact on ambulance response times;
- Ambulatory care pathway congested increases patients seen in A&E/MIU;
- Norovirus and Influenza cases in PPH & GGH impacted upon patient discharges and due to ward/hospital closures reduced our bed capacity by the equivalent of one whole ward for most of December;
- Long waits for reablement and long term care packages risk availability of beds for new patients;
- 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;
- 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; Carmarthenshire has a senior nurse to improve complex discharges;
- We are planning in advance of when patients are medically optimised to reduce the delay of them being able to leave hospital;
- £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;
- Active recruitment for vacant care, medical and nursing positions.

**How did we do in November/December 2019?**

38% of patients presenting at one of our 4 acute hospitals in December with a stroke were then admitted to a dedicated stroke unit within 4 hours.



All (**93.2%**) of the 59 patients admitted with a stroke in December were assessed by a specialist stroke consultant within 24 hours.



Only a third (**34.8%**) of stroke patients had the recommended amount of speech and language therapy in hospital during December and the 12 month improvement target was met. However, this is lower than we would like and we are reviewing our stroke services to determine how this can be improved. The stroke redesign business case will be completed by March 2020 for consideration by the Board early in 2020-21.



During November 2019, **75.9%** (63/83) of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral. This represents a 3.1% improvement over the previous month.



98.3% (115/117) 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) to monitor progress of all newly referred cancer patients from the point of suspicion until treatment starts. The new pathway increases the number of patients who will be monitored during the diagnostic phase. In November, **75%** of patients covered by the SCP were treated within 62 days of the point of suspicion, a 1% improvement on the previous month.

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	2 nd out of 6
	Assessed by stroke consultant within 24 hours	1 st out of 6
	Stroke patients - speech and language therapy	6 th out of 6
	Urgent suspected cancer	6 th out of 6
	Non urgent suspected cancer	4 th out of 6
	Single cancer pathway	2 nd out of 6







Risks

- Stroke
 - Lack of suitable care packages in the community results in stroke patient discharge delays which impacts admitting patients to a stroke unit within the 4 hour target;
 - 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;
 - 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.
- 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.

How did we do in November/December 2019?

-  **131** patients waited over 8 weeks for a diagnostic test in December which is an increase of 29 since the previous month.
-  **146** patients waited longer than 14 weeks for a therapy appointment, which is a 78 reduction from November. There has been a significant improvement for Physiotherapy.
-  **156** patients had their procedure cancelled within 24 hours in November and the 5% reduction target was met;
-  In December, **86.5%** were waiting less than 26 weeks from referral to being treated (RTT) and **726** patients waited beyond 36 weeks.
-  **61.75%** of high risk (R1) Ophthalmology patients waited no more than 25% over their clinical target date, a 2.45% improvement over the previous month. 1,272 (6.7%) patients are yet to be allocated a risk factor.
-  In December, **32,250** outpatients waited beyond their target date for a follow up appointment. This includes **14,785** patients waiting for a Trauma & Orthopaedics, Ear, Nose & Throat, Urology, Dermatology or Ophthalmology outpatient appointment. In total there are 1,032 more patients delayed since November.

How do we compare to our all Wales peers?

	Diagnostic waiting times	4 th out of 7
	Therapy waiting times	7 th out of 7
	Hospital initiated cancellations	2 nd out of 7
	Referral to treatment (RTT) <=26 weeks	3 rd out of 7
	RTT – patients waiting 36 weeks or more	2 nd out of 7
	Ophthalmology patients seen by target date	7 th out of 7
	Delayed follow-up appointments 5 specialties	3 rd 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 mainly due to staff capacity challenges and increasing demand within our physiotherapy service;
- 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;
- Therapy actions include skill mix/service reviews, signposting, self-management, community musculoskeletal initiatives, recruitment and agency utilisation;
- The service is reducing hospital initiated cancellations (<24 hours) by optimising theatre lists, liaising daily with patient flow teams and realising the benefits from unscheduled care improvement plans;
- RTT delivery plans are in place across all specialties and recovery actions are being progressed, including scoping 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 a range of clinical transformation plans to increase the number of reviews which can be undertaken outside of the traditional clinic setting. Examples include Patient Reported Outcome Measures (PROMs) and Patient Know Best (PKB) modules.

How did we do in November/December 2019?



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 December, a slight reduction from 14 in November.



Escherichia coli (E.coli) is a blood stream infection. The number of diagnosed E.coli infections reduced from 36 in November to **29** in December.



Staphylococcus aureus (S. aureus) is also a blood stream infection. The number of cases of S.aureus decreased from 6 cases in November to **3** in December.



In December, we reported 1,410 incidents of which 1,178 were patient safety related. We also reported 11 serious incidents to Welsh Government, all of which are due for closure with Welsh Government in March 2020. 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 December (these were originally reported in September 2019), of which **75%** (6/8) were closed in the agreed timescale.



We responded to **67%** of concerns within the agreed timescales. We did not meet the target of 75% as there was reduced staff capacity from mid-December through to January.

How do we compare to our all Wales peers?

	C.difficile infections	6 th out of 6
	E.coli infections	6 th out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	5 th out of 6
	Serious incidents assured in a timely manner	4 th out of 9
	Timely responses to concerns and complaints	6 th out of 10

Risks

- Increasing number of patients admitted with diarrhoea over the last month and the risk of developing C.difficile increases for these patients;
- E.coli numbers may rebound in January as we tend to see an increase in cases related to Cholecystitis following Christmas;
- The high numbers of patient activity in the HB is likely to mean an increased number of blood cultures being taken, which will inevitably lead to an increased number of positive samples and infections identified;
- It is essential that a root cause analysis is undertaken promptly for each serious incident for action plans to be prepared and learning identified in a timely manner;
- Reduced staff capacity contributes to decline in concerns and complaints performance as information is not obtainable during this time.

What are we doing?

- We want to reduce the number of infections in hospitals and the community by educating the public and our health professionals on management of Norovirus, urinary tract infections (UTI), hydration and antibiotic usage.
- Media office have been supporting the public and staff with self-care messages during the Norovirus outbreak periods, reminding the public not to visit hospitals if they are or have been unwell;
- The high numbers of patient activity and ward outbreaks have meant that the Infection Prevention Team are constantly on the wards reminding staff of the need for good practise related to Hand Hygiene, Personal Protective Equipment and cleaning of equipment;
- A new Epidemiologist, commenced post in December.
- 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.
- Complaints case monitoring measures have been introduced to ensure that cases which do not require investigation are dealt with within 30 working days.

How did we do in November 2019?





33.3% of children and young people (316 out of 950) waited less than 26 weeks to start a neurodevelopment assessment. This is the combined figure for autistic spectrum disorder (ASD, 41.02% 274/668) and attention deficit hyperactivity disorder (ADHD, 14.89% 42/282) referrals.



53.3% of adults (780 out of 1,464) 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 do we compare to our all Wales peers?

	Children/young people neurodevelopment waits	6 th out of 7
	Adult psychological therapy waits	6 th out of 7

Risks

Neurodevelopmental assessments:

- Delays in assessments can impact on the quality of life for patients and their families
- ASD - growing demand compared to current resources and difficulties in recruitment;
- ADHD – historical referral backlog and vacancies within the team.


Psychological therapies


- Increased demand for psychological therapy from primary and secondary care mental health services;
- 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.
- 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.


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	5th out of 7
	Smokers who attempted to quit	5th 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.

How did we do in November/December 2019?

-  **5.08%** of full time equivalent (FTE) staff days were lost due to sickness in the 12 month period December 2018 to November 2019. Hywel Dda Health Board has the lowest sickness rates of all of the larger Health Boards in Wales.
-  **75%** of our staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months.
-  **82.6%** 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.
-  **57%** of our consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan. Further improvement is needed over the coming months to meet the 90% target by March 2020.
-  The Health Board's financial position at the end of December is **£20.1m deficit** for the financial year to date. In December 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	4 th out of 10
	Performance appraisal and development review	1 st out of 10
	Level 1 core skills training framework completed	4 th out of 10
	Medical staff with a current job plan	Not available
	Finance	Not available

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 the management of attendance than was permitted in the previous policy. There have been some delays in Occupational Health (OH) referrals due to vacancies and sickness within the OH team which has contributed. In addition, there are long waits for counselling appointments in Employee Psychological Wellbeing. There has also been an increase in short term absences due to seasonal colds/flu type illness;
- 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 the lack of feasible training options;
- Medical and dental staff have difficulty securing time away from the workplace to attend mandatory level one training;
- 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 £15.0m deficit. The current forecast is £25.0m 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;
- Additional PADR training sessions will be organised throughout 2020 with discussions in place to develop an All Wales process that will bring consistency. We are currently reviewing our available internal; support mechanisms;
- Same day multi-subject training, face to face sessions, skills guides, telephone support and facilitated e-learning sessions are provided for staff;
- Job planning workshops have been arranged to take place across Hywel Dda between now and the end of March 2020. We have a collaborative approach to sharing best practise with the other Welsh Health Boards;
- 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 31st December 2019

Click a link below to view the run chart and data for that indicator.

['6 in 1' vaccine](#)
[MMR vaccine](#)

[C.difficile](#)
[E.coli](#)
[S.aureus](#)
[Serious incidents](#)

[Hospital initiated cancellations](#)
[Concerns and complaints](#)

[Mental health delayed transfers of care \(DTOC\)](#)
[Non-mental health DTOC](#)

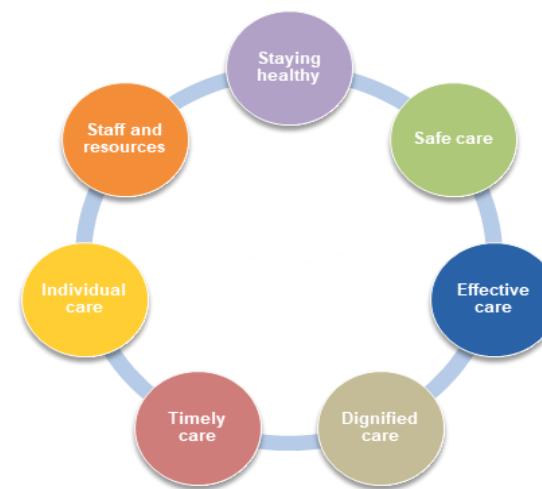
[Finance](#)
[Sickness absence](#)
[Performance appraisals \(PADR\)](#)
[Core Skills Training Framework \(CSTF\)](#)
[Consultants/SAS doctors - current job plan](#)

[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](#)
[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](#)

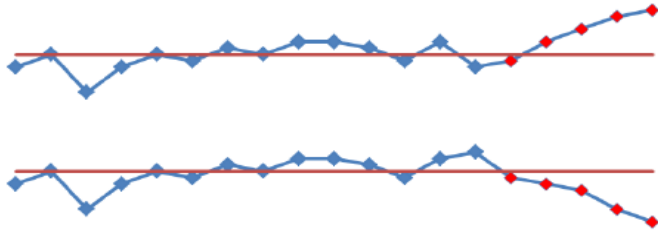
[Integrated Performance Assurance Reports \(IPAR\) and performance overview](#)

[Performance dashboards](#)

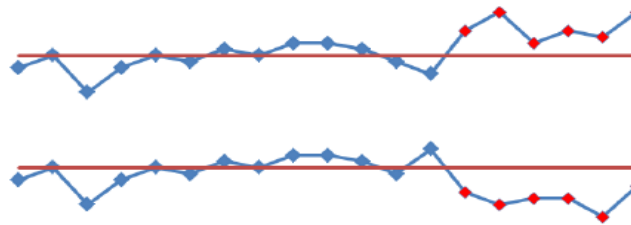


Performance run charts – rules* for determining non-random variation

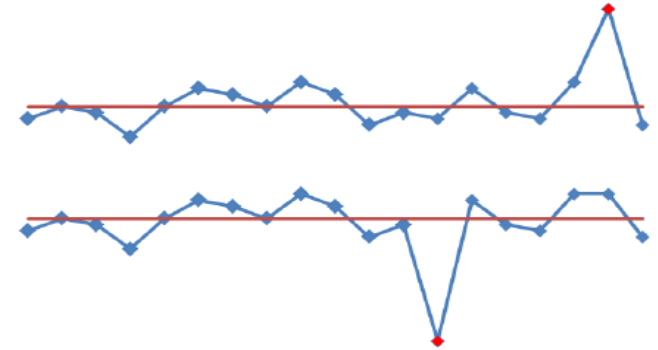
Trend – 5+ points increasing or decreasing



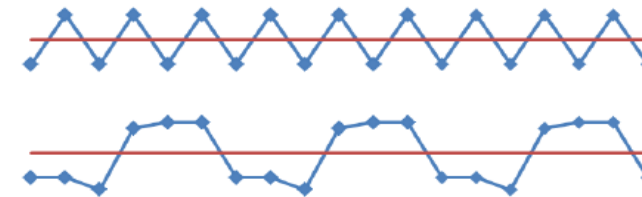
Shift – 6+ points in a row above or below the median



Astronomical – a point very different to the other points



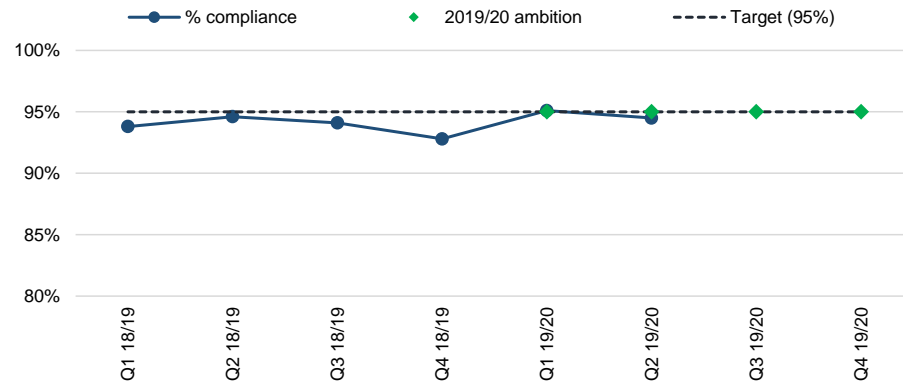
Run – a trend which crosses the median more or less frequently than expected



* Taken from Advancing Quality Alliance (AQuA) and based on the Institute for Healthcare Improvement (IHI) standards



% children receiving 3 doses of '6 in 1' vaccine by age 1



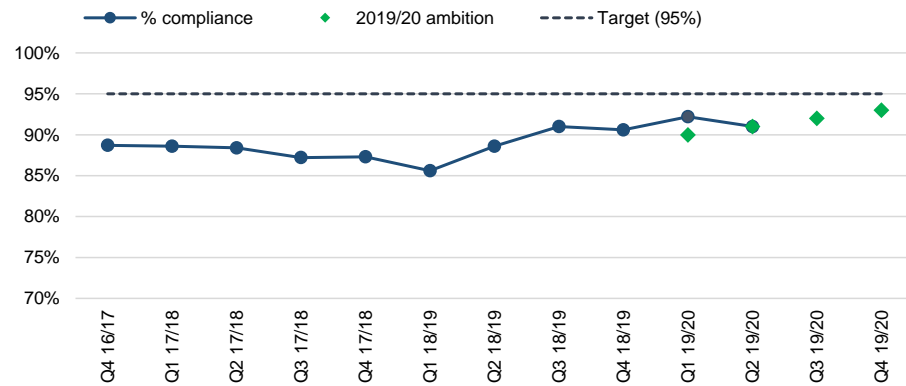
Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% compliance	93.8%	94.6%	94.1%	92.8%	95.1%	94.5%		
2019/20 ambition					95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%



% children receiving 2 doses of MMR vaccine by age 5

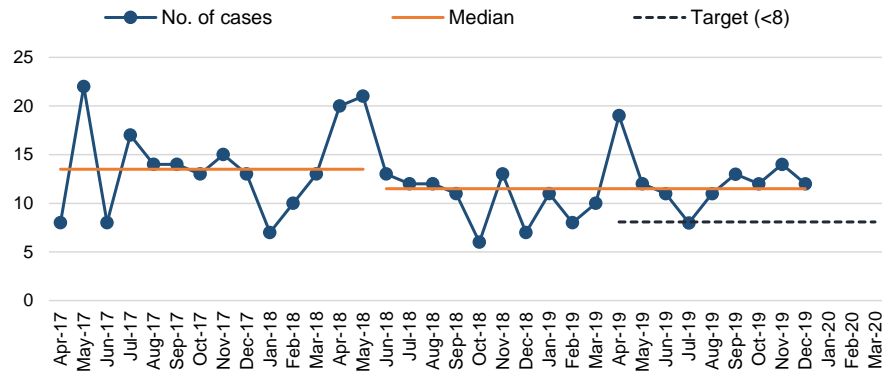


Insufficient valid data points to calculate median (fails runs test).
Therefore, cannot currently apply non-random variation rules.

[illegible]



Number of cases of C.diff



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

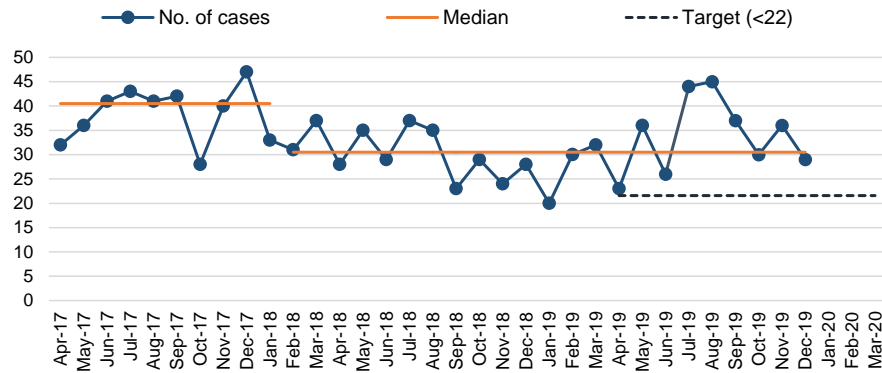
Trend crossing median in an unexpected pattern?

No

[illegible]



Number of cases of E.coli



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

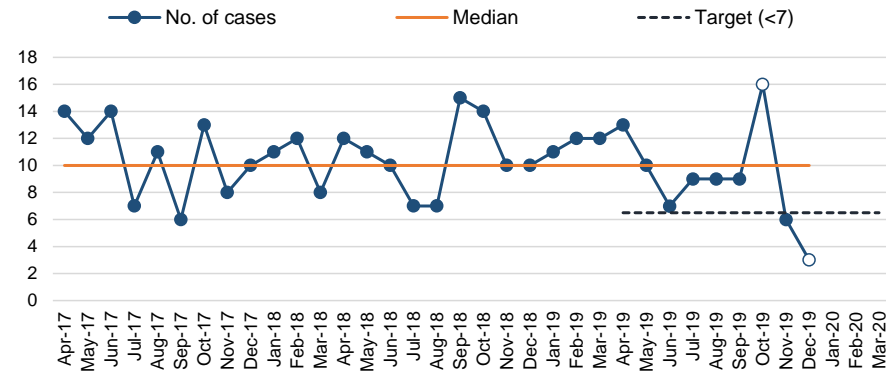
Trend crossing median in an unexpected pattern?

No

[illegible]



Number of cases of S.aureus



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

Yes

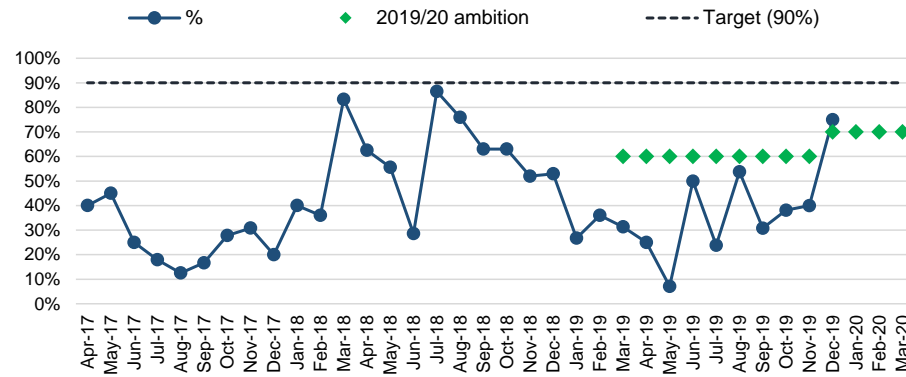
Trend crossing median in an unexpected pattern?

No

[illegible]



Serious incidents assured within timescale

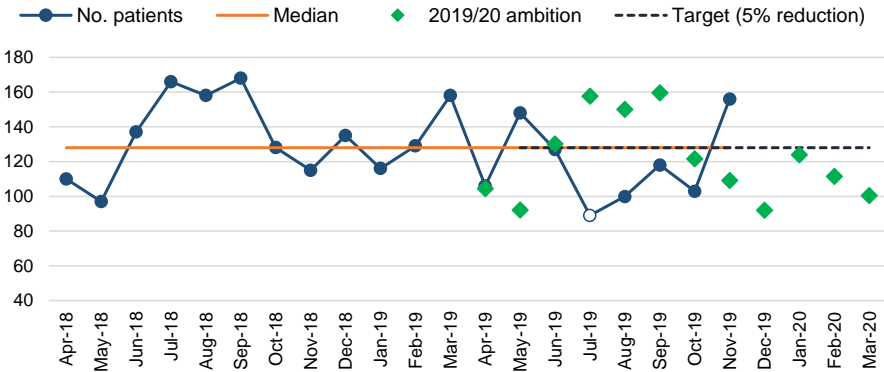


It is not appropriate to use a run chart for this indicator due to the wide monthly variation in the denominator (number of serious incidents). Therefore, a trend chart has been provided.

[illegible]



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?

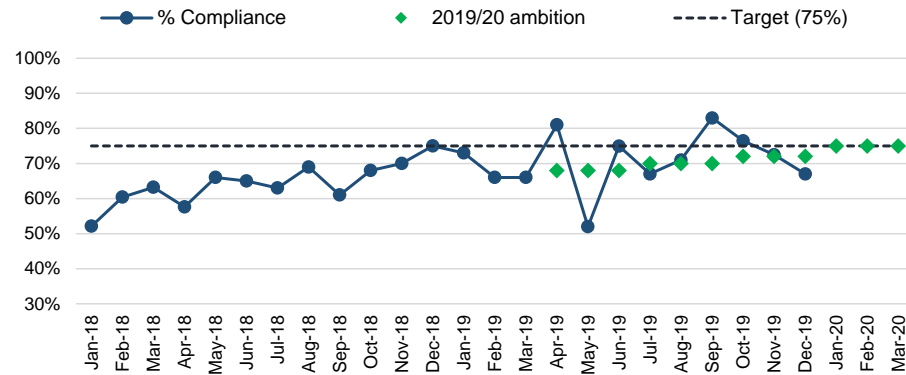
No

Note: the median calculation does not include the astronomical point highlighted on the chart.

[illegible]



% concerns with final or interim reply <= 30 working days

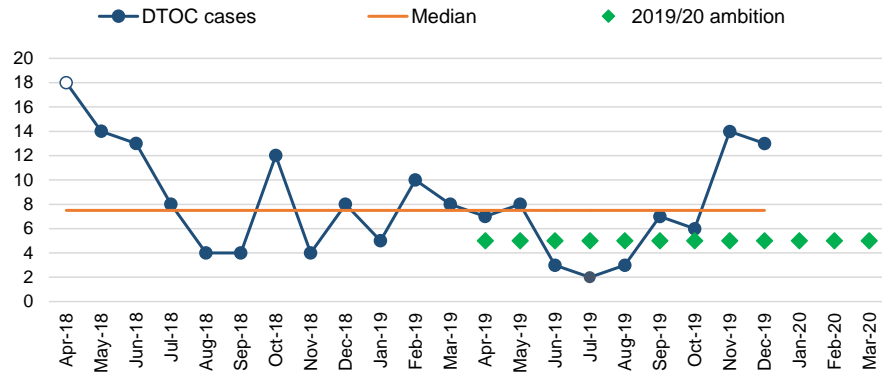


This indicator is on an improving trajectory. The target has been met, when this is sustained a median will be added and the rules for non-random variation will be applied.

[illegible]



Mental Health DTOC cases (12 mth reduction target)



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

Trend crossing median in an unexpected pattern?

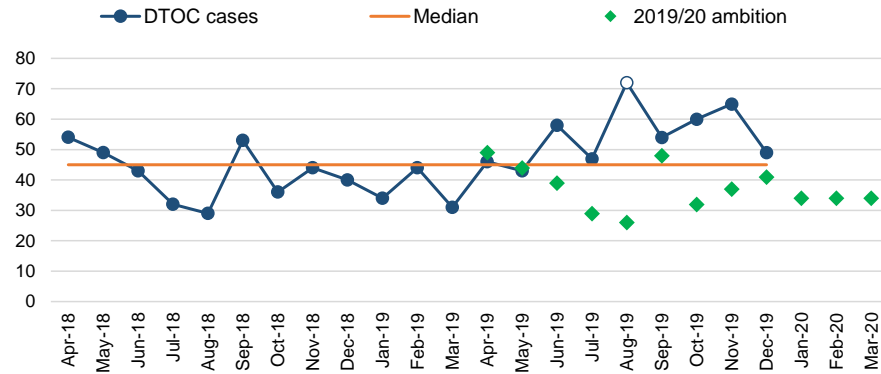
No

Note: the median calculation does not include the astronomical point highlighted on the chart.

[illegible]



Non Mental Health DTOC cases (12 mth reduction target)



Evidence of non-random variation in recent months?

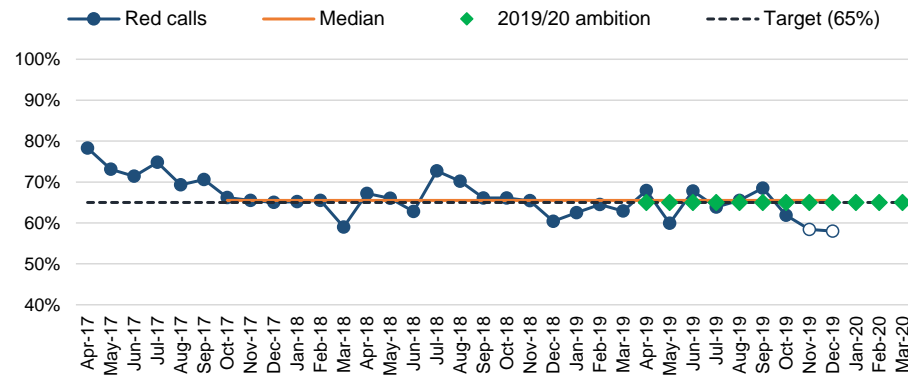
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	Yes
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

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	49	44	46	43	58	47	72
Median	45	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



% 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)?

Yes

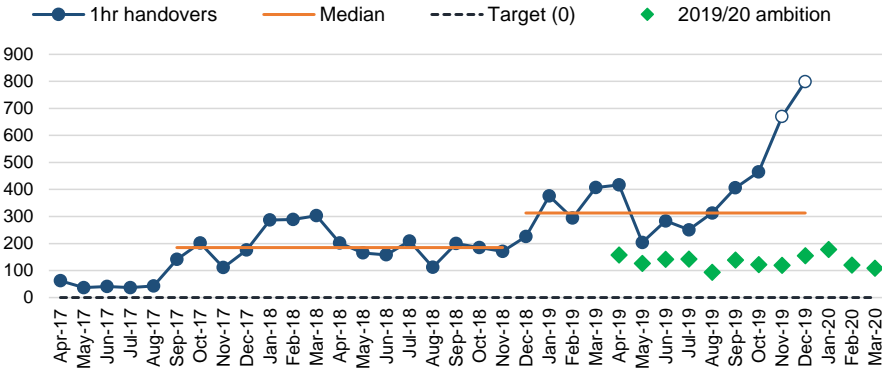
Trend crossing median in an unexpected pattern?

No

[illegible]



Ambulance handovers taking longer than 1 hour



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

Yes

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

Yes

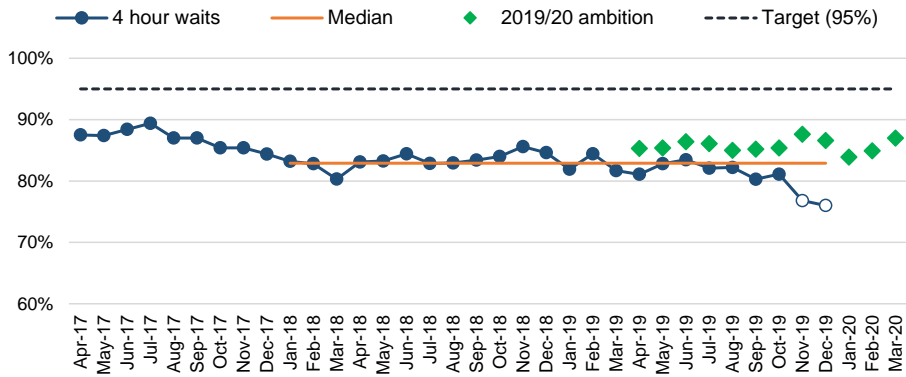
Trend crossing median in an unexpected pattern?

No

[illegible]



% of patients seen within 4 hours in A&E / MIU



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

Yes

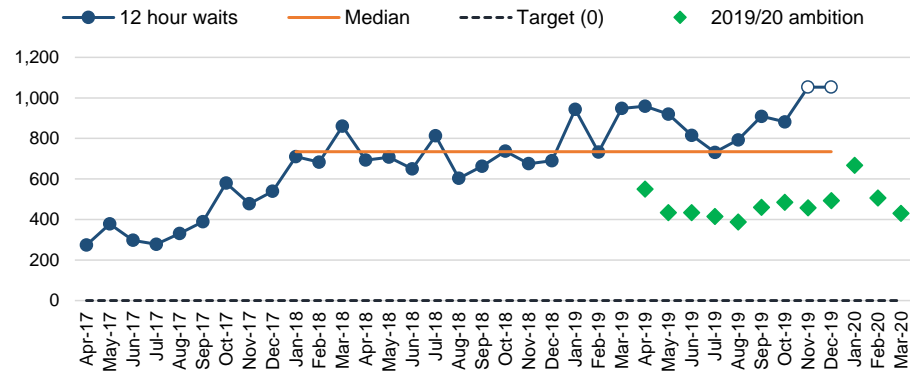
Trend crossing median in an unexpected pattern?

No

[illegible]



Patients waiting more than 12 hours in A&E / MIU



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

Yes

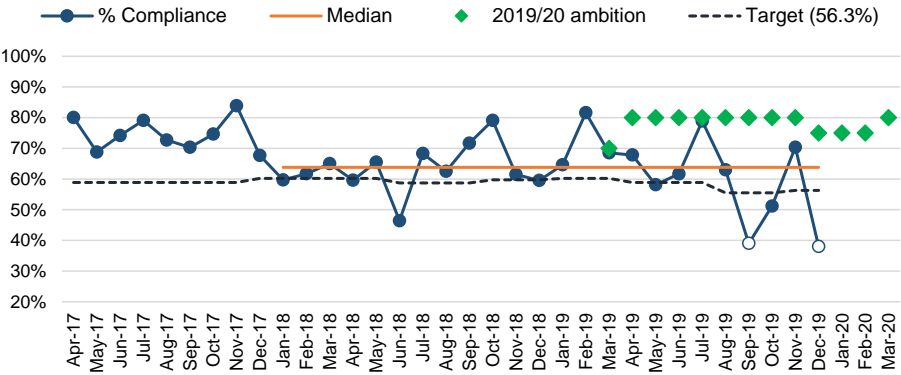
Trend crossing median in an unexpected pattern?

No

[illegible]



Admission to a stroke unit within 4 hours



Evidence of non-random variation in recent months?

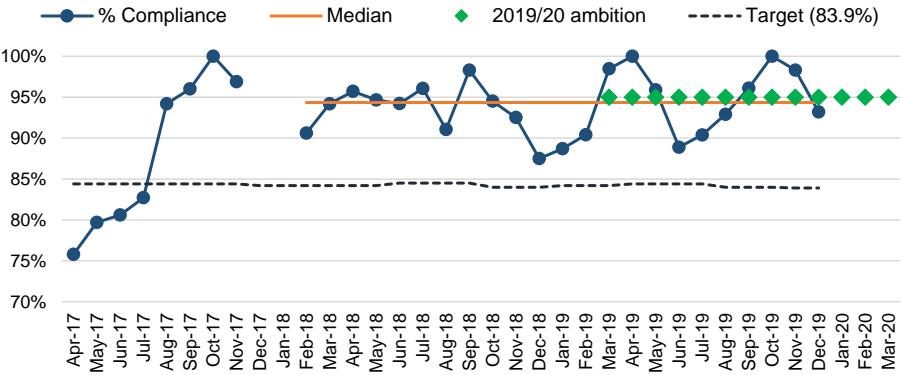
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	Yes
Trend crossing median in an unexpected pattern?	Yes

Note: 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%			
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%	63.8%
2019/20 ambition																								70%	80%	80%	80%	80%	80%	80%	80%	80%	75%	75%	75%	80%
Target (56.3%)	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%			



Assessed by stroke consultant within 24hrs

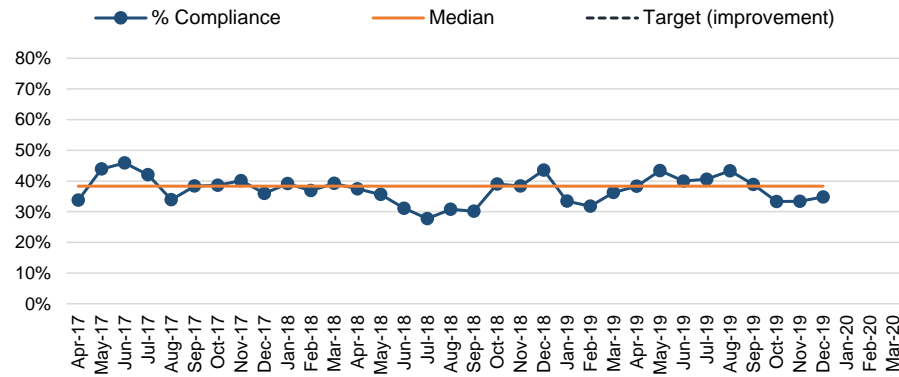


Evidence of non-random variation in recent months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

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%				
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%			
2019/20 ambition																								95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Target (83.9%)	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%				



Stroke patients receiving required minutes for SALT



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

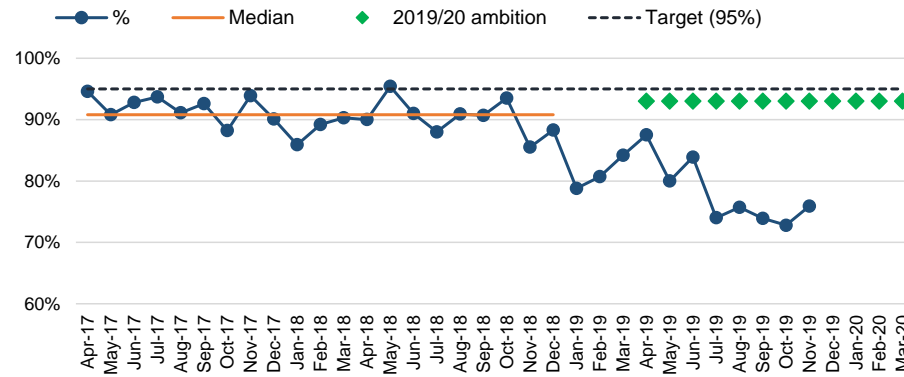
Trend crossing median in an unexpected pattern?

No

[illegible]



Urgent suspected cancer patients treated within 62 days

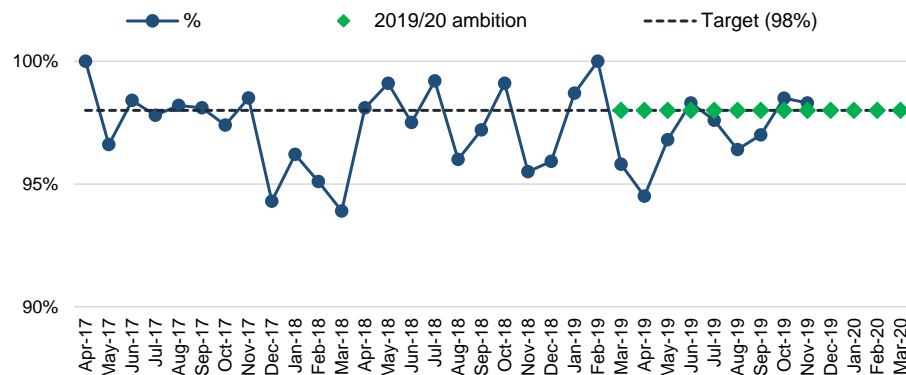


In recent months, this indicator has been on a declining trajectory. When a more stable position has been sustained a median will be added and the rules for non-random variation will be applied.

[illegible]



Non-urgent suspected cancer patients treated within 31 days

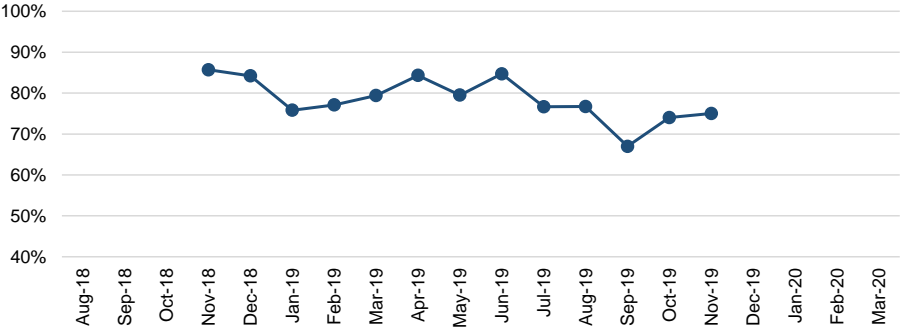


It is not appropriate to use a run chart for this indicator due to the wide monthly variation in the denominator (number of patients treated). Therefore, a trend chart has been provided.

[illegible]



**Patients starting first definitive cancer treatment < 62 days
(with clinical suspensions)**



Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

**Patients starting first
definitive cancer
treatment < 62 days
(with clinical
suspensions)**

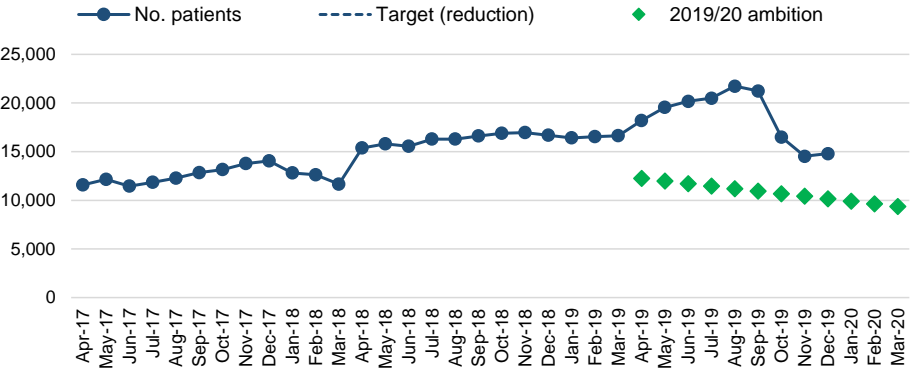
% with suspensions

without 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
																				85.7%	84.2%	75.8%	77.1%	79.4%	84.3%	79.5%	84.7%	76.7%	76.7%	67%	74%	75%			
																											61.9%	63.7%							



Delayed follow up appointments (5 planned care specialties)

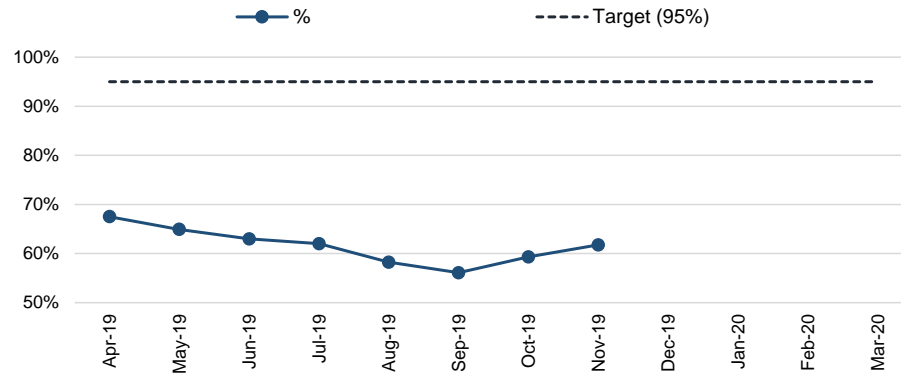


When a more stable position has been sustained a median will be added and the rules for non-random variation will be applied.

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			
Median																																				
2019/20 ambition																									12249	11989	11728	11468	11207	10946	10686	10425	10164	9903.8	9643.1	9382.5



R1 eye care patients seen by target date (or <25% excess)



**R1 eye care patients
seen by target date (or
<25% excess)**

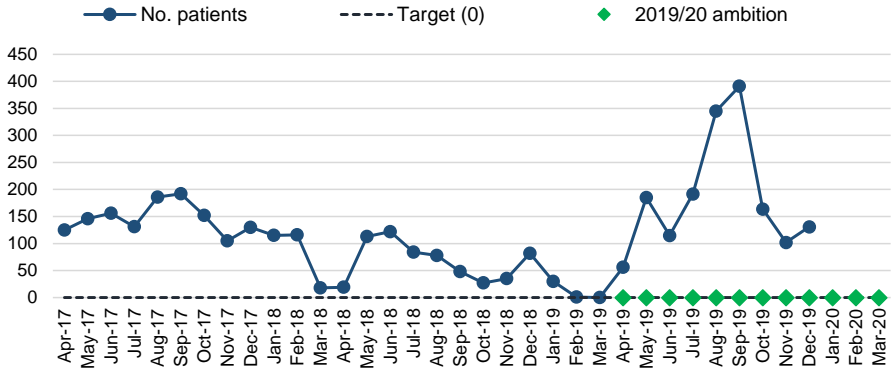
[illegible]

Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation



Patients waiting 8 weeks+ for a specified diagnostic

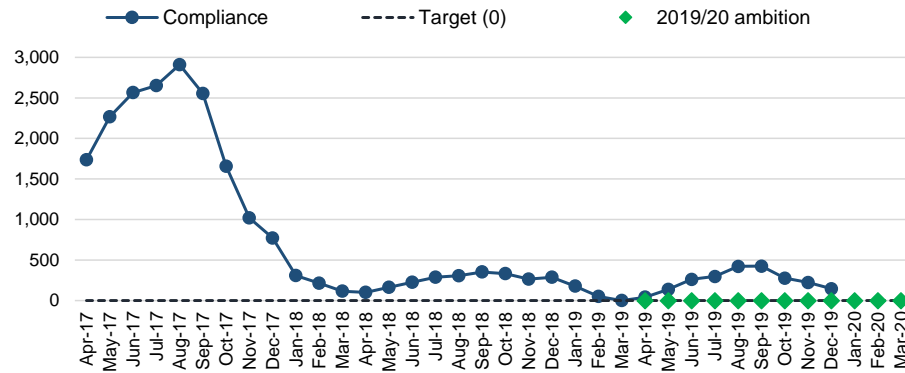


This indicator is unstable. When an improved position has been achieved and a more stable pattern is sustained a median will be added and the rules for non-random variation will be applied. In the interim a trend chart is provided for this indicator.

[illegible]



Waiting more than 14 weeks for a specific therapy

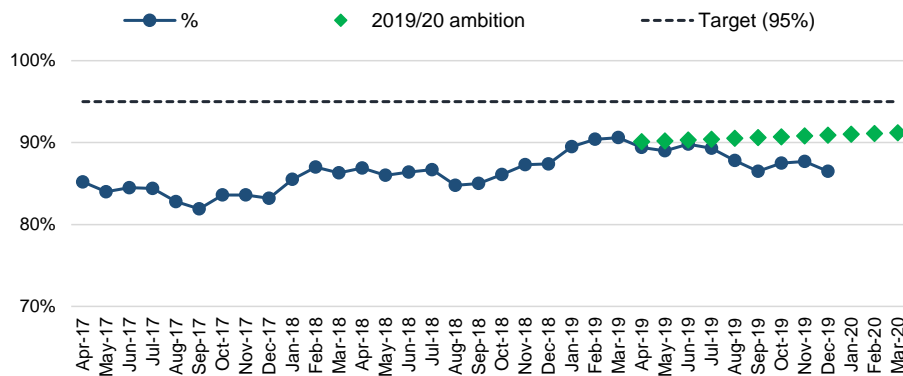


It is not appropriate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

[illegible]



Patients waiting less than 26 weeks from referral to treatment

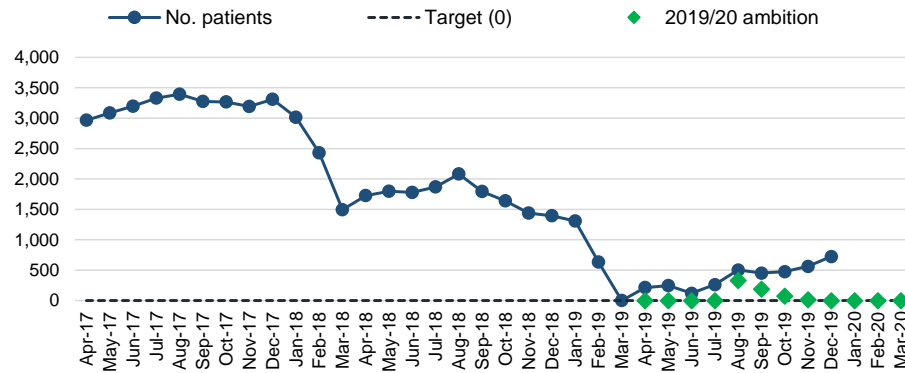


It is not appropriate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

[illegible]



Patients waiting 36 weeks+ from referral to treatment

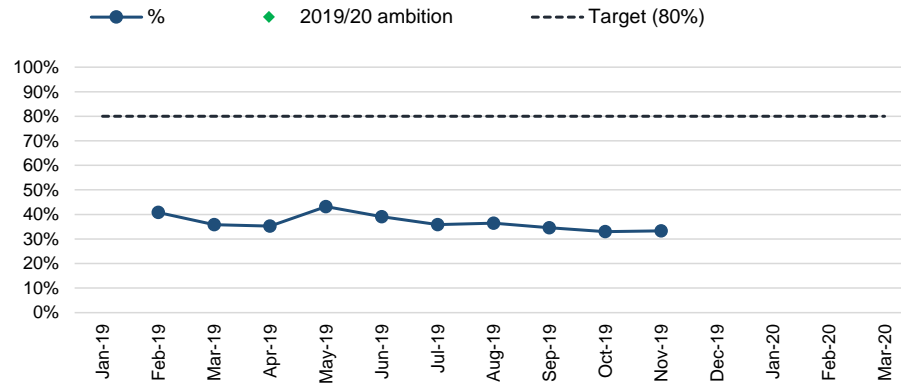


It is not appropriate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

[illegible]



Children/young adults waiting <26 weeks for a neurodevelopment ass.



Children/young adults waiting <26 weeks for a neurodevelopment ass.

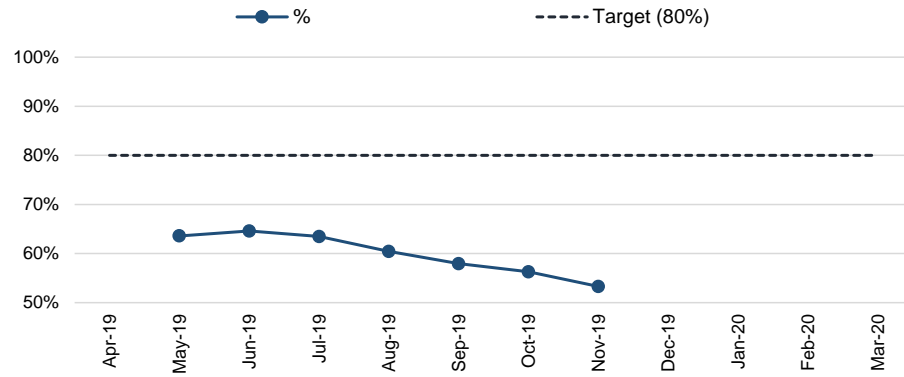
[illegible]

Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation



Adults waiting <26 weeks to start a psychological therapy



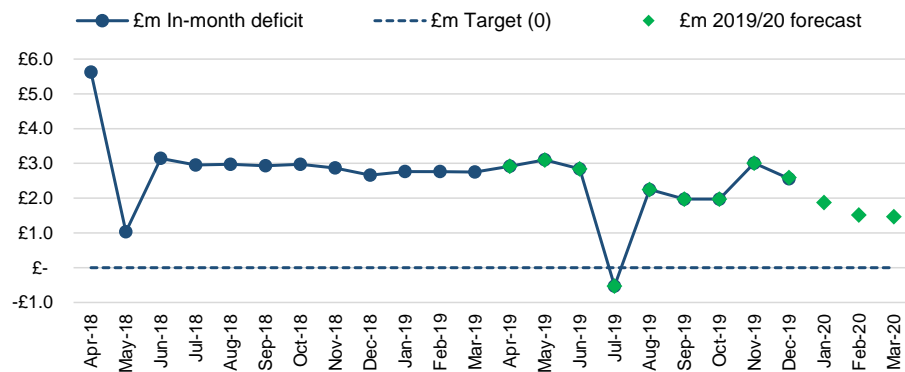
Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

[illegible]



Financial balance

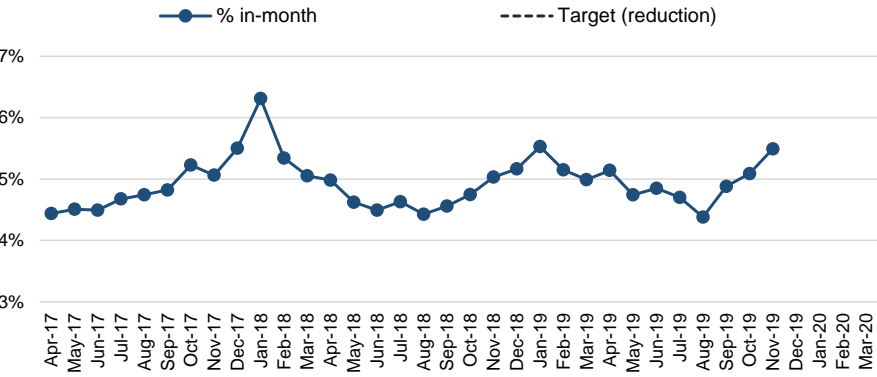


It is not appropriate to use a run chart for this indicator because the process is not consistent (e.g. additional funding in July 2019). Therefore, a trend chart has been provided.

[illegible]



Sickness absence

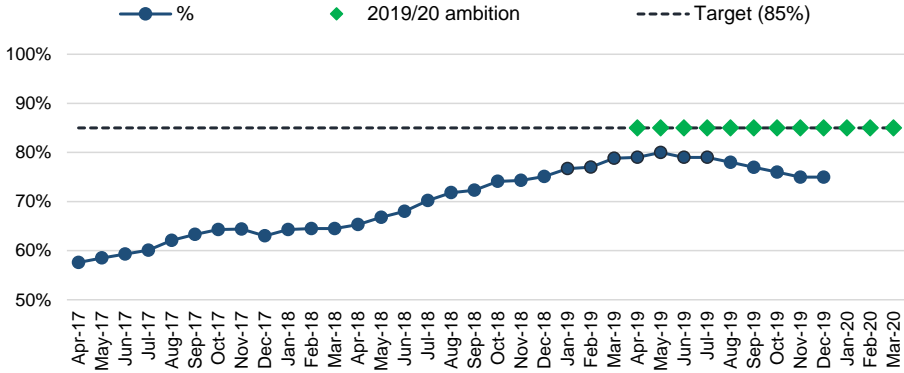


It is not appropriate to use a run chart for this indicator because the data are following a non-random pattern. Therefore, a trend chart has been provided.

[illegible]



Staff who have had a PADR in the previous 12 months

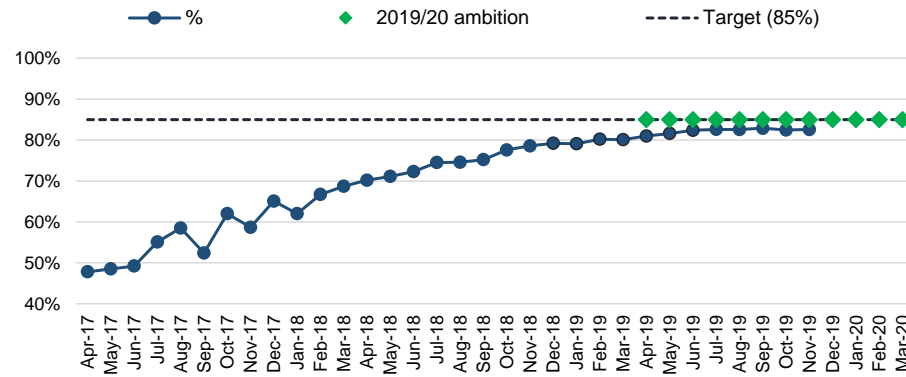


This indicator is on a declining trajectory. When performance is more stable a median will be added and the rules for non-random variation will be applied.

[illegible]



Core Skills Training Framework (CSTF)

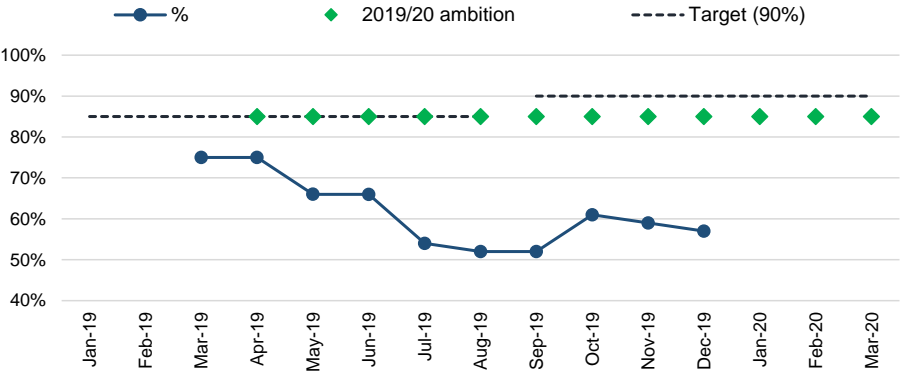


This indicator is on an improving trajectory. When the target has been met and sustained a median will be added and the rules for non-random variation will be applied.

[illegible]



Consultants/SAS doctors with a current job plan



Evidence of non-random variation in recent months?
Need 10+ data points to determine whether or not there is evidence of non-random variation

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%			
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, Associate Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 26 th November 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDDUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 26th November 2019, with the following highlighted:</p> <ul style="list-style-type: none"> • Finance Report Month 7 – the Month 7 Finance Report was presented to Committee, advising of the proposal to revise the forecast from the previous £15m control total to an interim forecast position of £25m. The Committee was advised of the significant risk to the £10m additional Welsh Government (WG) funding as this had been predicated on delivery of the required £15m control total. The Committee was further advised that the Health Board's financial position at the end of Month 7 represented an adverse variance against plan of £0.9m, bringing the cumulative Year to Date (YTD) variance to £4.7m. The Month 7 YTD variance to breakeven is £14.5m. Operational forecasts are in excess of budget of £7.9m, together with recognition of the Health Board's £1.6m WRP share. The Committee was advised of the impact of Category M price increases on Primary Care prescribing and the impact of high cost Secondary Care drugs. Projection, including savings risk, is an adverse variance to plan of £14.8m, equating to a year end deficit position of £27.8m. • Turnaround Report Month 7 – the Turnaround Report Month 7 was presented to Committee, advising of progress to date against each of the schemes. The Committee requested that an indication of the timescales for change be included within future reports. • Referral to Treatment Time (RTT) Month 7 Report – the Month 7 Referral to Treatment Time (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. • Workforce Pay Controls – the Workforce Pay Controls report was presented to Committee, providing an update of progress against KPMG's action plan. Estimated dates of completion had been added to the action 	

plan and future reports will include financial values against each action as requested by the Committee. The Committee was advised of delays to the proposed centralised rostering system for nurses within HDdUHB in light of WG's plans for the implementation of an all-Wales system.

- **Capital Financial Management** – the Capital Financial Management report was presented to Committee advising of the implementation of a Project Bank Account (PBA) policy by WG. Further guidance is expected from WG and a procedure outlining the implementation of the policy will be brought to a future Finance Committee meeting for approval.
- **Contracts Update** – the Contracts Update report was presented to Committee, providing the Month 7 and forecast position in relation to Long Term Agreements (LTA).
- **External Finance Review** – an update on KPMG's work was presented to Finance Committee, summarising the work undertaken to date with the current focus on the baseline drivers of the deficit. The Committee received a presentation demonstrating that the majority of the excess cost of care in HDdUHB, when compared to the Welsh average, is being driven by excess activity and that volume variance as opposed to cost variance is driving the excess expenditure. The Committee acknowledged that whilst efficiency needs to increase, transformation is anticipated to address this.
- **Efficiency Opportunities: Financial Delivery Unit Efficiency Framework** – the Efficiency Opportunities: Financial Delivery Unit Efficiency Framework report was presented to Committee, identifying the ways in which the analysis provided by the Finance Delivery Unit has been used to shape the financial strategy. The Committee noted that the report reflects issues relating to population health and that this work shifts the focus beyond efficiency and into demand management.
- **Winter Preparedness 2019/20 Report to Board on 28th November 2019** – the Winter Preparedness 2019/20 Report to Board on 28th November 2019 was presented to Committee. The Committee's attention was drawn to the over-commitment of funding, however assurance was provided that plans would be managed within the funding available with the ability within the budget to flex accordingly in response to any emerging pressures.
- **Strategic Financial Planning Group Update Report to Strategic Enabling Group** – the Strategic Financial Planning Group Update Report to Strategic Enabling Group was presented to Committee for information.
- **Corporate Risks** – the Corporate Risks report was presented to Committee, identifying 3 risks aligned to the Committee from the 30 currently on the corporate risk register: *730 Failure to realise all the efficiencies and opportunities from the Turnaround Programme in 2019/20; 735 Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board; and 646 Ability to achieve financial sustainability over*

medium term. The Committee noted that all risks would need to be revised in light of the recommendations to Board on 28th November 2019 regarding the proposed revised forecast position.

- **Finance Operational Risks** – the Finance Operational Risks report was presented to Committee, providing a summary of 9 operational risks. The Committee was advised that the Finance Directorate, through its business partnership arrangements, will discuss and agree the level of risk and work with operational services to ensure that these risks are reflected on individual service risk registers and are provided with the appropriate support to manage these effectively.
- **Financial Procedures** – the Committee approved the Income and Cash Collection Procedure.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /

Matters Requiring Board Level Consideration or Approval:

Proposed revision of the forecast position from £15m to £25m.

Risgiau Allweddol a Materion Pryder /

Key Risks and Issues/ Matters of Concern:

- The significant risk in relation to the organisation's ability to deliver the required £15m control total and the recommendation to the Board of a change in the forecast deficit position from £15m to £25m
- Delivery of 2019/20 Savings Plan
- Significant financial pressures on drugs manifesting in both Secondary and Primary Care, particularly following a price increase in August 2019 in Category M drugs
- Delays to the proposed centralised rostering system for nurses and the financial impact upon HDdUHB, pending implementation of an all Wales system
- Risks relating to £4.1m Primary Care prescribing and £1.6m Welsh Risk Pool

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 December 2019 Finance Committee meeting will include reports relating to the Development and Implementation of Value Based Health Care and the Annual Financial Plan/Enabling Plan.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

19th December 2019

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Mike Lewis, Vice Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 19 th December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>The Finance Committee has been established to advise the Board on all aspects of Finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDdUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against 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.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 19th December 2019, with the following highlighted:</p> <ul style="list-style-type: none"> • Finance Report Month 8 – the Month 8 Finance Report was presented to Committee, reiterating the revision of the forecast position from the confirmed £15m Control Total to a forecast position of £25m, as ratified by the Board. The Committee was advised of the resulting risk to additional Welsh Government (WG) funding (£10m), as this had been predicated on delivery of the required £15m control total. The Committee was further advised that the Health Board's financial position at the end of Month 8 represented an adverse variance against plan of £2.0m, bringing the cumulative Year to Date (YTD) variance to £6.7m. The Month 8 YTD variance to breakeven figure is £17.5m. Improvement on Month 7 position reflected WG funding of the Core Team (£1.6m). The Committee was advised of key areas of concern: <ul style="list-style-type: none"> ○ The effectiveness of grip and control particularly in workforce management; ○ The Savings Requirement Plan has not yet been fully identified; ○ Significant pressures on drugs are manifesting in both Secondary and Primary Care; ○ Significant risk to £10m additional Welsh Government (WG) funding, as this had been predicated on delivery of the required £15m control total. <p>The Committee noted that projection, including savings risk, is an adverse variance to plan of £10.0m, equating to a year-end deficit position of £25.0m (in line with the current forecast).</p> • Supplementary Finance Report Month 8 - The Committee was advised of significant YTD pressure in Unscheduled Care (£3.7m, driven by bed capacity, medical staffing in medical specialities and A&E) and Medicines Management (£2.4m, driven by Primary Care Prescribing, mainly due to price increases for Category M drugs). 	

- **Turnaround Report Month 8** – the Turnaround Report Month 8 was presented to Committee, summarising activities and progress against schemes. Members noted that work would commence on Critical Care and Unscheduled Care from January 2020, with resulting improvements in run rate and financial spend anticipated. Some impact from Winter Planning had been identified, potentially affecting end of year forecast spend, with requirements to increase surge capacity, due to infection control issues, expected to ease imminently.
- **Referral to Treatment Time (RTT) Month 8 Report** – the Month 8 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 were informed that HDdUHB remains on course to achieve zero 36-week breaches within the £6.4m RTT financial plan, notwithstanding current USC pressures, and subject to close management of identified risks.
- **Workforce Pay Controls** – the Workforce Pay Controls report was presented to Committee, providing an update of ongoing work to review dashboards, utilising Electronic Staff Record (ESR) data, and Task and Finish Groups working to establish the current position with regard to the medical workforce and Estates and Facilities staff. Members were informed that a Designated Lead had been appointed to drive the introduction of the centralised rostering system for nurses. Further detail of planned deadlines and expected deliverables would be reported to the next Committee meeting.
- **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 it had been agreed at a recent Business Planning and Performance Assurance Committee (BPPAC) meeting to monitor expenditure against the profile as presented in the report.
- **Contracts Update** – the Contracts Update report was presented to Committee, providing the Month 8 and forecast position in relation to Long Term Agreements (LTA). Members were informed of collaborative work underway with Swansea Bay University Health Board (SBUHB) to review repatriation pathways and quantify expenditure around high-cost drugs. It was agreed to include a breakdown of HDdUHB 36-week breaches resulting from provider delays at the next Committee meeting.
- **External Finance Review** – Members were updated regarding the progress of the External Financial Review and informed of work to identify the drivers behind HDdUHB's deficit position, with volume identified as key, and further analysis to identify individual specialties and localities. Findings would be presented at the January 2020 Committee meeting.
- **Development and Implementation of Value-Based Healthcare -**

<p>Members received a presentation illustrating the Locality Resource Tool (LRT), currently at first-stage of concept, but with work ongoing to refine data granularity. Members agreed the future usefulness of the LRT, and proposed its presentation to the next Board Seminar Session.</p> <ul style="list-style-type: none"> • Strategic Cash Assistance - Members were presented with the Strategic Cash Assistance report setting out the process for requesting Strategic Cash support for 2019/20, together with a copy of HDdUHB Chief Executive Officer's correspondence with Welsh Government in support of the request. • Strategic Financial Planning Group Update Report to Strategic Enabling Group – the Strategic Financial Planning Group Update Report to Strategic Enabling Group was presented to Committee for information.
<p>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar u cyfer / Matters Requiring Board Level Consideration or Approval:</p>
<p>None.</p>
<p>Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:</p>
<ul style="list-style-type: none"> • Delivery of 2019/20 Savings Plan • Risk to £10m additional Welsh Government (WG) funding which had been predicated on delivery of the required £15m control total. • Significant financial pressures on drugs manifesting in both Secondary and Primary Care. • Significant YTD pressure in Unscheduled Care and Medicines Management. • Emergent risk relating to meeting Planned Care Referral To Treatment (RTT) targets, resulting from the number of elective procedures cancelled due to the recent norovirus outbreak. • Potential risks should HDdUHB's request for Strategic Cash Support (£16m for 2019/ 20) not be met.
<p>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</p>
<p>Adrodd yn y Dyfodol / Future Reporting:</p>
<p>In addition to the standing agenda items, the January 2020 Finance Committee meeting will include progress updates for the various actions identified above.</p>
<p>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</p>
<p>27th January 2020</p>



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Update – Month 9 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 £15m. Forecast position £25m given ongoing operational pressures, as ratified by the Board at the November 2019 meeting.

Month 9 position

- Month 9 YTD variance to breakeven is £20.1m.
- Month 9 position is £1.5m (Month 8, £2.0m) operational variance to plan (£8.2m YTD).
- Significant adverse variances against plan in month, partly offset by reduction in share of Welsh Risk Pool and favourable gains elsewhere:
 - Medicines Management Primary Care Prescribing £0.7m;
 - Operational surge, vacancies covered by premium cost staff and drugs in Unscheduled Care impact of £0.5m;
 - Unidentified savings profile impact of £0.7m.

Directorate Projections

- Operational forecasts in excess of budget of £4.3m (before Control Total requirement), plus recognition of £1.0m 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; there remain £1.9m of action plans which are undergoing a validation review to assess the level of assurance.
- Projection including savings risk is an adverse variance to plan of £10.0m; this would equate to a year end deficit position of £25.0m, which is in line with the current forecast.

Savings Summary

- £12.4m delivery to date against £25.2m total savings requirement. The pace of savings delivery requires continued acceleration in future months.
- £17.8m of Assured schemes.
- £0.8m of Marginal Risk schemes.
- Savings gap of £6.6m comprises £4.5m unidentified schemes and £2.1m 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;
- Significant risk to £10m additional WG funding as this was predicated on delivery of the required £15m control total.

Summary of key financial targets

The Health Board's key targets are as follows:

- Revenue: to contain the overspend within the Health Board's planned deficit
- Savings: to deliver savings plans to enable the revenue budget to be achieved
- Capital: to contain expenditure within the agreed limit
- PSPP: to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
- Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	15.0	11.9	20.1	High
Savings	£'m	25.2	13.8	12.4	High
Capital	£'m	37.2	23.0	23.0	Medium
Non-NHS PSPP	%	95.0	95.0	95.9	Low
Period end cash	£'m	4.0	4.0	3.3	Medium*

*Assumes Welsh Government strategic repayable support for the planned deficit position.

Argymhelliad / Recommendation

The Board is asked to discuss and note the financial position for Month 9.

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 Termiau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare ESR – Electronic Staff Record FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HCSW – Health Care Support Worker ICF – Integrated Care Fund 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 – Worthybush General Hospital WHSSC – Welsh Health Specialised Services Committee WRP – Welsh Risk Pool WTE – Whole Time Equivalent 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

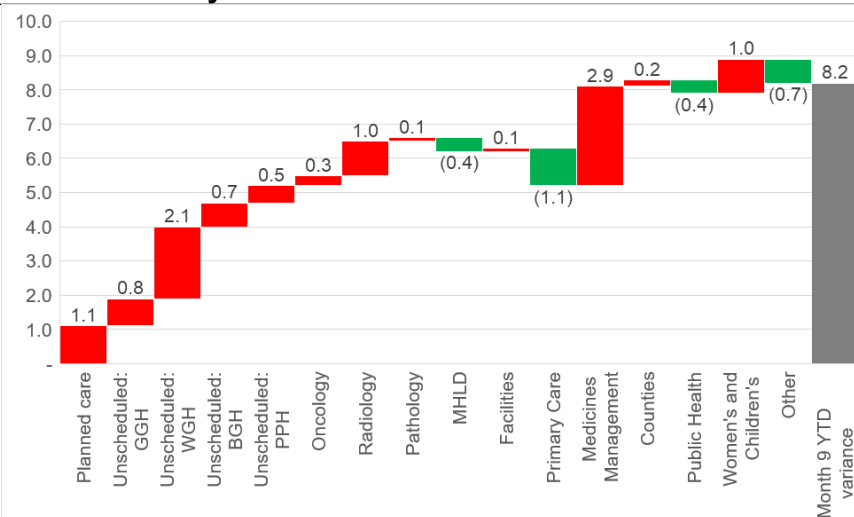
	<p>Health Board's confirmed control total is £15m.</p> <p>Forecast position £25m, given ongoing operational pressures, was ratified by the Board at the November 2019 meeting.</p>
Revenue	<ul style="list-style-type: none"> Month 9 YTD variance to breakeven is £20.1m. Month 9 position is £1.5m (Month 8, £2.0m) operational variance to plan (£8.2m YTD). Significant adverse variances against plan in month, partly offset by reduction in share of Welsh Risk Pool and favourable gains elsewhere: <ul style="list-style-type: none"> Medicines Management Primary Care Prescribing £0.7m; Operational surge, vacancies covered by premium cost staff and drugs in Unscheduled Care impact of £0.5m; Unidentified savings profile impact of £0.7m.
Projection	<ul style="list-style-type: none"> Operational forecasts in excess of budget of £4.3m (before Control Total requirement) plus recognition of £1.0m share of Welsh Risk Pool; the improvement on Month 8 reflects the impact of identification of assured Control Total Actions within Directorate projections. In order to deliver the end of year projection, Directorates have been issued with a £2.8m Control Total requirement; there remain £1.9m of action plans which are undergoing a validation review to assess the level of assurance. Projection including savings risk is an adverse variance to plan of £10.0m; this would equate to a year end deficit position of £25.0m, which is in line with the current forecast. After delivering pipeline schemes there are discussions ongoing with WG around the further costs associated with the TB outbreak beyond the confirmed funding of £0.8m.
Savings	<ul style="list-style-type: none"> £12.4m delivery to date against £25.2m total savings requirement. The pace of savings delivery requires continued acceleration in future months. £17.8m of Assured schemes; £0.8m of Marginal Risk schemes. Savings gap of £6.6m comprises £4.5m unidentified schemes and £2.1m slippage on identified schemes.
Conclusions	<p>Key areas of concern:</p> <ul style="list-style-type: none"> 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; Significant risk to £10m additional WG funding as this was predicated on delivery of the required £15m control total.

Executive Summary

Summary of key financial targets					
<p>The Health Board's key targets are as follows:</p> <ul style="list-style-type: none"> • 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
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Savings	£'m	25.2	13.8	12.4	High
Capital	£'m	37.2	23.0	23.0	Medium
Non-NHS PSPP	%	95.0	95.0	95.9	Low
Period end cash	£'m	4.0	4.0	3.3	Medium*
* Assumes Welsh Government strategic repayable support for the planned deficit position.					

Revenue Summary

YTD variance by Directorate



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.

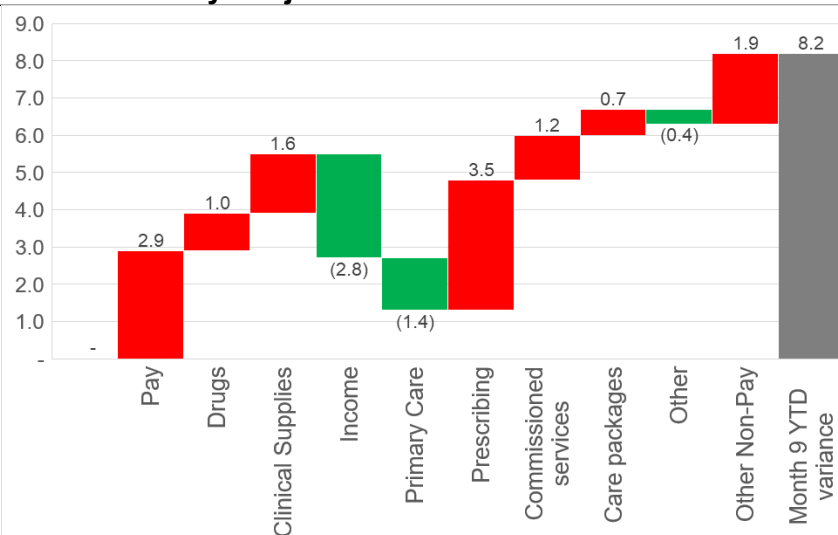
Concerns

- Of the YTD deficit against plan, key pressures are manifesting:
 - £4.1m Unscheduled Care;
 - £2.9m Medicines Management;
 - £1.1m Planned Care;
 - £1.0m Radiology;
 - £1.0m Women and Children.

Next Steps

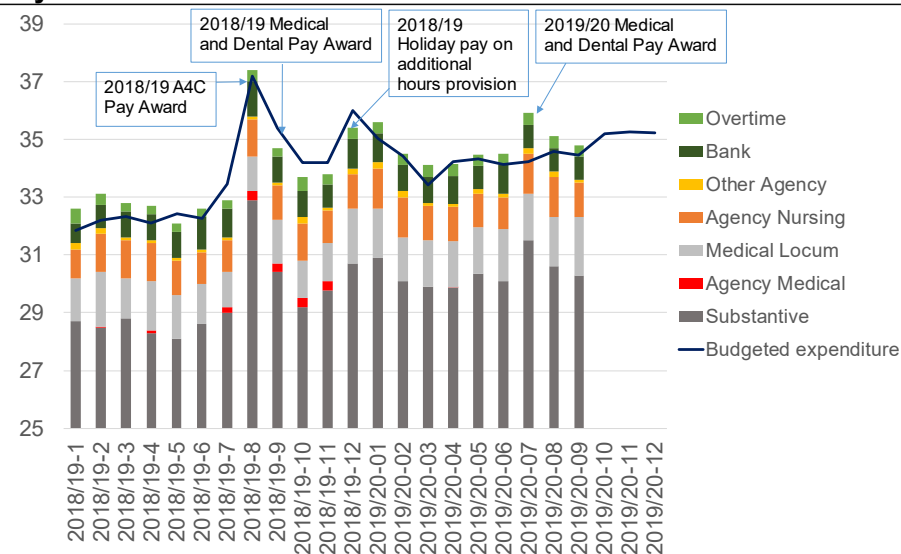
- Core team support to key proposals.
- Embedding output from KPMG Grip and Control Workshops.
- Embed Nursing Establishment Control triangulation of WTEs between financial ledger, ESR/payroll and rostering. Further work ongoing on Medical staffing and reconciliation to job plans.
- Further work to identify and convert opportunities.
- Executive Team weekly drum beat on control governance, supported by suitable metrics.
- Pursue opportunities on key subjectives on following pages.

YTD variance by Subjective



Key Subjective Summary

Pay

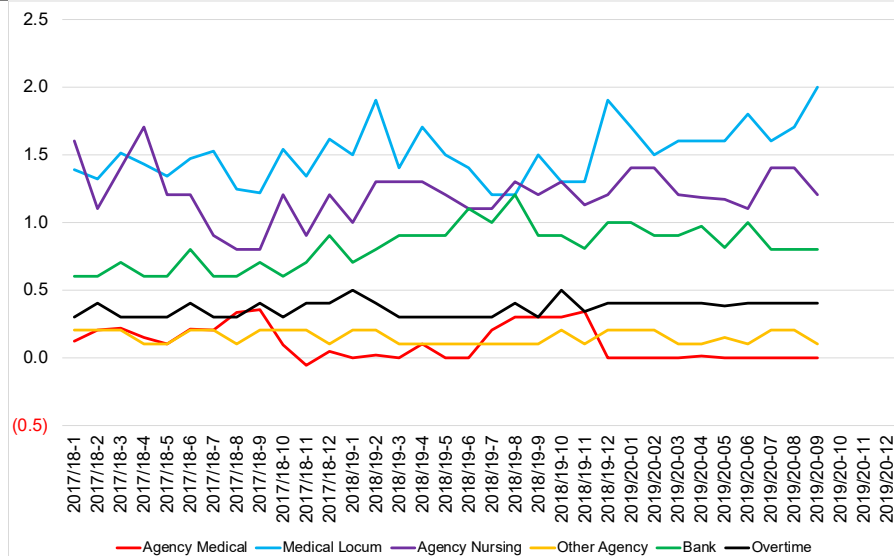


Month 9 substantive pay is slightly lower than Month 8. This is primarily driven by an increase in acute vacancies.

Month 9 variable pay is broadly in line with Month 8, however Medical Locum has continued to increase due to the significant demand and staff sickness issues in Unscheduled Care.

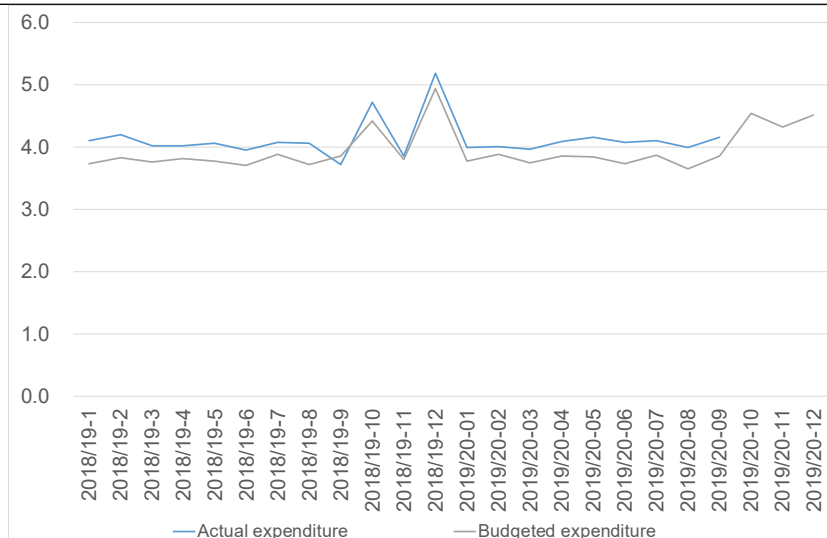
Opportunities:

- 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



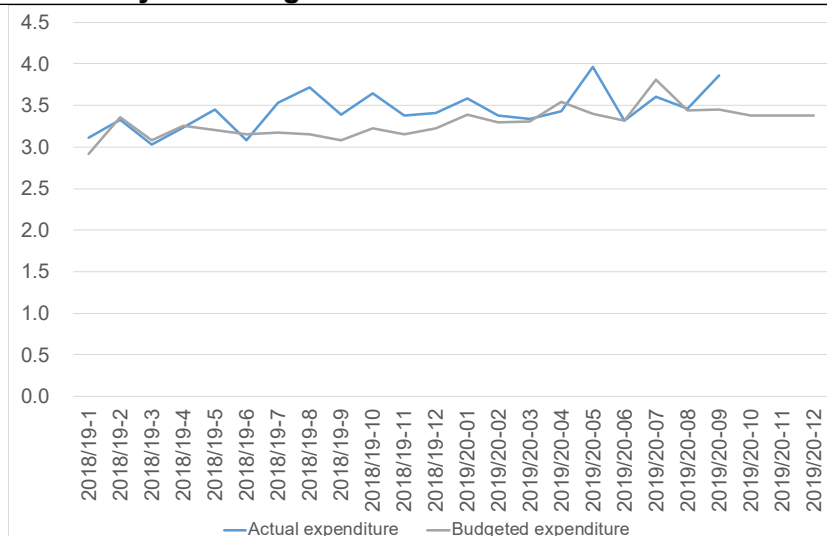
The total number of cases increased in month. The increase in budget from Month 10 relates to the recognition of expected FNC rate changes and CHC inflation. Full confirmation is awaited, and remains a risk to the position. The complexity of cases remains a key cost driver.

£'m	Spend	Over/(under) spend
FNC/CHC	17.0	(0.1)
LD	10.5	0.8
MH	7.3	0.1
Children	1.0	(0.1)
Total	35.8	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 a significant overspend in month, primarily due to Oncology drugs. Secondary Care Drugs pressures continue with the Aseptics unit closure and the higher than expected activity treating Wet AMD (Age-Related Macular Degeneration).

Continued support will be needed from the Pharmacy team to address this growth and a number of initiatives are in place to do this.

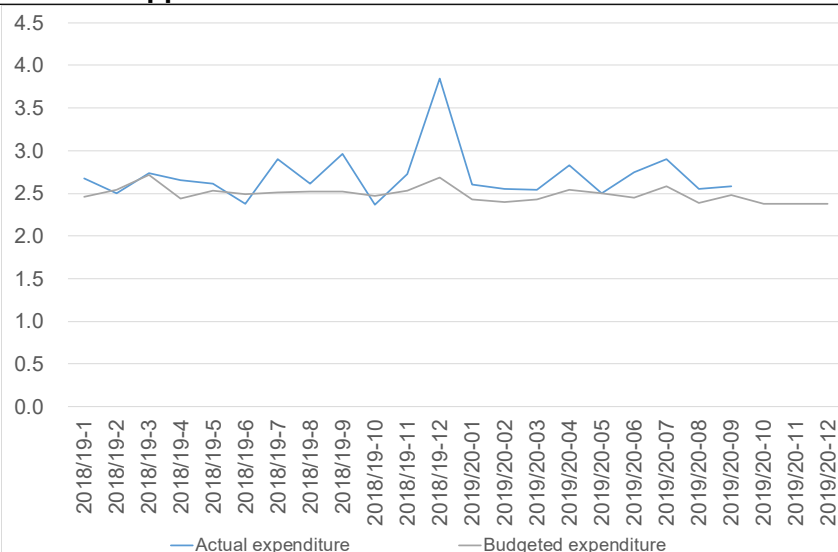
Whilst specific savings schemes are delivering in-month, pressures are being seen in other areas, particularly Dermatology, Rheumatology and Ophthalmology.

Opportunities:

- A benchmarking exercise is underway to identify focus areas.

Key Subjective Summary

Clinical Supplies and Services



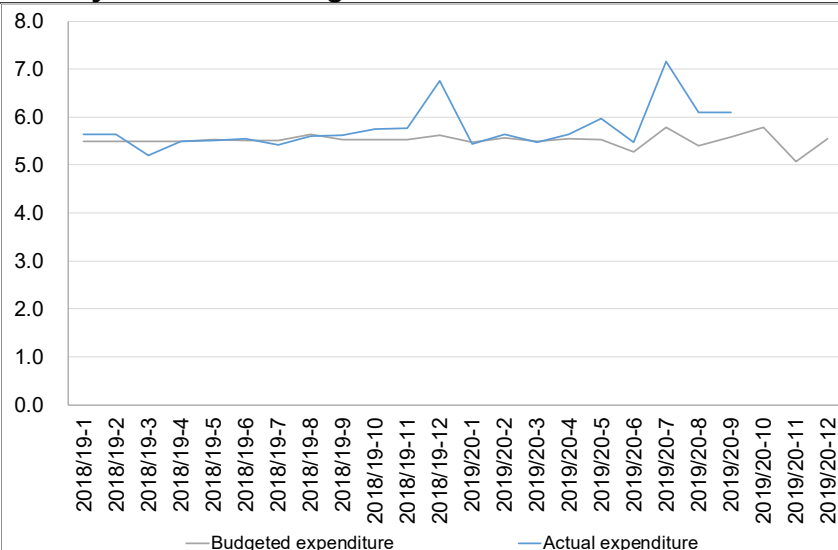
The YTD position includes significant over-spends in relation to diabetic pumps and associated consumables due to a supplier ceasing to trade, resulting in the need to replace existing pumps with available alternatives which are more costly. This is primarily manifesting within GGH, Children's Services and WGH Directorates.

Radiology are outsourcing reporting at a premium cost due to the level of vacancies caused by recruitment challenges.

Opportunities:

- Non-Pay and Procurement Turnaround Assurance group are assessing the opportunities and identifying a Health Board relationship lead with key suppliers in an effort to improve terms and drive a reduction in costs.

Primary Care Prescribing

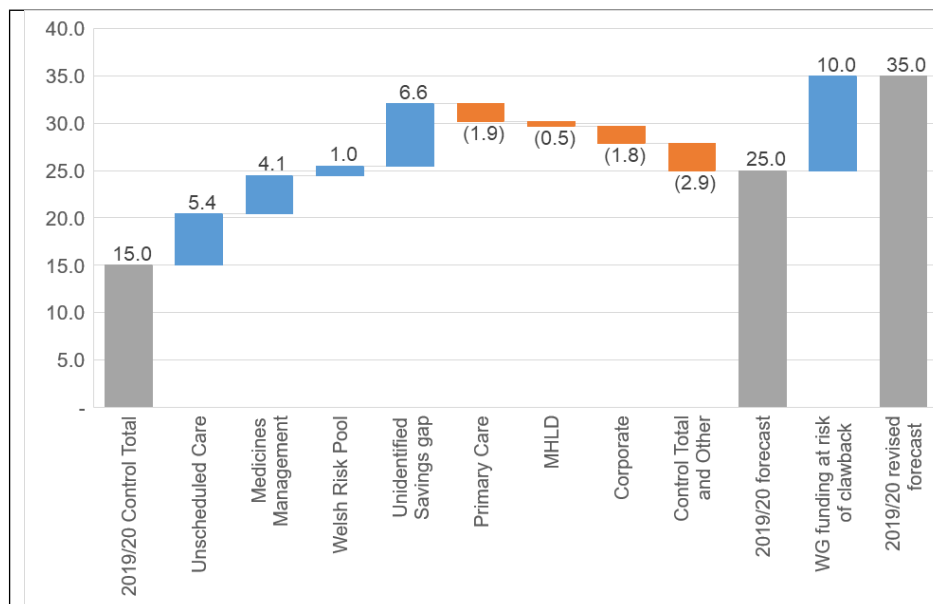


The Directorate reported a significant adverse variance to budget of £0.7m in-month. The projection is an adverse £4.2m to the end of the financial year based on modelling the Category M outturn following the price increase from August 2019. The Health Board has also seen a significant increase in the 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

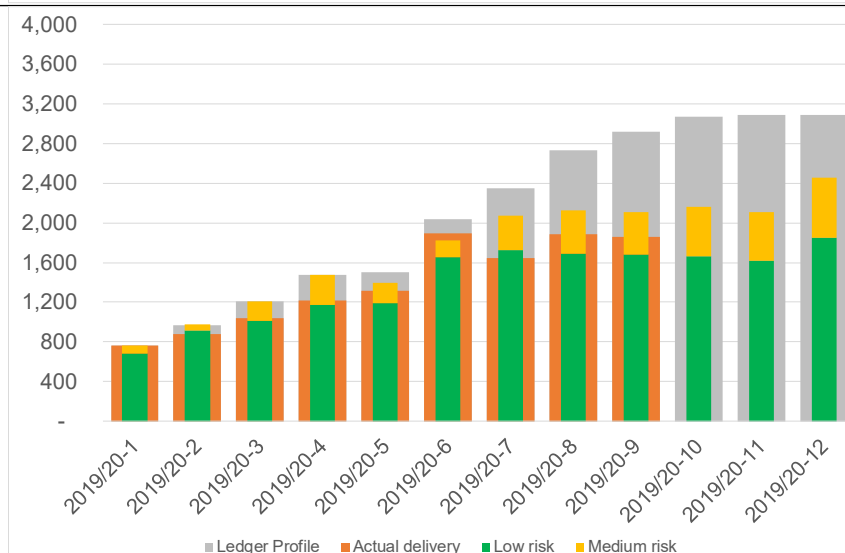
- Current projections indicate: 1) a gap of £6.6m in fully identified savings schemes; 2) operational forecasts in excess of budget of £4.3m (before remaining Control Total requirement of £1.9m), plus recognition of £1.0m share of Welsh Risk Pool, giving a projection of £10.0m adverse variance to plan. This would equate to a year end deficit position of £25.0m.
- The financial position is under severe pressure and, as a result of the cumulative position and trajectory, the reported forecast is £25.0m. This change in forecast was ratified by the Board on 28 November 2019 following completion of the Health Board's normal governance process.
- There is a risk to the additional WG funding of £10.0m as this was dependent on the Health Board achieving the required Control Total of £15.0m.

Next Steps

- Grip and Control workshops:
 - Workforce conducted in September 2019, now being translated into Action Plans with pace;
 - Pharmacy scheduled to include all Lead Pharmacists;
 - 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 £18.6m identified to Month 9, which is a deterioration of £0.4m from Month 8. Of the annual forecast, £17.8m are Assured (Green).
- In-month delivery of £1.9m, which is in line with forecast and in line with Month 8, however £0.2m below plan.

Concerns

- The revised forecast deficit of £25.0m 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 £0.7m in Month 9. The pace of savings delivery continues to require acceleration in future months.
- Cumulative slippage in delivery of Green and Amber schemes is £1.4m; total slippage projected in delivery of savings £2.1m.

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 19/20 Directorate savings plans against required savings target of 3.7% for Directorates that are escalated to the Chief Executive Holding to Account meetings. The figures included in this section are based on the known Month 9 position as at 8th December 2019 and will be subject to change with the identification of further savings opportunities. Figures in square brackets represent the position in the previous month, where different to current month.

Facilities	19/20 target saving £'000s	1,385	Total of saving plans £'000s		917	432	0	1,349	Variance £'000s	36	Idea in-year potential	125
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(635)	(642)	(7)	One-off capital to revenue transfer of £50k in November 2019 has offset under-delivery against other schemes.							
	Amber schemes	(150)	(0)	150	Non- delivery against non-domestic rates scheme.							
	Total	(785)	(642)	143	<u>Other actions agreed</u> The Facilities Directorate were de-escalated at the December 2019 meeting. January 2020 meeting to focus on 20/21 savings opportunities.							
Pathology	19/20 target £'000s	741	Total plans £'000s		289	140	0	429	Variance £'000s	312	Idea in-year potential	63
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(195)	(214)	(19)	N/A – Recruitment to substantive Consultant post has delivered over and above the planned monthly saving since October 2019.							
	Amber schemes	(28)	(68)	(40)	N/A - Secondary Care Demand Optimisation savings.							
	Total	(123)	(282)	(59)	<u>Other actions agreed</u> <ul style="list-style-type: none"> Demand optimisation work being progressed with Project Management support – see update in Section 3 of this report. Potential savings as a result of reduced activity to be profiled for the remainder of 19/20. Update on 20/21 plans to be provided at next Jan CEO HTA, including Transforming our Pathology plans and support required to deliver. 							

Appendix 1: Turnaround Update

Scheduled Care	19/20 target £'000s	3,682	Total plans £'000s		2,531	50	0	2,581	Variance £'000s	1,101	Idea in-year potential	1,325
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(1,716)	(1,415)	301	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact against the orthopaedic and other schemes that are under-delivering.							
	Amber schemes	(35)	(11)	24	This relates to the Urology Medical Staffing (PSA monitoring) scheme.							
	All schemes	(1,751)	(1,426)	325	<u>Other actions agreed</u> <ul style="list-style-type: none"> Efficiency and productivity opportunities have been identified in Endoscopy, Theatres and Outpatients. Additional project support to be identified to progress this work. Provide details of how the 19/20 savings gap of £182k will be met. An update on 20/21 plans to be provided at next Jan CEO HTA, including how much of non-recurrent will continue to deliver next year. 							

BGH USC	19/20 target £'000s	786	Total plans £'000s		919 [851]	0 [68]	0	919	Variance £'000s	(133)	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(644)	(603)	41	Roster efficiency scheme is under-delivering although this has been offset by an over-delivery against the Nurse Agency scheme. Length of Stay scheme has under-delivered by £16k as at December 2019.							
	Total	(644)	(603)	41	<u>Other actions agreed</u> <ul style="list-style-type: none"> Produce a plan, with clear delivery dates, to deliver control total by January 2020 meeting including opportunities to defer or prevent non-pay. Provide an update on progress of the implementation of the Collaborative Shared Care model at Bronglais General Hospital. Produce a plan by the next CEO HTA meeting on how savings are going to be delivered recurrently in 20/21. 							

Appendix 1: Turnaround Update

GGH USC	19/20 target £'000s	1,557	Total plans £'000s		732	373	0	1,105	Variance £'000s	452	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(458)	(622)	(164)	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of the roster control scheme.							
	Amber schemes	(171)	(78)	93	Length of Stay reduction scheme is under-delivering against the planned savings. The variable pay reduction scheme has not delivered from November 2019 as planned.							
	Total	(629)	(700)	(71)	<u>Other actions agreed</u> Produce a plan to demonstrate how the savings shortfall will be met this financial year.							

PPH USC	19/20 target £'000s	931	Total plans £'000s		789 [782]	0	0	789	Variance £'000s	142	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(403)	(618)	(215)	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of the length of stay reduction scheme.							
	Total	(403)	(618)	(215)	<u>Other actions agreed</u> Produce a plan to demonstrate how the savings shortfall will be met this financial year.							

WGH USC	19/20 target £'000s	1,125	Total plans £'000s		986	139	0	1,125	Variance £'000s	0	Idea in-year potential	125
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(786)	(696)	90	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of the ambulatory care scheme and refurbishment of Ward 10 scheme.							
	Amber schemes	(102)	(5)	97	This relates to the Middle Grade vacancy position in Medicine.							
	Total	(888)	(701)	187	<u>Other actions agreed</u> Produce a plan to demonstrate how the savings shortfall will be met this financial year.							

Appendix 1: Turnaround Update

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	(216)	(227)	(11)	N/A							
	Total	(216)	(227)	(11)	<u>Other actions agreed</u> <ul style="list-style-type: none"> Model the demand for drug/treatment costs Produce a plan to achieve the cancer target of 90% Produce a financial plan for NICE drugs coming on line in 20/21 Confirm that other Health Boards are being appropriately re-charged for drugs provided by Hywel Dda UHB. 							

Appendix 1: Turnaround Update

Section 2 – Summarises 19/20 Directorate savings plans against required savings target of 3.7% for Directorates that are monitored through the Turnaround Director Holding to Account meetings. The figures included in this section are based on the known Month 9 position as at 8th December 2019 and will be subject to change with the identification of further savings opportunities.

Carmarthenshire County	19/20 target £'000s	884	Total plans £'000s		713 [683]	13 [121]	0	726 [804]	Variance £'000s	158	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(499)	(427)	72	Slippage against a number of schemes, including nurse recruitment, Chronic Disease Management and AVH ambulatory care, has been partly offset by delivery against the CHC and Palliative Care schemes.							
	Amber schemes	(10)	(1)	9	This relates to the Medicines Locker schemes.							
	Total	(509)	(428)	81	Other actions agreed Produce a plan to demonstrate how the savings shortfall will be met this financial year.							
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	(257)	(257)	0	N/A							
	Amber schemes	0	0	0	N/A							
	Total	(225)	(225)	0								
Pembrokeshire County	19/20 target £'000s	729	Total plans £'000s		351	53	0 [388]	404	Variance £'000s	325	Idea in-year potential	None
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(283)	(271)	12	Relates to delays experienced earlier on in the year in reviewing CHC cases.							
	Amber schemes	(35)	0	35	This variance represents slippage on the Enhanced Recovery service scheme.							
	Total	(318)	(271)	47	Other actions agreed Produce a plan to demonstrate how the savings shortfall will be met this financial year.							

Appendix 1: Turnaround Update

Women & Children	19/20 target £'000s	1,359	Total plans £'000s		332	0	89 [108]	421	Variance £'000s	938	Idea in-year potential	70
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(202)	(177)	25	Withybush General Hospital Maternity-led Unit staff costs saving of £10k per month from November 2019 has not delivered. £5k relates to other schemes that slipped on delivery in Month 1.							
	Red schemes	(44)	(0)	44	Relates to the review of the visiting Anti-natal Clinic – this was due to start delivering from October 2019.							
	Total	(246)	(177)	69								

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	(770)	(568)	202	Locum cost scheme has under-delivered by £123k as at month 9. Total planned 19/20 savings are £670k. GP Commissioning Hub has started to deliver from Month 8, although not to the level planned.							
	Amber schemes	(34)	0	34	The savings from the Salaried GPs have yet to be identified or transacted.							
	Red schemes	(183)	0	183	Steps are being taken to return one managed practice to independent contractor status by December 2019. This may deliver £36k in quarter 4. There has been no interest in the other two managed practices. Work to continue on an alternative model to reduce costs by a further £50k over the second half of the year.							
	Total	(987)	(568)	419								

Radiology	19/20 target £'000s	584	Total plans £'000s		390	405	0	795	Variance £'000s	(211)	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(255)	(135)	120	Reduction in outsourcing costs are not delivering as planned.							
	Amber schemes	(253)	0	253	24 hour provision scheme is not delivering.							
	Total	(508)	(135)	373								

Appendix 1: Turnaround Update

Mental Health	19/20 target £'000s	2,691	Total plans £'000s		2,521	20 [88]	0 [44]	2,541	Variance £'000s	150	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(1,629)	(1,680)	(51)	The under-delivery of a number of schemes has been mitigated through slippage transacted from Month 5 onwards.							
	Amber schemes	(13)	(0)	13	Relates to slippage on ICF bid.							
	Total	(1,642)	(1,680)	(38)								

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 19/20, as at Month 9.

Workforce	19/20 target £'000s	5,900	698 [797]	0 [339]	Total	6,598 [7,036]	Idea in-year potential	1,863
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u>							
	<ul style="list-style-type: none">Support schemes developed by other Directorates which have a workforce element to their delivery;Monitor expenditure on variable pay across all staff groups; andIdentify Health Board wide/corporately driven schemes which may deliver results in workforce efficiency and effectiveness.							
	Green schemes	(4,478)	(3,664)	814	Progress last month:			
	Amber schemes	(416)	0	416	<ul style="list-style-type: none">Review of Workforce Control Panel effectiveness underway.Procurement of electronic Nurse Rostering complete and Steering Group established.Current practice for covering shifts through Consultants 'acting down' is being reviewed. Recommendations to be presented to the Executive Team Feb 20.Discussions held on the potential benefits for improved rota management and associated efficiencies within the Emergency Departments of GGH & WGH. An Urgent Response Group has been created with a single rota proposal as one option being considered.E-job Planning mandated from 1st January 20.Medical Agency Service Level Agreement monthly review meetings reinstated in Dec 2019.Meeting held with Radiology Service Delivery Manager and Project Plan drafted to support Directorate to achieve efficiencies.			
	Total	(4,894)	(3,664)	1,230	Actions for January:			
	<ul style="list-style-type: none">Conclude Workforce Control Panel effectiveness review.Progress with implementation plans for E-roster system.Start to scope opportunities to establish Banks for other staff groups.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.Review online timesheet authorisation processes for medical agency workers to ensure they are appropriate in light of the HBs standing financial instructions.Continue review variable expenditure including overtime and agency usage, and identify opportunities for efficiencies.							

Appendix 1: Turnaround Update

Patient Flow – Unscheduled Care	19/20 target £'000s	1,141	219	0	Total	1,360	Idea in-year potential	525
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u> Undertake appropriate activity associated with Unscheduled Care service to contribute to: <ul style="list-style-type: none">Overall reduction in bed daysImprove patient flow Confirm metrics/ dashboard in order to baseline & monitor performance							
	Green schemes	(721)	(452)	269	Progress last month: <ul style="list-style-type: none">USC Improvement/patient flow metrics/dashboard agreed and in development (once developed metrics can be used to monitor performance)Scoping discussion completed and agreed focus on GGH & WGH sites with frailty & ambulatory care noted as a starting pointWorkshop session at winter summit for Discharge to Recover then Assess (D2RA) pathways Actions for January: <ul style="list-style-type: none">Increase support to key project areas to show demonstrable improvements with 2019/20Adopt/ improve implementation of D2RAAnalyse GGH & WGH frailty and ambulatory care plans – provide additional support where appropriate/ possible to drive actions within said plans			
	Amber schemes	(109)	(78)	31				
	Total	(830)	(530)	300				

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			
	<u>Objectives:</u> Undertake appropriate activity associated with Critical Care service to contribute to: <ul style="list-style-type: none">Overall reduction in bed daysImprove patient flow							
	Green schemes	(242)	(231)	11	Progress last month: <ul style="list-style-type: none">Noted that short term actions to improve flow/management of critical care service will include potential upskilling on wards sitting outside critical care – a number of areas of care are being considered.Agreed short-term focus to be on GGH & WGH. Discussions ongoing regarding pilots on the use of High Flow Oxygen at GGH and NIV at WGH.Development of dashboard for use my critical care service.			
	Total	(242)	(231)	11	Actions for January: <ul style="list-style-type: none">Agree and progress short term improvements/changes that can be carried out during financial year 2019/20 i.e. potential upskilling on wardsPlan & undertake wider engagement with critical care (and linked services) to agree overall way forward regarding service redesign for the longer term (Potential re-design would <u>not</u> take place with financial year 2019/20)			

Appendix 1: Turnaround Update

Patient Flow – Out of Hours	19/20 target £'000s	380	120	0	Total	500	Idea in-year potential	375
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u>							
	<ul style="list-style-type: none">To overcome multi-faceted issues affecting the current Out of Hours service in Hywel Dda 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	(225)	(225)	0	Progress last month:			
	Amber schemes	(78)	(78)	0	<ul style="list-style-type: none">Timeline for temporary service change agreed. Multiple stakeholder engagement needed to ensure that key messages are received any reputational or operational risk is mitigated to an extentService improvement initiatives alongside temporary service developed including remote working GP, recruitment of shift lead GP, dedicated nurse response car, walk in pharmacy pathways & bank Advanced Nurse Practitioner recruitment. All to bolster the service resilience in dealing with high levels of demand through 111 and Welsh Ambulance Service NHS Trust escalationProject plan draft complete which outlines the longer term picture in terms of deliverables and key milestonesEngagement support now sought to support the temporary service changes and input into design of the longer term model			
Total	(303)	(303)	0	<p>Actions for January:</p> <ul style="list-style-type: none">To implement the temporary service changes and manage the various actions during this period. Will require significant input due to number of stakeholders involved and tight timescales to satisfy.Completion of contingency plan to support service change.Agreement of project measures to support the service change.Clarity on public engagement methods for longer term re-design.Scope stakeholder workshop in longer term options development.				

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			
	<u>Objectives:</u>							
	<ul style="list-style-type: none">• 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 to 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 clinician’s time in Primary Care.• Quickly note the numerous links and dependencies in other projects to avoid duplication.							
	Green schemes	(770)	(568)	202	Progress last month:			
	Amber schemes	(34)	0	34	<ul style="list-style-type: none">• Services mapped across diabetic pathway. All legacy issues and opportunities noted. Information to be dovetailed with financial appraisal of current service provision.• Above to test the counties planning approach as a future chronic conditions framework.• Teulu Jones lens will be used to articulate current experiences and that of the possible.• Quick wins / deliverables in short term identified including community diabetes model in north Ceredigion and biosimilar insulin project led by medicines management• A number of links / interdependencies prevalent, to be understood further in order to form workplan and deliverables in the medium /long term			
	Red schemes	(183)	0	183	Actions for January:			
Total	(987)	(568)	419	<ul style="list-style-type: none">• Work closely with finance business partners to accurately articulate findings from baselining exercise with financial picture of diabetic pathway.• Agree collectively with the group a set of deliverables to focus “how” we implement a new approach to chronic conditions to achieve aims/objectives.• Revisit key elements of the project such as stakeholder mapping and deliverables to invite further input into “how” new framework would be implemented – and what this looks like in reality.• Add in respiratory pathway work into immediate scope.				

Appendix 1: Turnaround Update

Outpatients	19/20 target £'000s	198	50	0 [525]	Total	248 [773]	Idea in-year potential	425
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u> To oversee an Efficiency and Productivity plan that could release core capacity in to the system, including; <ul style="list-style-type: none">• Improve new to follow-up ratios• Improve outcome form compliance• Reduce new and follow-up DNA rates• Improve patient pathways• Reduce follow-ups and follow-ups not booked;• Establish a process for managing Seen on Symptoms (SOS) patients• Increase uptake of electronic referrals• Improve referral management processes							
	Green schemes	(112)	(84)	28	Progress last month:			
	Amber schemes	(35)	(11)	24	<ul style="list-style-type: none">• 69% of all referrals received electronically from GP in October 2019• Compendium of clinical conditions completed for both referral criteria and standard follow up protocols. This will be shared within the Primary Care GP community shortly.• Outcome form review underway and pilot to test effectiveness initially within ENT to commence in January 2020.• Total delayed follow up cohort reduced from 43,853 in September 2019 to 31,367 in December 2019• Total 100% delayed follow up cohort reduced to 17,392 in December 2019 (November 2019 21,476)• Hywel Dda response to the National NHS benchmarking has been received and identifies new areas of opportunity.			
	Total	(147)	(95)	52	Actions for January: <ul style="list-style-type: none">• 2 further services due to live with electronic referrals (CMATS & T&O).• Skype clinic pilot to commence to work with Urology (post radiology patients) and diabetic new referrals in Pembrokeshire.• Savings in clinic utilisation to be agreed.• Further reduction in the volume of delayed follow ups. New specialist validation team to focus on delayed follow ups.• Confirm the plan to support financial benefits realisation.• Provide plan for rollout of outcome form improvement across HB.• Feedback and action is required for the National Seen on Symptoms/Patient initiated follow ups with the wider service teams to identify plans to deliver.• Investigate reasons for DNA rate increase in November 2019			

Appendix 1: Turnaround Update

Mental Health & Learning Disabilities	19/20 target £'000s	596	0	0 [88]	Total	596	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u> <ul style="list-style-type: none">Shared Care project for Older Adults Mental HealthDeveloping plan for Transformation of Learning Disability ServicesMoving forward TMH programme deliverables							
	Green schemes	(438)	(438)	0	Progress last month:			
	Total	(438)	(438)	0	<ul style="list-style-type: none">Shared Care model – Financial envelope for project has been agreed, agreement to advertise for a post to support ward in Mental Health activities.LD programme – Discussions ongoing with the Improving Lives Programme to scope out resource requirements to deliver on the objectives set out within the Improving Lives Programme action plan.Transforming Mental Health - Programme Business Case submitted to Welsh Government, scoping activity begun for integration of services at Ceredigion site, capital funding for Gorwelion approved, all third sector services reviewed in line with Transforming Mental Health strategy and delivery model, research work carried out to understand Single Point of Contact (SPoC) activities to inform local development, staffing model and bed modelling underway, discussions with third sector underway to look at potential community bed provisions. <p>Actions for January:</p> <ul style="list-style-type: none">Shared Care model – sign off of SOP and Medical Model.LD programme – Explore opportunities for three long-stay patients to be resettled within the community, determine scope and resource requirement for the TLD programme, determine engagement and consultation requirements for designing the future model for specialist LD care.Transforming Mental Health - Contracts to be circulated for approval before issuing agreements, estates work to commence at Gorwelion, link into regional group to progress work around SPoC, refresh governance structure and Terms of Reference to align programme with the wider portfolio, recruitment of roles and vacancies identified within MHLD to ensure resource is available to continue delivery.			

Appendix 1: Turnaround Update

Demand Optimisation – Pathology	19/20 target £'000s	76	120	0 [321]	Total	196	Idea in-year potential	125
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u>							
	<ul style="list-style-type: none">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	(54)	(54)	(0)	Progress last month:			
	Amber schemes	(14)	(54)	(40)	<ul style="list-style-type: none">Faecal Cal Protectin (FCP) algorithm applied to historical data to enable review.Brain Natriuretic Petide (BNP) algorithm applied to historical data to enable review.			
	Red schemes	0	0	0	<ul style="list-style-type: none">Anaemia Test Profile Pilot in Primary Care completed and findings evaluated.			
	Total	(68)	(108)	(40)	Actions for January: <ul style="list-style-type: none">Link FCP data to clinical records to evaluate impact on colonoscopy referrals.Follow up Value-Based Health Care team regarding BNP analysis.Refresh Intensive Care Unit data extract for Consultant Anaesthetist to review.Review findings of anaemia pilot and plan next improvement cycle in consultation with pilot site. Consider including second site. Present initial findings to Dr Sion James.			

Commissioning & Contracting	19/20 target £'000s	679	133	89	Total	901	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u>							
	<ul style="list-style-type: none">Cardiology service model and pathway with Swansea BayReclaiming costs of section 117 after care from external health boardsPPH theatre utilisation							
	Green schemes	(549)	(605)	(56)	Progress last month:			
	Amber schemes	(48)	(6)	42	<ul style="list-style-type: none">Agreed process for the receipt and management of incoming Mental Health Non-Contract Activity (NCA) invoices from 1st January 20 and pilot site identified.			
	Red schemes	(44)	0	44	Actions for January:			
	Total	(641)	(611)	30	<ul style="list-style-type: none">Mental Health team to support NCA team in clearing existing invoices.Commence pilot.			

Appendix 1: Turnaround Update

Medicines Management	19/20 target £'000s	2,786	258	0	Total	3,044	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	Objectives:							
	<ul style="list-style-type: none">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 in 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 MM as a core consideration in other Exec Priority work groupsEstablished 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	(1,916)	(2,765)	(849)	Progress last month:			
	Amber schemes	(123)	0	123	<ul style="list-style-type: none">Key opportunity areas have been identified and individual business cases developed for all key areas.Stakeholder identification, mapping and assessment completed and working relationships established to progress opportunities.Stakeholder communications and engagement plan completed.Stakeholder cost benefits and benefits realisation cases developed.Work commenced and continues with Finance to detail business case and opportunities realisation.Established work stream with Respiratory, Diabetes, Chronic Conditions, VIPAR 2 & 3 and Oxygen to identify and detail opportunities for improvement			
	Total	(2,039)	(2,765)	(726)	Actions for January/February: <ul style="list-style-type: none">Embed Partnership approach within relevant executive work stream groups to champion medicines management opportunities.Embed Partnership approach with service delivery leads, managerial leads and clinical leads to champion medicines management opportunities.Further develop monitoring and evaluation mechanisms in partnership with Finance and covering multiple work streams.Develop Quality assurance plan.Develop business and reporting mechanisms.			

Appendix 1: Turnaround Update

Non-Pay	19/20 target £'000s	3,564	445 [508]	0	Total	4,009 [4,072]	Idea in-year potential	672
	Schemes	YTD planned	YTD actual	YTD variance	Progress			
	<u>Objectives:</u>							
	<ul style="list-style-type: none">Seek assurance that managers are effectively managing non-pay claimsIdentify opportunities for positive communication with staff to raise awareness of, and support a reduction in, non-pay expenditureIdentify and promote alternative options to individual private travelMonitor the delivery of all non-pay saving schemes							
	Green schemes	(2,252)	(2,178)	74	December meeting did not go ahead. Progress to date:			
	Amber schemes	(160)	(1)	159	<ul style="list-style-type: none">A number of potential savings opportunities identified and scoping commenced.Opportunities to implement an electronic pool car booking system, electronic key cabinets and a travel hierarchy are being explored.Review of contracts with suppliers continued – 40 interviewed to date.Options to standardise knee prostheses are being progressed.			
	Total	(2,412)	(2,179)	233	Actions for January: <ul style="list-style-type: none">Agree action plan for 19/20 priorities – next meeting 14th January 2020.Commence work to conduct a feasibility study on Community Nurse scheduling software.Continue with review of top 100 contracts.Complete review of Endoscopy consumables.			

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 as at Month 9.

Demand Optimisation - Radiology	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> • 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 focussed 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 <p>Progress to date:</p> <ul style="list-style-type: none"> • In depth analysis of out of hours CT Pulmonary Angiography (CTPA) completed to inform SBAR. • SBAR and proposed pathway for CTPA finalised and sent to Thrombosis Committee for consideration of integration with HDd clinical policy 457a. <p>Actions for January:</p> <ul style="list-style-type: none"> • Complete and implement changes to out of hours requesting for CTPA. • Continue scoping and development of out of hours demand optimisation intervention for orthopaedics.
Patient Empowerment	<p><u>Objectives:</u></p> <p>To develop and deliver a programme of work to modernise the way we communicate with our patients, allowing patients to have a choice on how the UHB communicates with them and to provide a future proofed platform, based around the following;</p> <ul style="list-style-type: none"> • Attendance Optimisation (i.e. patient reminder, on-line booking, text reminder services) • Patient Feedback • A full communications platform, including a hybrid mail approach, allowing patient choice on how they wish to be communicated with. • A full citizen / patient portal to allow patients to access their results, letters, appointment details and any other applications or messaging that the Health Board wishes to adopt, and providing the ability to provide health education messages, medication alerts, and service improvements. <p>Progress to date (December meeting cancelled):</p> <ul style="list-style-type: none"> • Ongoing discussions with Welsh Government in respect of the introduction of a citizen portal. • Draft Digital Plan in development. <p>Actions for January:</p> <ul style="list-style-type: none"> • Scope a roll-out plan to extend the Text Reminder Service to appointments made outside the Contact Centre. • Analyse postage data to identify reasons for fluctuations in postage costs and volumes.

Appendix 1: Turnaround Update

Chronic Conditions & Community	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> • Completion of a 'whole system' review of current practice and resources associated with the management of chronic conditions in Hywel Dda. 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 • 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 <p>Progress last month:</p> <ul style="list-style-type: none"> • Services mapped across diabetic pathway. All legacy issues and opportunities noted. Information to be dovetailed with financial appraisal of current service provision • Above to test the counties planning approach as a future chronic conditions framework • Teulu Jones lens will be used to articulate current experiences and that of the possible • Quick wins / deliverables in short term identified including community diabetes model in north Ceredigion and biosimilar insulin project led by medicines management • A number of links / interdependencies prevalent, to be understood further in order to form workplan and deliverables in the medium / long term <p>Actions for December:</p> <ul style="list-style-type: none"> • Work closely with finance business partners to accurately articulate findings from baselining exercise with financial picture of diabetic pathway • Agree collectively with the group a set of deliverables to focus "how" we implement a new approach to chronic conditions to achieve aims/objectives. • Revisit key elements of the project such as stakeholder mapping and deliverables to invite further input into "how" new framework would be implemented – and what this looks like in reality • Add in respiratory pathway work into immediate scope
Stroke Pathway	<p><u>Objective:</u></p> <p>To redesign the stroke pathway for Hywel Dda University Health Board (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.</p> <p>Progress last month:</p> <ul style="list-style-type: none"> • Stroke workshop was held on 11th December 2019, which explored the medium term options for repatriation for acute and rehabilitation. • Further analysis of Workforce and Finance modelling. • Exploration into specialist rehabilitation located near to the planned new hospital. • Further analysis in terms of the Finance modelling for services provided by other NHS bodies. <p>Actions for January:</p> <ul style="list-style-type: none"> • Exploration into the Community Rehabilitation Service Model • Develop a Communication & Engagement strategy for the pathway redesign • Informatics evaluation of the assumptions / baseline

Appendix 1: Turnaround Update

Efficiency Opportunities	<u>Objective:</u> Undertake a review of efficiency opportunities as identified by KPMG review and provide support where appropriate.
	Progress last month: <ul style="list-style-type: none">• Various efficiency opportunities (time limited projects) shared with other groups set up under the Executive Priorities heading, Directorates or other working groups – most have either been accepted to work plans, noted as already on work plans or reasons given for impracticality.• Results of this work shared with Finance Business Partners giving the full list and status by Directorate so they can ensure these are considered and fed in as appropriate to Directorate savings plans• Work-stream closed
	Actions for January: N/A: workstream concluded



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 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

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; however, moving forward, both will be received 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 agree any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of 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 27 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 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 May 2019.

Total Number of Risks	27	
New risks	7	See note 1
De-escalated/Closed	9	See note 2
Increase in risk score ↑	4	} See note 3
No change in risk score →	14	
Reduction in risk score ↓	2	

Note 1 – New Corporate Level Risks

Since the previous report to Board in May 2019, the Executive Team has approved/escalated 7 risks to the CRR/BAF:

Risk	Risk Owner	New /Escalated	Date	Reason
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Risk 371 – Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information	Executive Director of Planning, Performance and Commissioning (PPC)	Escalated from PPC Directorate Risk Register	11/09/19	This risk was escalated following the WAO Follow-up on Clinical Coding which stated that ‘coding continues to be a low priority for the Health Board.’ The risk relates to the lack of capacity to undertake the increasing level of clinical coding to meet WG targets and that this could lead to the UHB basing its strategic decision-making on inaccurate and out to date information.
Risk 750 - Lack of substantive middle grade doctors affecting Emergency Department in WGH	Executive Director of Operations	Escalated risk from Unscheduled Care Directorate (WGH) Risk Register	11/09/19	This risk was escalated following the increase in pressures experienced at WGH.
805 – Failure of the tertiary centre to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI) procedure	Executive Medical Director	New	20/11/19	This risk relates to the potential harm to Hywel Dda patients whilst waiting in excess of 36 weeks for a TAVI procedure due to the failure of the tertiary centre to provide a sustainable service for TAVI to respond to increasing demand.
Risk 91 – Lack of consultant Cellular Pathologists to enable support compliance with the 14 day timescale set out within the new Singles Cancer Pathway	Executive Director of Operations	Escalated from Pathology Risk Register	20/11/19	This risk is being escalated to reflect the current gap of 4.0WTE Consultant cellular pathologist posts (out of 9.0WTE established posts) in Hywel Dda which significantly impacts the UHB’s ability to meet the 14 day timescale set out in the new Single Cancer Pathway.
Risk 810 - Ability to deliver quality care in unscheduled care.	Executive Director of Operations	New	04/12/19	This risk reflects the current risk within the unscheduled care system.

Risk 813 - Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	Executive Director of Operations	New	09/12/19	This risk reflects the risk of further enforcement due to a lack of available resources within the current operational maintenance function, to undertake a fully Health Technical Memorandum (HTM) compliant pre planned maintenance programme (PPM's) for all fire safety components across the entire HB's estate, the age, condition and scale of physical backlog, (circa £8m relating to fire safety across our estate which significantly affects our ability to comply with the requirements of the RRO in every respect and a lack of fire safety ownership and understanding of fire safety responsibilities at local hospital management level.
Risk 733 - HB failure to meet its statutory duties under 'Additional Learning Needs and Education Tribunal Act (Wales) 2018' by Sept 2020.	Executive Director of Therapies and Health Science	Escalated from Therapies and Health Science Directorate Risk Register	15/01/20	This was escalated to reflect the challenge of preparing the organisation to fully meet the requirements of the Act.

For full details on how these risks are being managed/mitigated, please see individual risks.

Note 2 – De-escalated/Closed Risks

Since the previous report to Board in May 2019, the Executive Team has agreed to close/de-escalate 9 corporate risks:

Risk	Lead Director	Close/De-escalated	Date	Reason
Risk 625 - Ability to recruit, retain and engage clinical staff to meet rising demand and deliver the long term clinical services strategy	Executive Director of Workforce & OD	Closed	11/09/19	This risk was closed following a detailed review by the Lead Director which has led to this risk being split.

Risk 631 - Failure to recognise increasing mortality rates across the Health Board	Executive Medical Director	De-escalate to Directorate level (Medical Directorate Risk Register)	20/11/19	This risk was de-escalated following a detailed review which has resulted in the level of risk being reduced to 8. Whilst this remains over the Health Board's risk tolerance of 6 for a risk within the 'safety to patients, staff and public' domain, a standardised process for stage 2 reviews agreed by the Effective Clinical Practice Sub-Committee has been implemented across the Health Board. There have also been improvements to meet the 95% target across all sites.
Risk 647 – Failure to have robust systems in place to support the reporting requirements of the Nurse Staffing Levels (Wales) Act 2016	Executive Director of Nursing, Quality and Patient Experience	Closed	20/11/19	This risk was closed as there is a solution in place to meet the reporting requirements in the Act via the Health and Care Monitoring Software System (HCMS) system.
Risk 648 - Ability to implement its Quality Improvement Strategic Framework (QISF) within current financial and workforce resources	Executive Director of Nursing, Quality and Patient Experience	De-escalate to Directorate level (NQPE Directorate Risk Register)	20/11/19	This risk was de-escalated; it is now within the UHB risk tolerance following the launch of the QISF in 2019.
Risk 650 - Quality and safety governance arrangements	Executive Director of Nursing, Quality and Patient Experience	Closed	20/11/19	This risk was closed following the recent WAO Review of Quality and Safety Arrangements in Hywel Dda and the new organisational objective 'Strengthen the HB's Quality and Safety governance arrangements and address the issues raised by WAO and reflections from the Cwm Taf HB Maternity

				issues'. A new risk is being assessed.
Risk 629 - Ability to deliver against Annual Plan targets against rising demand in unscheduled care	Executive Director of Operations	Closed	04/12/19	This risk was reviewed and removed following reassessment of the risk in unscheduled care (see note 1 above - risk 810).
Risk 508 - Insufficient resources in fire safety management to undertake appropriate Planned Preventative Maintenance (PPMs), risk assessments and audits	Executive Director of Operations	Closed	09/12/19	This risk was closed following the increase in capacity within the fire safety team and further reassessment of the risk associated with fire safety compliance within the UHB. A new risk has been assessed following the recent Enforcement notice from the Mid and West Wales Fire and Rescue Service (see note 1 above – risk 813).
Risk 652 - Security on acute hospital sites	Executive Director of Operations	De-escalated to Estates and Facilities Directorate Risk Register	09/12/19	This risk was de-escalated following a reduction in the UK threat level. The development of bespoke hospital lockdown plans will form part of the Health and Safety and Security departmental work plan for 2020 to work with site managers to develop their own plans based upon current infrastructure and highlight any lockdown hazards/challenges on their Directorate risk registers.
Risk 384 - Ability to fully comply with statutory and manufacturer guidelines for medical devices and equipment.	Executive Director of Operations	De-escalate to Central Operations Directorate level risk register	15/01/20	The Executive Team agreed to de-escalate this risk from the CRR as systems and controls have improved around the management of medical devices since this risk was put on the CRR. Whilst the backlog of replacement requires approximately

				£7m per annum, this is being managed through the Operations Directorate capital prioritisation process, therefore there is no value to be gained from it being at corporate level.
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Note 3 – 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 Jan-19	Date	Reason
Risk 718 - Failure to undertake proactive health and safety (H&S) management	Executive Director of Operations	3x3=9	4x4=16 ↑	04/12/19	There is an increased level of risk of prosecution if recent enforcement notices are not complied with by 1st May 2020.
Risk 627 - Ability to implement the UHB Digital Strategy within current resources to support	Executive Director of Planning, Performance and Commissioning (PPC)	5x4=20	4x4=16 ↓	20/08/19	Additional analytical support has been made available for the modelling element of the clinical services strategy.
Risk 117 - Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	Executive Director of Operations	2x5=10	3x5=15 ↑	04/09/19	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.
Risk 129 - Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients.	Executive Director of Operations	4x3=12	5x3=15 ↑	09/01/20	The level of risk has increased due to unprecedented and frequent shortfalls in rota cover throughout the 3 counties.
Risk 451 - Cyber Security Breach	Executive Director of Planning,	5x4=20	3x4=12 ↓	22/08/19	Impact score is 4 as a cyber-attack has the potential to severely

	Performance and Commissioning (PPC)				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.
Risk 635 - No deal Brexit affecting continuity of patient care	Executive Director of Public Health	3x3=9	4x3=12 ↑	15/11/19	The level of risk has increased to take account 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.

Argymhelliad / Recommendation

The Board is asked to

- Consider if 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 Termiau: Glossary of Terms:	<p>Current risk score – Existing level of risk taking into account controls in place.</p> <p>Target risk score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented.</p> <p>Risk appetite can be defined as <i>'the amount of risk that an organisation is willing to pursue or retain'</i> (ISO Guide 73, 2009).</p> <p>ISO (2009) define risk tolerance as <i>'the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives'</i>, 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.</p>
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 Jan-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	N/A	4x5=20	New risk	3x4=12	30
730	Failure to realise all the efficiencies and opportunities from the Turnaround Programme in 2019/20	3	Carruthers, Andrew	Statutory duty/inspections	8	4x5=20	4x5=20	→	2x4=8	33
245	Inadequate facilities to store patient records and investment in electronic solution for sustainable solution.	1	Carruthers, Andrew	Service/Business interruption/disruption	6	5x4=20	5x4=20	→	1x4=4	35
624	Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives.	5	Miles, Karen	Business objectives/projects	6	4x4=16	4x4=16	→	4x4=16 Accepted	39
628	Fragility of therapy provision across acute, community and primary care services	1, 5	Shakeshaft, Alison	Safety - Patient, Staff or Public	8	4x4=16	4x4=16	→	3x4=12	43
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	N/A	4x4=16	New risk	3x4=12	46
291	Lack of 24 hour access to Thrombectomy services	1	Carruthers, Andrew	Quality/Complaints/Audit	8	4x4=16	4x4=16	→	2x4=8	48
632	Ability to fully implement WG Eye Care Measures (ECM).	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	4x4=16	4x4=16	→	2x4=8 Accepted	50
735	Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board.	2	Thomas, Huw	Finance inc. claims	6	4x4=16	4x4=16	→	2x4=8	53
686	Delivering the Transforming Mental Health Programme by 2023	1, 5	Carruthers, Andrew	Service/Business interruption/disruption	6	4x4=16	4x4=16	→	2x4=8	56
718	Failure to undertake proactive health and safety (H&S) management	1	Carruthers, Andrew	Statutory duty/inspections	8	3x3=9	4x4=16	↑	2x4=8	59
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	4x5=20	4x4=16	↓	2x3=6	62
684	Lack of agreed replacement programme for radiology equipment across UHB	1	Carruthers, Andrew	Service/Business interruption/disruption	6	4x4=16	4x4=16	→	2x3=6	65
813	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	1	Carruthers, Andrew	Statutory duty/inspections	8	N/A	3x5=15	New risk	3x5=15	68
117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	2x5=10	3x5=15	↑	2x5=10	72
129	Ability to deliver a GP Out of Hours Service for Hywel Dda patients.	1	Carruthers, Andrew	Service/Business interruption/disruption	6	4x3=12	5x3=15	↑	2x3=6	76
634	Overnight theatre provision in Bronglais General Hospital	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3x5=15	3x5=15	→	1x5=5	79
451	Cyber Security Breach	1	Miles, Karen	Service/Business interruption/disruption	6	4x5=20	3x4=12	↓	3x4=12 Accepted	81
295	Inability to maintain routine & emergency services in the event of a severe pandemic influenza event	1	Jervis, Ros	Service/Business interruption/disruption	6	3x4=12	3x4=12	→	3x3=9 Accepted	85
44	Ability to manage patients awaiting follow up appointments	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3x4=12	3x4=12	→	2x4=8	87
91	Insufficient number of Consultant Cellular Pathologists to meet 14 day timescale set out in the new Single Cancer Pathway	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	N/A	3x4=12	New risk	2x4=8	90
750	Lack of substantive middle grade doctors affecting Emergency Department in WGH.	1	Carruthers, Andrew	Safety - Patient, Staff or Public	6	N/A	3x4=12	New risk	2x4=8	93
635	No deal Brexit affecting continuity of patient care	1	Jervis, Ros	Service/Business interruption/disruption	6	3x3=9	4x3=12	↑	2x3=6	95

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	98
633	Ability to meet the new waiting time target of 95% in the new Single Cancer Pathway by August 2019	1	Carruthers, Andrew	Quality/Complaints/Audit	8	4×3=12	4×3=12	→	3×2=6	101
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	5×4=20	4×3=12	New risk	2×3=6	104
805	Lack of sustainable service for TAVI procedure at tertiary centre.	1	Kloer, Dr Philip	Safety - Patient, Staff or Public	6	N/A	2×4=8	New risk	2×3=6	106

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	<ul style="list-style-type: none"> * 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 	Safety - Patient, Staff or Public	4x5=20	3x4=12	<p>Performance indicators for Tier 1 targets.</p> <p>A suite of unscheduled care metrics have been developed to measure the system performance.</p>	<p>Medically optimised and ready to transfer patients are reported 3 times daily on situation reports (</p> <p>Daily performance data overseen by service management</p> <p>Delivery Plans overseen by Unscheduled Care Improvement Programme</p> <p>Bi-annual reports to BPPAC on progress on delivery plans and outcomes (and to Board via update report)</p> <p>Executive Performance Reviews</p> <p>IPAR Performance Report to BPPAC & Board</p> <p>WAST IA Report Handover of Care</p>	<p>What's the hold up? Discharging patients in Wales “ Wales Audit Office Toolkit Assurance Report - ARAC - Oct19</p> <p>IPAR - Board & BPPAC (bi-monthly)</p> <p>Winter plan 2019-20 - Finance Committee and Board - Nov19</p>	Y		30

			<p>rounds.</p> <ul style="list-style-type: none"> * 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. 			<p>11 x Delivery Unit Reviews into Unscheduled Care</p> <p>Delivery Unit Report on Complex Discharge</p>				
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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	Turnaround Programme Director in post. 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	4x5=20	2x4=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 Mth8 - Dec19 Finance Committee	Y		33
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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	<ul style="list-style-type: none"> * 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	5x4=20	1x4=4	Service KPIs in place.	<p>Weekly management audit to assess current capacity against demand (L1)</p> <p>Deputy Health Records Managers Meetings to review storage & weeding (L1)</p> <p>Health Records Audits (L1)</p> <p>Electronic Records Group (L2)</p> <p>Health Records Modernisation Programme Group (L2)Medium)</p> <p>Oversight by IGSC (L2)</p> <p>IA Records Management Report - Feb19 (Limited Assurance) (L3)</p>	<ul style="list-style-type: none"> * 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		35
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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	<p>* There is an annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>* 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 prioritisation and allocation of available capital.</p> <p>* When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>* Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>* Retention of a medical equipment capital contingency to manage urgent issues of repair or replacement.</p> <p>* Review of regulatory reports which have a capital component ie. HIW, WAO, CHC.</p> <p>* Investigating the potential for</p>	Business objectives/projects	4x4=16	4x4=16	Performance against plan & budget.	<p>Reports of delivery against capital plan & budget (L1)</p> <p>Capital Audit Tracker in place to track implementation of audit recommendations (L1)</p> <p>Monitoring returns to WG include Capital Resource Limit (L1)</p> <p>Datix & risk reporting at an operational management level (L1)</p> <p>BPPAC & CEIM&T Sub-Committee reporting (supported by sub-groups) (L2)</p> <p>Bi-monthly Capital Review Meetings with WG to discuss/monitor Capital Programme (L2)</p> <p>NWSSP Capital & PFI Reports</p>	<p>* DCP and Capital Governance Report - BPPAC Oct19 and CEIM&T Sub-Committee Nov19</p> <p>* Radiology Equipment Risk CEIM&T Sub-Committee Nov19</p> <p>* Strategic Medical Device Replacement CEIM&T Sub-Committee Jul19</p> <p>* Estate Infrastructure CEIM&T Sub-Committee Sep19</p> <p>* IM&T Infrastructure CEIM&T Sub-Committee Nov19</p>	N		39
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				<p>'Charitable' funding rather than Discretionary Capital Programme as appropriate.</p> <p>* Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>* 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.</p> <p>* Reports to CE&IMT SC set out priorities for imaging equipment and established a much firmer baseline position in relation to medical devices backlog.</p>				<p>on capital audit (L3)</p> <p>WAO Structured Assessment 2017 (L3)</p>					
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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	<ul style="list-style-type: none"> * 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 for 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 manage 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	4x4=16	3x4=12	<p>Maintenance of 14 week waiting times for therapy services.</p> <p>Clearance of backlog for pulmonary rehabilitation, with 100% achievement of 14 week maximum wait by Dec20.</p> <p>Improved compliance with minimum standards for stroke therapy care by Q3 2020/21 (Dec20).</p> <p>Improved staffing ratios for priority areas by Dec20.</p>	<p>Management monitoring of breaches of 14 week waiting times (L1)</p> <p>Exceptions to achieving 14 week waiting times reported via IPAR to BPPAC (L2)</p> <p>Monitored nationally via SSNAP and monitored via Stroke Steering Group & RCP Annual Report with recommendations produced (L2)</p> <p>External Peer Reviews, Delivery Unit Reviews & national audits, eg Diabetes paediatric audit - action plans developed (L3)</p>		N		43
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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	<p>* 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.</p> <p>* 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.</p> <p>* Overtime is being implemented to address some of the short fall in the completeness factor.</p> <p>* Reminders to end users of coded information that completeness levels does not meet national targets.</p> <p>* Notes are moved across the Health Board to support the teams that have less than required resources.</p> <p>* 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.</p>	Business objectives/projects	4x4=16	3x4=12	<p>Number of episodes coded</p> <p>Number of episodes outstanding</p> <p>95% of episodes coded within 1 month of discharge</p> <p>98% of episodes coded in a rolling 12 months</p>	<p>Department monitoring of KPIs (L1)</p> <p>IGSC monitoring of Clinical Coding Targets (L2)</p> <p>WAO Follow-up Report on Clinical Coding - Apr19 (L3)</p>	<p>Information Governance Sub-Committee Jul18, Sep18, Nov18, Feb19, Apr19, May19, Jul19, Sep19</p>	Y		46
291	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Lack of 24 hour access to Thrombectomy services	Carruthers, Andrew	<p>Re-commencement of thrombectomy services in Cardiff and Vale Health Board, dependent upon capacity</p> <p>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</p>	Quality/Complaints/Audit	4x4=16	2x4=8	Datix incident reports	<p>Daily/weekly/monthly/monitoring arrangements by management (L1)</p> <p>Executive Performance Reviews (L2)</p> <p>IPAR Performance Report to BPPAC & Board (L2)</p> <p>Stroke Delivery Group review of patient cases (L2)</p>	Thrombectomy Report - ET - Sep17.	N		48

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	<ul style="list-style-type: none"> * 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 	Safety - Patient, Staff or Public	4x4=16	2x4=8	Reduction in number of follow-ups	<ul style="list-style-type: none"> Monitoring arrangements by management (L1) Executive Performance Reviews (L2) IPAR Performance Report to BPPAC & Board (L2) Monthly oversight by WG (L3) 	<ul style="list-style-type: none"> * EC Collaborative Group Meeting Aug19 * IPAR Mth 11 - Board Mar19 * IPAR Mth 12 - BPPAC - Apr19 * EC Collaborative Group Meeting Feb19 	Y		50
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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.	Huw Thomas,	<p>Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions.</p> <p>Turnaround Director Holding to Account meetings.</p> <p>CEO Holding to Account meetings.</p> <p>Executive Performance meetings.</p> <p>Commissioning arrangements with key partners (Local Authorities; Care home sector; Other NHS providers; Primary Care; Third Sector).</p> <p>Process of review of recovery plans process in place and approaching of system-wide issues.</p>	Finance inc. claims	4x4=16	2x4=8	<p>Identification and delivery of savings schemes.</p> <p>Financial performance and projections reported on a monthly basis.</p> <p>Breakeven recovery plans where deficits are projected.</p> <p>Financial process assurances.</p> <p>Internal Audit and Wales Audit Office reports.</p>	<p>Finance dashboards (L1)</p> <p>Finance report to Finance Committee and Board (L2)Medium)</p> <p>CEO Holding to Account meetings (L2)Medium)</p> <p>Financial assurance report to Audit Committee (L2)Medium)</p> <p>Year-end reporting to Audit Committee (L3)</p>	* Month 9 Finance Report 2019/20 reports - Finance Committee - January 2020	Y		53
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	Andrew Carruthers,	<p>Open commitment and mandate from the Board on the implementation of the TMH Programme. Board approved implementation plan (Jan18).</p> <p>Mental Health Implementation Group established to oversee delivery of the TMH Implementation Programme.</p> <p>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.</p>	Service/Business interruption/disruption	4x4=16	2x4=8	N/A	<p>Work streams report progress, key risks and issues to Mental Health Implementation Group (L1)</p> <p>Regular reports received at Local Mental Health Partnership Board and Mental Health Legislation Assurance Committee (L2)</p> <p>TMH Plan is monitored by TMH Implementation Group and Planning Sub-Committee, and to Board every 6 months (L2)</p>	<p>* TMH Progress Report - Board - Sep18, Nov18 & Jul19</p> <p>* HOS reports - MHQSESC - Sep18</p> <p>* MHLAC Update - Board - Jul18</p> <p>* TMH update - Planning Subcommittee - Jan19, Mar19 & May19</p>	Y		56

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	<p>1 x Head of H&S, 1 x H&S Manager and 1 x Security/Case Manager/Prevent Co-ordinator.</p> <p>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.</p> <p>H&S policies and procedures are in place and are published on staff intranet.</p> <p>Incident/concerns investigations are undertake.</p> <p>Prioritised approach to audit and inspection on acute and community premises.</p> <p>Health and Safety Emergency Planning Committee reporting to BPPAC re compliance with HSE improvement plans.</p>	Statutory duty/inspections	4x4=16	2x4=8		<p>Incident and RIDDOR and progress against workplan reports to H&S/EP Sub-Committee (L2)</p> <p>Progress against workplan reports to H&S/EP Sub-Committee (L2)</p> <p>IA report on Health and Safety Sep16 (Reasonable Rating) (L3)</p> <p>8 x HSE Improvement notices plus 13 material breaches (L3)</p>	<p>SBAR Exec Team Oct-18 H&S/EP Sub-Committee</p> <p>HSE Inspection Report -H&S EPSC - Nov19</p>	N		59
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	<p>Board approved the 5 year Digital Strategy - Jan17.</p> <p>Board Approved the updated 2018 Digital Plan, and Operational Delivery Plan.</p> <p>Development of a Digital Futures Programme.</p>	Business objectives/projects	4x4=16	2x3=6		<p>Signed off project plans by the relevant committees (L1)</p> <p>Delivery of digital plans are overseen by Digital Steering Group (reports to Planning Sub Committee) (L2)</p>	Digital strategy/plans included in annual plan document-action to Board.	Y		62

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	<ul style="list-style-type: none"> * 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	4x4=16	2x3=6	<p>Reduction of waiting times to under 6 weeks by Mar22.</p> <p>Reduction in overtime costs to nil by Mar22.</p>	<p>Monthly reports on equipment downtime and overtime costs (L1)</p> <p>IPAR report overseen by BPPAC and Board bi-monthly (L2)</p> <p>Internal Review of Radiology Service Report (Reasonable Rating (L3)</p> <p>WAO Review of Radiology - Apr17 (L3)</p> <p>External Review of Radiology - Jul18 (L3)</p>	Radiology Equipment SBAR - Executive Team - Mar19	N		65
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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	<ul style="list-style-type: none"> * 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	3x5=15	3x5=15	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 HSEPC (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) 	<ul style="list-style-type: none"> IA Fire Precautions Report - ARAC 19/06/18. Regular reports to H&S EM SC 	N		68
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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	<p>* 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.</p> <p>* Bi-monthly operational meeting with Swansea Bay UHB (SBUHB) to monitor activity/patient flow and address associated risks/issues.</p> <p>* 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.</p> <p>* Additional cardiac capacity for Winter 2018/19 provided 6 ring-fenced beds at PPH to enable timelier transfer to SBUHB for N-STEMI patients. This has supported on average 2 transfers per day for HDUHB patients since 07/01/19 and up to the end of March 2019 achieved an average reduction from 10 to 3 days in the wait from 'referrals for angio' to 'angio undertaken'. This service is continuing and a draft business case outlining need for sustainability completed.</p> <p>Cardiology SDM engaged with Regional planning in support of improvements in</p>	Safety - Patient, Staff or Public	3x5=15	2x5=10	Performance indicators for Tier 1 targets.	<p>Daily/weekly/monthly/monitoring arrangements by management (L1)</p> <p>Audit of N-STEMI referral undertaken by Clinical Lead show average wait of 5.8 days (L1)</p> <p>Executive Performance Reviews (L2)</p> <p>IPAR Performance Report to BPPAC & Board (L2)</p> <p>Monthly oversight by WG (L3)</p>	N		72
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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	<ul style="list-style-type: none"> * 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). * 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 	Service/Business interruption/disruption	5x3=15	2x3=6	<p>Performance against interim 111 standards</p> <p>Filled rotas and base closure data</p>	<p>Weekly sitreps/Weekend briefings for OOH (L1)</p> <p>Monitoring of performance against 111 standards (L1)</p> <p>Executive Performance Reviews (L2)</p> <p>BPPAC monitoring (L2)</p> <p>QSEAC monitoring (L2)</p> <p>WG Peer Review Oct 19 (L3)</p>	<p>ET- Risk to OOH business continuity - Sep19</p> <p>QSEAC OOH Update Sep19</p> <p>ET- OOH resilience - Nov019</p> <p>BPPAC - update on the OOH Services peer review paper Dec19</p> <p>BPPAC Quarterly monitoring Nov19</p> <p>QSEAC OOH Update Feb20 (planned)</p> <p>ET- OOH resilience Q3 monitoring Jan20(planned)</p>	N		76
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634	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Overnight theatre provision in Bronglais General Hospital	Carruthers, Andrew	<p>Resident Operating Department Practitioners (OPD) Team</p> <p>24/7 anaesthetic cover on site (obstetrician and consultant anaesthetist).</p> <p>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 if issues are identified.</p> <p>Principle of removal of on-call compensatory rest approved by Executive Team.</p>	Safety - Patient, Staff or Public	3x5=15	1x5=5	No of incidents reported where 30 minute response target is missed.	<p>Maternity Services governance systems review of incident reports (L1)</p> <p>Management audit of cases presented to QSEAC (L2)</p> <p>Discussions with WG Chief Nursing Officer & UHB Medical & Nursing Director (L3)</p>	<p>Executive Team - Jul18</p> <p>Executive Team - Dec18</p> <p>ARAC - Jun19</p>	N		79
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451	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Cyber Security Breach	Miles, Karen	<p>Controls have been identified as part of the national Cyber Security Task & Finish Group.</p> <p>Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc.</p> <p>£1.4m national investment in national software to improve robustness of NWIS.</p> <p>Further Task and Finish Group established to review the future patching arrangements within NHS Wales - this will lead future work locally to implement recommendations.</p> <p>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.</p>	Service/Business interruption/disruption	3x4=12	3x4=12	<p>No of cyber incidents.</p> <p>Current patching levels in UHB.</p> <p>No of maintenance windows agreed with system owners.</p> <p>Removal of legacy equipment.</p>	<p>Department monitoring of KPIs (L1)</p> <p>IGSC monitoring of cyber security workplan addressing recent internal and external audits/assessments (L2)</p> <p>IGSC monitoring of National External Security Assessment (L2)</p> <p>Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress (L3)</p> <p>WAO IT risk assessment (part of Structured Assessment 2018 (L3)</p> <p>Internal Audit IM&T Security Policy & Procedures Follow-Up - Reasonable Assurance (L3)</p>	<p>External Security Assessment - IGSC - Jul 18</p> <p>Update on WAO IT follow-up - ARAC - Oct19</p>	N		81
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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	<ul style="list-style-type: none"> * 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	3x4=12	3x3=9		<p>Reports to Health & Safety and Emergency Planning Sub-Committee (L2)</p> <p>Emergency Planning Action Group (EPAG) Wales meetings re Pandemic Flu (L2)</p> <p>NHS Wales wide workshops (L3)</p> <p>LRF Cygnus Test of plans (L3)</p> <p>Reviewed LRF Pandemic Flu Plan (L3)</p>	No recent reports.			85
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44	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Ability to manage patients awaiting follow up appointments	Carruthers, Andrew	<p>* The programme of work underway within the Health Board is focussing on a number of key stages, urology and cancer.</p> <p>* Admin validation, cleaning up the waiting lists and removing obvious duplicate entries or patients that have been seen and the pathway not closed.</p> <p>* Engaging Clinical Leads for each specialty in the prioritisation of their patients and the identification of those most at risk of harm.</p> <p>* Specialty Service Delivery Manager (SDM) and clinical lead have identified patients on their follow up list who might be at risk.</p> <p>* Lessons learned from SUI / adverse events / complaints relating to delayed care shared through Directorate QSE meetings.</p> <p>* Introduction of FUNB metrics into Directorate / Service performance reviews to provide local scrutiny.</p>	Safety - Patient, Staff or Public	3x4=12	2x4=8	Reduction of delayed follow up appointments across 5 specialties (Target to be agreed)	<p>Watchtower meetings are held weekly to review all patient waits (L1)</p> <p>Ophthalmology ECM specifically report compliance with the follow up intervals (L1)</p> <p>Outpatients Turnaround Group reviewing levels of follow-up (L2)</p> <p>Planned Care Programme Board (WG) reviewing HB implementation of PCP (L3)</p> <p>Scrutiny of FUNB forms part of the Delivery Unit remit for scrutiny (L3)</p>	<p>* IPAR Report Mth 5 - Board - Sep19</p> <p>* IPAR Report Mth 6 - BPPAC - Oct19</p> <p>* Delayed Follow Up Improvement Plan 19/20 - BPPAC - Feb19</p>	Y		87
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	<p>Consultant Cellular Pathologists centralised to Glangwili General Hospital (GGH) site.</p> <p>Tissue processing centralised to GGH site.</p> <p>Consultant Cellular Pathologists are undertaking additional sessions to maintain workload in house to ensure turn around times are maintained.</p> <p>Additional 6 sessions provided by current 3.0WTE substantive consultants.</p> <p>Prioritisation of suspected cancer cases over routine tissue samples.</p> <p>Actively working with medical staffing to recruit to vacant posts.</p>	Safety - Patient, Staff or Public	3x4=12	2x4=8	None identified.	<p>Review of KPIs at Monthly Pathology Strategy Group meeting (L1)</p> <p>External Quality Assessments by Consultant Staff - issues picked up through supervision (L1)</p>	<p>QSEAC -Feb19 & Apr19 & Feb20 (planned)</p> <p>Op QSE SC - May19</p>	N		90

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	<p>Daily review of team strengths by rota co-ordinators and service manager unscheduled care. Issues identified escalated to GM and SDM.</p> <p>Recruitment program on-going to fill gaps and recruit into vacant posts.</p> <p>Medacs agency filling whenever possible with long term locums.</p> <p>Continuous monitoring of the team strengths to ensure consultant and senior support and supervision.</p> <p>Medical rota team continually manage and report on any short falls to the Triumvirate team.</p> <p>Weekly Urgent Response Group review rotas for next 3 months.</p> <p>3 x long term locums in place (6 months).</p> <p>Escalation procedures in place.</p>	Safety - Patient, Staff or Public	3x4=12	2x4=8	<p>A&E 4hr waiting times (<95%)</p> <p>A&E 12hr waiting times (0 target)</p> <p>Number of ambulance handovers over one hour (0 target)</p> <p>Incidents level 4 or 5</p>	<p>Daily review of rotas (L1)</p> <p>Daily review of incident reports (L1)</p> <p>Local governance meeting monthly (L1)</p> <p>Tier 1 target performance reviewed at Business Planning and Performance Committee (L2)</p>	<p>* Executive Committee - Jul19</p> <p>* In-committee Board - Jul19</p>	Y		93
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635	1. Deliver the Annual Plan 2019/20 by the end of March 2020	No deal Brexit affecting continuity of patient care	Jervis, Ros	<ul style="list-style-type: none"> * 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 	Service/Business interruption/disruption	4×3=12	2×3=6	None identified.	<p>Response submitted on 19Nov18 to Andrew Goodall letter of 05 October stating approach to be taken by Health Boards confirming progress (L1)</p> <p>Response submitted to Wales Audit Office letter notifying of intention to undertake an initial baseline of arrangements by 30Nov19 (L1)</p> <p>Emergency Planning Team to review UHB no deal Brexit arrangements and associated BCPs (L1)</p> <p>Executive oversight of Brexit arrangements and BCPs (L2)</p> <p>Review of Exercise planned for Jan19 (L3)</p> <p>WAO Review of Brexit Preparedness (L3)</p>	None to date.			95
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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	<p>Understanding the underlying deficit. An initial assessment has been completed.</p> <p>Very high level base-case long term financial model.</p> <p>Assessing the full financial implications of A Healthier Mid and West Wales.</p>	Finance inc. claims	3x4=12	2x3=6	<p>Operational agreement to underlying deficit assessment.</p> <p>Plan in place to develop a long term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	Reporting to Finance Committee (L1).	N/A	N		98
633	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Ability to meet the new waiting time target of 95% in the new Single Cancer Pathway by August 2019	Carruthers, Andrew	<p>Working with all Wales Cancer Network to gain full understanding of implications of new pathway.</p> <p>Implementation Group established, reporting to Cancer Board with awareness / engagement sessions held on each hospital site.</p> <p>Shadow monitoring in place.</p> <p>Demand & Capacity planning in progress to assess anticipated impact on diagnostic services.</p>	Quality/Complaints/Audit	4x3=12	3x2=6	<p>Performance indicators for Tier 1 targets.</p> <p>Shadow performance data.</p>	<p>Daily/weekly/monthly/monitoring arrangements by management (L1)</p> <p>Executive Performance Reviews (L2)</p> <p>IPAR Performance Report to BPPAC & Board (L2)</p> <p>Monthly oversight by WG (L3)</p>	<p>* IPAR Report Mth11- Board - Mar19</p> <p>* Implementation of Single Cancer Pathway Report - BPPAC - Feb19</p>	Y		101

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	<ul style="list-style-type: none"> * 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	4x3=12	2x3=6		<p>Hywel Dda ALN Implementation Group monitor the progress against the actions within the implementation plan (L1)</p> <p>Regional ALN Transformation Group monitor progress made against the actions within the ALN Health work stream plan (L2)</p>	Executive Team, ALN Act Implementation - Sep19	N		104
805	1. Deliver the Annual Plan 2019/20 by the end of March 2020	Lack of sustainable service for TAVI procedure at tertiary centre.	PK10	<p>TAVI Recovery Plan implemented with aim of reducing backlog of patients by end of 2018/19.</p> <p>RCP review of tertiary service in progress to provide assurance on the previous and revised processes.</p> <p>Tertiary centre have provided assurances that the backlog is now fully cleared.</p> <p>Monthly update from tertiary centre re service provision.</p>	Safety - Patient, Staff or Public	2x4=8	2x3=6	Reduction in the number of patients waiting over 36 weeks for TAVI to 0 by 01/06/2020.	TAVI Recovery Plan overseen by TAVI Operational Group (with Executive oversight) at tertiary centre (L1)	Update to the in-committee QSEAC Aug19. Once the outcome from the RCP is know an update will be provided to QSEAC - expected in Oct20.	N		106

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		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

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

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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Dec-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-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)		No trend information available	
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:	New		

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)
<p># Comprehensive daily management systems in place to manage unscheduled care risks on daily basis including multiple daily multi-site calls in times of escalation.</p> <p># 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.</p> <p># Discharge lounge takes patients who are being discharged.</p> <p># The staffing position continues to be monitored on a daily basis in</p>

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	By Who	By When	Progress
Lack of available inpatient beds to meet ED admissions	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.
Delays in discharge of medically fit patients				
Consistent approach to implementation of Red2Greed and SAFER patient bundles	Development and delivery of 7 cluster plans to support unscheduled care.	Paterson, Jill	31/03/2021	To be updated

<p>accordance with safe staffing principles.</p> <p># Regular reviews of long stay patients over 7 days at weekly meetings across all hospital sites.</p> <p># 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.</p> <p># 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.</p> <p># Delivery plans in place supported by daily, weekly and monthly monitoring arrangements.</p> <p># Escalation plans for acute and community hospitals.</p> <p># Annualised delivery plans aligned to Transforming Clinical Services.</p> <p># Annual winter plans developed to manage increased activity.</p> <p># Joint workplan with Welsh Ambulance Services NHS Trust.</p> <p># 111 implemented across Hywel Dda.</p> <p># Transformation fund bids in relation to crisis response being implemented across the system.</p>	<p>Lack of agreement of discharge standards with partners</p> <p>Workforce issues create an ongoing demand/capacity imbalance.</p> <p>Inability to improve current unscheduled care system due to high reliance on temporary staff.</p> <p>Inability to manage within current unscheduled care capacity continues to cause problems for elective programmes of work.</p> <p>Resilience of out of hours remains a significant challenge.</p>	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	To be updated
		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	Redesign day held in October with all stakeholders and project group established meeting fortnightly to develop.
		Review of A&E model across the south of the Health Board	Kloer, Dr Philip	30/06/2020	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

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. 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	To be updated
	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
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Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-20
Lead Committee:	Finance Committee	Date of Next Review:	Feb-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):	5x5=25
Current Risk Score (L x I):	4x5=20
Target Risk Score (L x I):	2x4=8
Tolerable Risk:	8
Trend:	↔

Line chart showing risk scores over time (May-19 to Jan-20). The Y-axis represents the Risk Score (0 to 25). The X-axis represents the time period (May-19 to Jan-20). The Current Risk Score (red line) is constant at 20. The Target Risk Score (blue line) is constant at 8. The Tolerance Level (dashed black line) is constant at 8. A blue arrow indicates a trend from 20 down to 8.

Time Period	Current Risk Score	Target Risk Score	Tolerance Level
May-19	20	8	8
Jun-19	20	8	8
Jul-19	20	8	8
Aug-19	20	8	8
Sep-19	20	8	8
Oct-19	20	8	8
Nov-19	20	8	8
Dec-19	20	8	8
Jan-20	20	8	8

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)
<ul style="list-style-type: none"> - Turnaround Programme Director in post. - 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

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	By Who	By When	Progress
<p>Lack of sufficient capacity to support and facilitate the delivery of Turnaround programme.</p> <p>Ability to control operational priorities that adversely affect delivery of savings plans, eg, winter pressures, vacancy position.</p> <p>Lack of clarity in organisation about true priorities specially achieving balance quality performance, TCS and finance delivery.</p>	<p>Increase capacity of programme management office (PMO) and service improvement capability to support delivery of Turnaround Programme.</p>	<p>Ryan-Davies, Libby</p>	<p>Completed</p>	<p>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.</p>

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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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance against agreed savings plan	Performance against plan monitored through HTA meeting with Services	1st	
In-month financial monitoring	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	

Control RAG Rating (what the assurance is telling you about your controls)

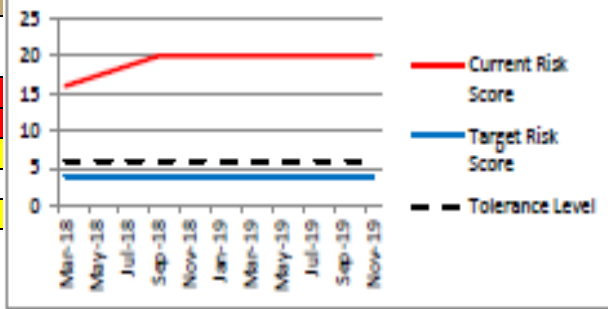
Latest Papers (Committee & date)
* Mth 9 Finance Report & Turnaround Report - Board Jan20
* Finance Report & Turnaround Update Report Mth8 - Dec19 Finance Committee

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				

Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jan-20
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-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 for patient records and a lack of investment in electronic systems to deliver a sustainable model. This could lead to an impact/affect on patient record service with it unable to store records securely, potential loss, damage or inappropriate disclosure of patient records leading to breach of confidentiality, review and fine 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):	5x4=20	
Current Risk Score (L x I):	5x4=20	
Target Risk Score (L x I):	1x4=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 inquiries, 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 needs significant resources and 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 will not 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)
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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	By Who	By When	Progress
Further action necessary to address the controls gaps				

<p># Annual weeding and destruction programme agreed and facilitated accordingly across the Health Board up to 2018/19.</p> <p># Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin & Secretarial systems/shared drives (Clinic Letters).</p> <p># Alteration to current racking and purchase of additional racking at GGH. Resourcing of additional racking for the offsite facility.</p> <p># Agreed and approved Health Records strategies, policies and procedures (approved Aug15).</p> <p># Electronic Records Project Group undertaking scoping work for Turnaround Project for long term solution (Sep18).</p> <p># Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19)</p> <p># Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.</p>	Lack of sustainable long term solution for records management and storage.	Implement the agreed weeding plan for 2018/2019.	Bennett, Mr Steven	31/03/2019 31/01/2020	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 over 10 months behind schedule. Following the support received from BPPAC and the Exec Team the overtime process has fully implemented and is on course to be completed by end January 2020.
	<p>Lack of capital funding to support sustainable solution (estimated to be in excess of £8m).</p> <p>Lack of capacity within current storage facilities resulting in more records being stored on wards/service areas.</p> <p>Inability to store all records safely within current storage facility.</p>	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.
	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.	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. Training is currently underway in 2 specialties and mapping has been completed and submitted to NWIS in another 3 specialties. Four specialties 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. 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 paper has been submitted to the Executive Team (Nov 2019) requesting support with the request.
		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)	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
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 Report - BPPAC Oct 2019. * Programme Management Office Support report - Exec Team Jul19 & Nov19.	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.
	Deputy Health Records Managers Meetings to review storage & weeding	1st								
	Health Records Audits	1st								
	Electronic Records Group	2nd								
	Health Records Modernisation Programme (Group Medium)	2nd								
	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
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Executive Director Owner:	Miles, Karen	Date of Review:	Nov-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Dec-19

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):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	4x4=16
30/05/19 - Board 'Accept' Target Risk Score	
Tolerable Risk:	6
Trend:	

25
20
15
10
5
0

Mar-18 Jun-18 Sep-18 Dec-18 Mar-19 Jun-19 Sep-19 Dec-19

Current Risk Score
Target Risk Score
Tolerance Level

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)
<ul style="list-style-type: none"> * 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

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	By Who	By When	Progress
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	At all Wales level, the development of the Specialist and Critical Care Centre at Aneurin Bevan University Health Board has affected the amount of available capital funding across Wales and therefore all Wales capital funding has been significantly constrained in 2018/19 and remains so for 2019/20 and will continue to impact into 2020/21.

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.

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 is now being utilised to inform the prioritisation of equipment process.
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	08/07/2019	List currently being collated.
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 - Funding received for 2 General Xray Rooms (WGH & PPH) and GGH Fluoroscopy Room in 2019/20 and funding in 2020/21 for replacement WGH MRI. 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	Work has started.
		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 - sums to be confirmed in allocation letter not yet received. WG colleagues have not indicated the availability of year end slippage to date.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance against plan & budget.	Reports of delivery against capital plan & budget	1st	
	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	

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
* DCP and Capital Governance Report - BPPAC Oct19 and CEIM&T Sub-Committee Nov19 * Radiology Equipment Risk CEIM&T Sub-Committee Nov19 * Strategic Medical Device Replacement CEIM&T Sub-

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

Bi-monthly Capital Review Meetings with WG to discuss/monitor Capital Programme	2nd			CEIM&T Sub-Committee Jul19 * Estate Infrastructure CEIM&T Sub-Committee Sep19 * IM&T Infrastructure CEIM&T Sub-Committee Nov19
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
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Executive Director Owner:	Shakeshaft, Alison	Date of Review:	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Dec-19

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):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	3x4=12
Tolerable Risk:	8
Trend:	

Current Risk Score

Target Risk Score

Tolerance Level

Date	Current Risk Score	Target Risk Score	Tolerance Level
Sep-18	16	16	8
Nov-18	16	16	8
Jan-19	16	16	8
Mar-19	16	16	8
May-19	16	16	8
Jul-19	12	12	8
Sep-19	12	12	8
Nov-19	12	12	8

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)
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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	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p>Individual service risks identified and discussed at a range of for a; i.e. QSEAC, OQSESC, Performance Reviews and Therapy Forum.</p> <p>Priority areas agreed in the 2019/2020 Annual Plan, to increase capacity in these areas.</p> <p>Some additional funding agreed for 19/20 with the Director of Finance.</p> <p>Locum staff utilised where appropriate, funded from within core budget (2 vacancies fund 1 Locum)</p> <p>Short-term contracts/additional hours within budget used to cover maternity leave.</p> <p>Training of support staff to safely deliver delegated tasks.</p> <p>Over-recruitment of Newly Qualified Staff were appropriate and approved by the Director to manage foreseeable future decrease in staffing levels.</p> <p>Local solutions include review of each vacant post to make them attractive, including skill mix review, early advertisements for new graduates.</p> <p>Prioritisation of patients is undertaken through triage and risk assessment by therapy services.</p> <p>Introduction of the Malcomess Care Aims Framework for Paediatric Therapy Services.</p>	<p>Inability to secure funding for all developments identified in 19/20 annual plan.</p> <p>Shortage of qualified staff nationally and rurality of HDDUHB limits applications to some posts.</p> <p>Unplanned service development opportunities.</p> <p>Lack of cohesive approach to workforce planning across all therapy services.</p>	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 malnutrition. Series of workshops being held with the DoTHS, Director of Operations, HoS, County Directors and GPs 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.
		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.
		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.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

Maintenance of 14 week waiting times for therapy services.	Management monitoring of breaches of 14 week waiting times	1st				Reporting improved compliance with the Dementia Action Plan, including increased diagnostic rates.			
Clearance of backlog for pulmonary rehabilitation, with 100% achievement of 14 week maximum wait by Dec20.	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							
	Improved compliance with minimum standards for stroke therapy care by Q3 2020/21 (Dec20).	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
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Executive Director Owner:	Miles, Karen	Date of Review:	Dec-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-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):	5x4=20		
Current Risk Score (L x I):	4x4=16		
Target Risk Score (L x I):	3x4=12		
Tolerable Risk:	6		
Trend:	New		

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 they will be retiring within the next 2-3 years, and the fact that it takes 2 years to train a clinical coder. The resources required to achieve the coding target are outlined below:
<ul style="list-style-type: none"> • 4.5 wte - Senior Clinical Coder (Band 4) • 1.5 wte - Trainee Clinical Coder (Band 3) • 2.5 wte - Clinical coding clerk (Band 2)

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
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

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	By Who	By When	Progress
Resourcing the clinical coding team, to take account of underlying growth	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.
A revised workforce plan for the succession planning for the				

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.

department

Additional funding has been provided to the Clinical Coding Team for 1 additional coder	Beynon, Gareth	30/09/2019 28/02/2020	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 are taking place on the 10Dec19, 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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Number of episodes coded	Department monitoring of KPIs	1st	
Number of episodes outstanding	IGSC monitoring of Clinical Coding Targets	2nd	
95% of episodes coded within 1 month of discharge	WAO Follow-up Report on Clinical Coding - Apr19	3rd	
98% of episodes coded in a rolling 12 months			

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
Information Governance Sub-Committee Jul18, Sep18, Nov18, Feb19, Apr19, May19, Jul19, Sep19

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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Nov-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Dec-19

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):	4x4=16	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	8	
Trend:		



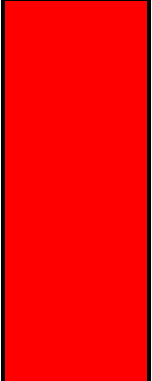



Rationale for CURRENT Risk Score:
<p>Mechanical intervention for Stroke is available at North Bristol NHS Trust (NBT) (and Walton Centre NHS Foundation Trust for Bronglais Hospital). However this service is only available Mon to Fri 9-5pm therefore there is still a risk during out of hours. A protocol 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.</p> <p>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.</p>

Rationale for TARGET Risk Score:
<p>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.</p> <p>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.</p>

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	By Who	By When	Progress
	Further action necessary to address the controls gaps			

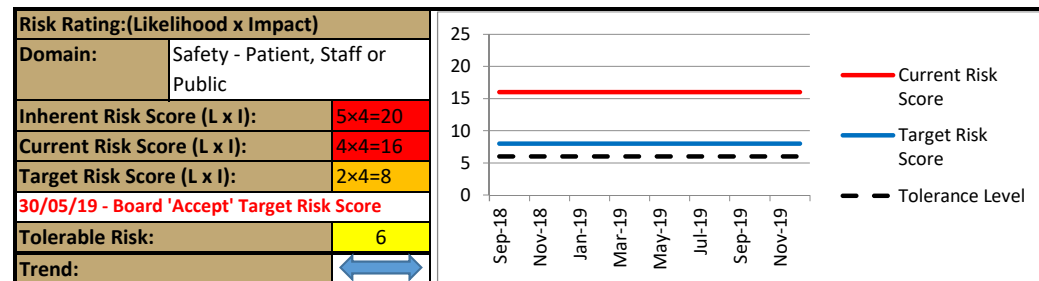
<p>Re-commencement of thrombectomy services in Cardiff and Vale Health Board, dependent upon capacity</p> <p>WHSSC currently putting in place a service in North Bristol which is planned to be in place by May 2019 and will support the Cardiff and Vale service</p>	<p>Timely investigations that are required to support transfers for thrombectomy not supported 24/7 on all sites.</p> <p>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.</p>	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 WHSCC 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 WHSCC work to commission all Wales service
		Work with WHSCC to ensure all Wales thrombectomy service is commissioned.	Teape, Joe (Inactive User)	31/12/2018 31/05/2019 30/11/19	WHSCC are in the process of negotiating provision of all Wales service with North Bristol NHS Trust. 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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Dec-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-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 funding and capacity to support progress with the ECM Plan. This could lead to an impact/affect on delivery of the Ophthalmology RTT delivery 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?			



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)
<ul style="list-style-type: none"> # 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.

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	By Who	By When	Progress
Lack of 3 year balanced plan for ophthalmology.	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.
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.	Development of a 3 year eye care plan.	Hire, Stephanie	Completed	A 3 year plan has been developed and submitted for scrutiny & comment.
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	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.

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.

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	31/10/2019 31/01/2020	Validation of FUNB list completed and changes to follow up booking and recording will start in Jan20.
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)	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
Reduction in number of follow-ups	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	3 year operational plan requires confirmation	Develop new IT reporting measures.	Hire, Stephanie	Completed	Completed - Welsh (PAS) Patient Administration System went live on 13/08/18.
	Executive Performance Reviews	2nd					Identification of source of data errors.	Beynon, Gareth	Completed	Analysis of errors underway to isolate where data errors are occurring. Ongoing with NWIS.
	IPAR Performance Report to BPPAC & Board	2nd					Root and branch review of operational, workforce and financial plans and sustainability models.	Buckingham, Carly	31/10/2019 31/01/2020	Discussions commenced with Swansea Bay to deliver a regional Ophthalmology service for the South West Wales Region. Request for ARCH to support with this workstream
	Monthly oversight by WG	3rd					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:	2- Deliver the agreed financial control total for 2019/20 by the end of March 2020.
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Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-20
Lead Committee:	Finance Committee	Date of Next Review:	Feb-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):	4x4=16	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x4=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)
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.

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	By Who	By When	Progress
Finance support is not currently sufficient.	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.
Responsiveness and accountabilities need to be reinforced.				
Process to become embedded and refined.				
Variable arrangements, to be 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 Nov19.

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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Dec-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-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 £17m 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):	5x4=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x4=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)
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

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	By Who	By When	Progress
Lack of dedicated Programme Director and adequate programme support.	Establishment of additional workstreams for Partnerships and Commissioning, IT and Data Evaluation.	Jones, Richard	Completed	Additional work streams now in place.
Lack of agreed capital investment which is dependent on a balanced revenue position which will be able to address estates, IT and infrastructure	Further development of the Communications and Engagement Plan to support delivery phase of TMH.	Jones, Richard	Completed	Progressing and will remain a working document throughout implementation.

infrastructure, IT, Partnerships & Commissioning and Data & Evaluation.	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	New action
		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	New action

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 - MHQSESC - Sep18 * MHLAC Update - Board - Jul18	No gaps identified.				
	Regular reports received at Local Mental Health Partnership Board and Mental Health Legislation Assurance Committee	2nd								

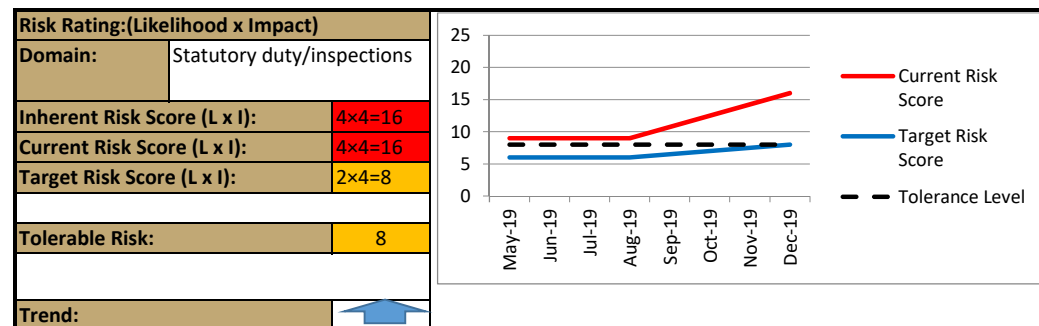
TMH Plan is monitored by TMH Implementation Group and Planning Sub- Committee, and to Board every 6 months	2nd			* TMH update - Planning Subcommittee - Jan19, Mar19 & May19
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Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Dec-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-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?			



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 H&S adviser posts and 1 x violence and aggression case management post with appointments expected by end of 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)
1 x Head of H&S, 1 x H&S Manager and 1 x Security/Case Manager/Prevent Co-ordinator.
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.
H&S policies and procedures are in place and are published on staff intranet.
Incident/concerns investigations are undertake.

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	By Who	By When	Progress
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.	Appointment to additional H&S Adviser plus V&A Case Management posts.	Elliott, Rob	31/12/2019 29/02/2020	Funding to improve the team staff resource was approved and allocated under the Facilities Management budget. 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.
Lack of UHB support for victims of assault and also lack of follow up with potential prosecutions.				

<p>Prioritised approach to audit and inspection on acute and community premises.</p> <p>Health and Safety Emergency Planning Committee reporting to BPPAC re compliance with HSE improvement plans.</p>	Lack of incident/concerns follow-up to identify and address lessons learnt.	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. Implementation of other HB H&S policies will form part of the H&S workplan for 2020/21.
	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)	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 is underway. Job advert closes 02/01/2020. Shortlisting 06/01/2020. Interviews 14/02/2020.
		HB Action plan developed in response to HSE improvement notices/material breaches which will be monitored by H&S/EP monthly	Harrison, Tim	31/03/2020	Control Groups have met and progress noted with actions agreed.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
	Incident and RIDDOR and progress against workplan reports to H&S/EP Sub-Committee	2nd	

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
SBAR Exec Team Oct-18 H&S/EP Sub-Committee

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 H&S related targets, KPIs and management	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.

Progress against workplan reports to H&S/EP Sub-Committee	2nd			HSE Inspection Report -H&S EPSC - Nov19	objectives	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.
IA report on Health and Safety Sep16 (Reasonable Rating)	3rd					Appointment of additional staff will enable the outstanding 2 recommendations will be completed as agreed with BPPAC	Harrison, Tim	31/03/2020	Appointment process underway for new staff.
8 x HSE Improvement notices plus 13 material breaches	3rd								

Strategic Objective:	5- Deliver year 1 of the Health and Care Strategy by the end of March 2020
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Executive Director Owner:	Miles, Karen	Date of Review:	Dec-18
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-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)		<p>Current Risk Score</p> <p>Target Risk Score</p> <p>Tolerance Level</p>
Domain:	Business objectives/projects	
Inherent Risk Score (L x I):	4x5=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x3=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 95% of staff time is dedicated to “keeping the lights on” 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	How and when the Gap in control be addressed	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p>Board approved the 5 year Digital Strategy - Jan17.</p> <p>Board Approved the updated 2018 Digital Plan, and Operational Delivery Plan.</p> <p>Development of a Digital Futures Programme.</p>	Resourcing of digital strategy.	Where resources are required then Business Cases will be developed, in line with the digital plan.	Tracey, Anthony	Ongoing	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.
	Resourcing of digital programme to deliver the Health and Care Strategy.	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 			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
			Current Level							
	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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Dec-19

Risk ID:	684	Principal Risk Description:	<p>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.</p> <p>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.</p>
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):	5x4=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x3=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)
<p>Service maintenance contracts in place and regularly reviewed to ensure value for money is maintained.</p> <p>The difficult to source spares can be obtained through bespoke manufacture but this invariably results in inherent delays in returning equipment to service.</p> <p>Regular quality assurance checks (eg daily checks).</p> <p>Use of other equipment/transfer of patients across UHB during times of breakdown.</p> <p>Ability to change working arrangements following breakdowns to</p>

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	By Who	By When	Progress
<p>Limitation of spare parts for some older equipment leading to extended outages.</p> <p>Increased use of site contingency plans puts pressures on patient flows, discharges, diagnosis at other sites.</p> <p>Lack of coordination between services and radiology department during service disruption.</p>	<p>Review and strengthen site business continuity plans with individual site leads to ensure robust response to breakdown.</p>	<p>Evans, Amanda</p>	<p>30/06/2019 30/09/2019 31/12/2019</p>	<p>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.</p>

<p>minimise impact to patients.</p> <p>Site business continuity plans in place.</p> <p>Disaster recovery plan in place.</p> <p>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.</p> <p>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.</p>		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 19/11/2019	Initial discussions have taken place at CEIMT Sub-Committee (Mar19&May 2019). Further discussions have taken place with WG who have acknowledged the problem and are discussing ways to support RSM to provide up to date list of high priority equipment Updated information provided to WG which included most up to date equipment lists and approximate costs around enabling works. Continue to be monitored by CEIMTSC - next meeting 19Nov19. Some money has been approved to replace some equipment however the four CT scanners are now approaching end of life.

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
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	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 responses

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		

Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Dec-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-20

Risk ID:	813	Principal Risk Description:	<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p>
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):	4x5=20		
Current Risk Score (L x I):	3x5=15		
Target Risk Score (L x I):	3x5=15		
Tolerable Risk:	8		
Trend:	New risk		

Rationale for CURRENT Risk Score:
<p>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.</p> <p>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.</p>

Rationale for TARGET Risk Score:
<p>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.</p> <p>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.</p>

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	By Who	By When	Progress
Further action necessary to address the controls gaps				

<p># Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p># 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.</p> <p># Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks.</p> <p># Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p># UHB has implemented a governance structure for fire safety reporting.</p> <p># Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p># 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.</p> <p># Annual prioritisation of investment against high risk backlog.</p>	<p>Significant staff shortfall to achieve agreed level of operational compliance (>85% target) for fire safety and other Health Technical Memorandum (HTM) engineering disciplines</p>	<p>Secure funding for the identified staffing gap identified in the operational staff gap analysis (based on size, geography and estate of the organisation)</p>	<p>Williams, Heather</p>	<p>31/01/2020</p>	<p>A business case for additional staff support has been approved by the executive team subject to review by NWSSP-SES to substantiate its accuracy.</p>
	<p>Significant additional investment is required to address physical and engineering backlog shortfall for the UHB (approx circa £20m).</p> <p>Inability to allocate fire risk actions to appropriate owners on current fire risk assessment system hosted by NHS Wales Specialist Estates Services (NWSSP-SES).</p> <p>Inability to manage and control recommendations within the HB's own Fire Risk Assessments.</p>	<p>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.</p>	<p>Elliott, Rob</p>	<p>31/03/2020</p>	<p>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.</p>
	<p>Shortfall in advanced fire safety training especially in bariatric evacuation.</p>	<p>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.</p>	<p>Lloyd, Gareth</p>	<p>31/03/2020</p>	<p>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 be 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 is planned for Jan 20.</p>

	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 document is currently being worked on and will be tabled at the Dec19 UHB wide fire meeting in draft. A complete report will be available early next year.

ASSURANCE MAP

Control RAG

Latest Papers

Gaps in ASSURANCES

Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance	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
			Current Level							
<p>Achievement of 50% attendance Level 5 Manager Fire Training for Band 8Bs and above by Jul20 and >95 % by Dec19.</p> <p>Maintain 95% high risk PPM compliance.</p> <p>Zero compliance on outstanding fire risk assessments by Jan20.</p>	Bimonthly review of outstanding actions from fire risk assessments	1st			<p>IA Fire Precautions Report - ARAC 19/06/18.</p> <p>Regular reports to H&S EM SC</p>	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.
	Site Fire wardens reporting fire safety issues	1st								
	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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Dec-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 outcomes for patients (the 72 hour timescales as per N-STEMI clinical guidance designed to provide urgent cardiac patients the best outcomes), prolonged hospital stays of up to 21 days, impaired patient flow into appropriate coronary pathway with beds in coronary care unit exceeding capacity and poorer outcomes for patients.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		<p>Current Risk Score</p> <p>Target Risk Score</p> <p>Tolerance Level</p>
Domain:	Safety - Patient, Staff or Public	
Inherent Risk Score (L x I):	5x5=25	
Current Risk Score (L x I):	3x5=15	
Target Risk Score (L x I):	2x5=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. There is particular risk associated with transfer delays for N-STEMI patients where coronary angiography (+/- angioplasty) is recommended within 72 hours (NICE). The Regional N-STEMI 'Treat and Repat' arrangement established in January 2019 saw a reduction in transfer wait from an average of 10.7 to 3 days. Since April 2019 'Treat and Repat' waiting times have increased to an average of approximately 5.8 days and is reflected in the increased current risk score of 15. Patients waiting for other reasons, such as cardio-thoracic surgery and permanent pacemaker implantations 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.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
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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	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p>All patients are risk scored by cardiac team at SBUHB on receipt of patient referral from HDUHB.</p> <p>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.</p> <p>Bi-monthly operational meeting with Swansea Bay UHB (SBUHB) to monitor activity/patient flow and address associated risks/issues.</p> <p>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.</p> <p>Additional cardiac capacity for Winter 2018/19 provided 6 ring-fenced beds at PPH to enable timelier transfer to SBUHB for N-STEMI patients. This has supported on average 2 transfers per day for HDUHB patients since 07/01/19 and up to the end of March 2019 achieved an average reduction from 10 to 3 days in the wait from 'referrals for angio' to 'angio undertaken'. This service is continuing and a draft business case outlining need for sustainability completed.</p> <p>Cardiology SDM engaged with Regional planning in support of improvements in coronary angiography capacity across South West Wales.</p> <p>Cardiology SDM engaged with ARCH/Regional planning in support of improvements in pacing capacity across South West Wales.</p>	<p>Lack of capacity in tertiary centre to manage a range of specialised cardiac investigations, treatments and surgery.</p> <p>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.</p> <p>Lack of cardiac catheter capacity in HDUHB to reduce reliance on tertiary centre angiography.</p> <p>Lack of theatre / pacing capacity in HDUHB to reduce reliance on tertiary centre pacing.</p> <p>Lack of CT Coronary Angiography capacity in HDUHB to reduce reliance on in-house and SBUHB angiography.</p>	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 31/01/2020	Discussions have been undertaken with Planning Team. Draft paper sent to Director of Operations and further updates required and to review costs. Meeting with site GM's and finance in Apr19. Cardiology SDM is engaged with JRPDF concerning this development and will prioritise business case development through Nov/Dec '19 which will outline potential repatriation of elective angiography LTA activity from SBUHB to HDUHB.
		Develop long term regional plan.	Teape, Joe (Inactive User)	30/09/2019 31/03/2020	Regional network to be established to take this forward. Subsequent 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. Cardiology SDM is engaged with this workstream.
		Develop business case to support the long-term sustainability of the N-STEMI 'Treat & Repat' service, in particular for the following cost elements: <ul style="list-style-type: none"> 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, to ensure patients are fully worked up before transfer. 	Smith, Paul	30/09/2019 31/01/2020	Costed plan for the service completed and submitted to Joint Regional Planning and Delivery Committee on 12/08/19 for decision around most appropriate funding model. Long-term funding now in place for PPH N-STEMI 'Treat & Repat' service. Actions currently ongoing to finalise job matching for Acute Coronary Syndrome ANP role at PPH in support of this service. Anticipate interview for this role in January 2020.

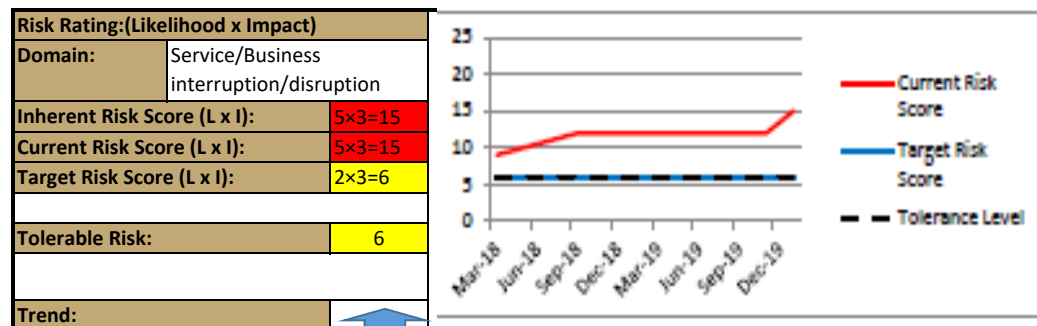
		Address issues identified regarding needed improvements to referral processes as reported in August JRPDC paper: <ul style="list-style-type: none"> the internal communication and transfer processes within HDdUHB are a critical part of the success of the treat and repatriate pathway; and Secondary care 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 31/02/2020	SBAR submitted to Executives on 16/08/2019. Exec approval given in September to proceed and operationalize that plan to repatriate Simple Bradycardia Pacing (LTA) from SBUHB re LTA repatriation. Initial intent was to start doing this from October/November '19, however due to operational/capacity pressures in in-house pacing service it has not been possible to proceed. These capacity pressures are now resolving and therefore Cardiology SDM/HDUHB Commissioning will be continuing discussions with SBUHB and developing HDUHB Pacing Development Task & Finish Group to oversee development.

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.	Daily/weekly/monthly/monitoring arrangements by management	1st				Lack of oversight at the Board and Committees.	Review reporting arrangements of emergency and elective waits.	Teape, Joe (Inactive User)	01/10/2018 30/04/2019 31/12/2019	Discussions are still underway with SBUHB for information on cardiac patients (n-stemi pathway) 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	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.
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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:	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?			



Rationale for CURRENT Risk Score:
Unprecedented and frequent shortfalls in rota cover throughout the 3 counties now seen with very limited additional work being undertaken by the sessional workforce. 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 May 2020 onwards.

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)
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.

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	By Who	By When	Progress
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	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 Advice sessions requested at times of high demand (weekends).
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.
Actively recruiting shift lead GP navigator and will be piloting dedicated out of hours nurse response care.

initial meetings held.



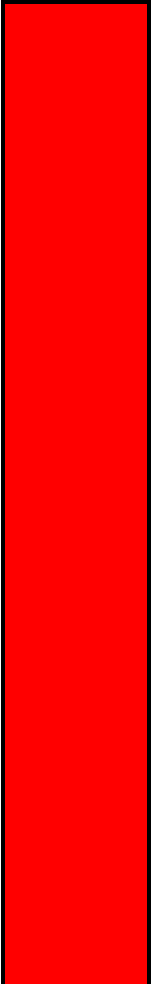





Ensure Transforming Clinical Services Programme incorporates a long term, viable plan for OOH.	Rees, Gareth	31/03/2020	Project Management Office (PMO) has convened a working group to develop short to medium term service development plan for inclusion in the IMTP 2019/22 to manage the current fragilities 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.
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 to be completed as soon as possible. New provisional dates agreed by engagement on 07/01/20.

ASSURANCE MAP

Control RAG

Latest Papers

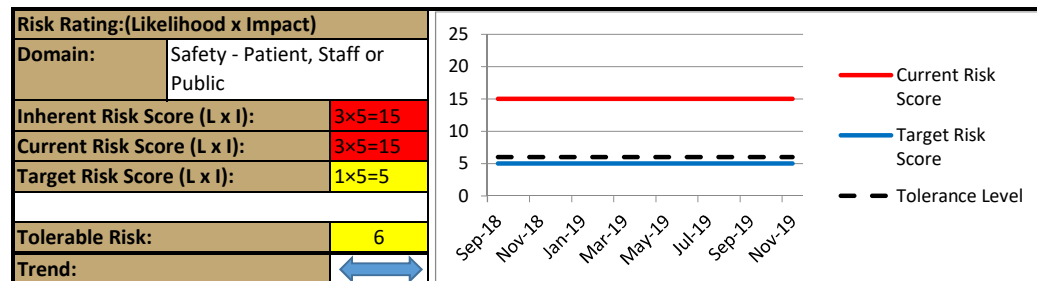
Gaps in ASSURANCES

Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 	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
			Current Level							
Performance against interim 111 standards	Weekly sitreps/Weekend briefings for OOH	1st			ET- Risk to OOH business continuity - September 2019 QSEAC OOH Update September 2019 ET- OOH resilience - Nov19 BPPAC - update on the OOH Services peer review paper Dec19 BPPAC Quarterly monitoring Nov19 QSEAC OOH Update Feb20 (planned) ET- OOH resilience Q3 monitoring January 2020 (planned)	None identified.				
Filled rotas and base closure data	Monitoring of performance against 111 standards	1st								
	Executive Performance Reviews	2nd								
	BPPAC monitoring	2nd								
	QSEAC monitoring	2nd								
	WG Peer Review Oct 19	3rd								

Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Dec-19

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?			



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 classified as a low risk midwifery centre, with mothers assessed as being at high risk of complications during labour requiring medical intervention, being managed through 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)
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

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	By Who	By When	Progress
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.

to deliver at BGH. Maternity staff are trained to deal with emergencies, with protocols in place for transfer out to appropriate centre if 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.	Barker, Karen	30/11/2018 30/04/2019 14/06/2019 15/07/2019	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.
Formal 90 day OCP for Scrub and Band 3 circulatory staff to commence 16/01/19.			
E-roster build to support the new resident on call theatre team rota	Barker, Karen	31/03/2019 30/06/2019 31/08/2019 31/03/2020	Delayed implementation due to OCP, however expectation is that e-roster will be embedded by 31/03/2020 following completion of the removal of compensatory rest days.
Develop a formal implementation plan for the new staffing arrangements.	Barker, Karen	Completed	Establishment confirmed and work patterns in place. Recruitment ongoing.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
No of incidents reported where 30 minute response target is missed.	Maternity Services governance systems review of incident reports	1st	
	Management audit of cases presented to QSEAC	2nd	
	Discussions with WG Chief Nursing Officer & UHB Medical & Nursing Director	3rd	

Control RAG Rating (what the assurance is telling you about your controls)


Latest Papers (Committee & date)
Executive Team - Jul18
Executive Team - Dec18
ARAC - Jun19

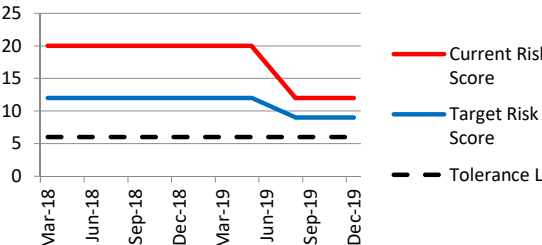
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
None identified.				

Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020
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Executive Director Owner:	Miles, Karen	Date of Review:	Dec-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-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):	5x4=20
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	3x4=12
30/05/19 - Board 'Accept' Target Risk Score	
Tolerable Risk:	6
Trend:	



Month	Current Risk Score	Target Risk Score	Tolerance Level
Mar-18	20	12	6
Jun-18	20	12	6
Sep-18	20	12	6
Dec-18	20	12	6
Mar-19	20	12	6
Jun-19	12	8	6
Sep-19	12	8	6
Dec-19	12	8	6

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 93.4% for desktop/laptops and 83% for the server infrastructure (Nov19). 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)
Controls have been identified as part of the national Cyber Security Task & Finish Group.
Continued rollout of the patches supplied by third party companies,

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	By Who	By When	Progress
Lack of comprehensive patching across all systems used in UHB.	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.
Lack of staffing capacity to undertake				

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.

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 2 staff to undertake the remedial work. Presently awaiting formal funding letter for these posts.
Implement local UHB workplan developed in response to the National External Security Assessment.	Tracey, Anthony	30/09/2019 31/03/2020	Progress is reported to IGSC at every meeting.
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 acknowledge the importance of Cyber Security and requested a Dashboard on compliance to be developed.

		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.	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.
Current patching levels in UHB.	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.
No of maintenance windows agreed with system owners.	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.
Removal of legacy equipment.										

Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress	3rd		
WAO IT risk assessment (part of Structured Assessment 2018)	3rd		
Internal Audit IM&T Security Policy & Procedures Follow-Up - Reasonable Assurance	3rd		

Achieve the Cyber Essential certification.	Tracey, Anthony	31/03/2020	Work is continuing on achieving certification.

Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020
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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):	4x4=16
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	3x3=9
30/05/19 - Board 'Accept' Target Risk Score	
Tolerable Risk:	6
Trend:	

Current Risk Score

Target Risk Score

Tolerance Level

Date	Current Risk Score	Target Risk Score	Tolerance Level
Mar-18	16	9	6
Jun-18	14	9	6
Sep-18	12	9	6
Dec-18	12	9	6
Mar-19	12	9	6
Jun-19	12	9	6
Sep-19	12	9	6


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	How and when the Gap in control be addressed	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p># 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).</p> <p># 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.</p> <p># Health Board Pandemic Influenza Response Framework and associated plan(currently outdated awaiting review).</p> <p># Quality assurance process via national & local exercise programmes.</p> <p># Access to national counter measures stockpile.(Planning underway for new training programme for new key stock items which are being replaced).</p> <p># Welsh Government Pandemic Influenza Guidance and National Pandemic Flu Service.</p> <p># Hywel Dda participation in Welsh Government Pandemic Influenza Group.</p> <p># Reinstated Hywel Dda Pandemic Influenza Group.</p>	<p>Current Health Board pandemic framework will need to updated to incorporate new Cabinet Office review</p> <p>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.</p>	<p>Reinstate local Pan Flu Group to enact Cabinet Office Review implications (originally due Sept 2018) and develop ongoing work programme.</p>	<p>Hussell, Sam</p>	<p>01/12/2018 31/03/2019 31/12/2019 30/06/2020</p>	<p>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).</p>
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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
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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):	4x4=16	
Current Risk Score (L x I):	3x4=12	
Target Risk Score (L x I):	2x4=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)
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

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	By Who	By When	Progress
Variations in practice in application of access policy.	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.
Duplicate patient pathways creating inaccurate waiting list.	Redesign of services through IMTP planning to reduce capacity gap	Hire, Stephanie	31/03/2020	Service transformation plans being prioritised via Planned Care IMTP.
Workforce issues create an on-going demand/capacity imbalance				

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)	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
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	None identified to date				
	Ophthalmology ECM specifically report compliance with the follow up intervals	1st								
	Outpatients Turnaround Group reviewing levels of follow-up	2nd								
	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 end of March 2020.
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jan-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Mar-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 4.0WTE 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 decision-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):	4x4=16		
Current Risk Score (L x I):	3x4=12		
Target Risk Score (L x I):	2x4=8		
Tolerable Risk:	6		
Trend:	New		

Rationale for CURRENT Risk Score:
There is a national recruitment issue in relation to consultant cellular pathologists. There is a current gap of 4.0WTE 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. Whilst additional sessions are being provided by the current substantive staff, 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 and a further consultant is due to start in Jan20. Whilst this will 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)
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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	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p>Consultant Cellular Pathologists centralised to Glangwili General Hospital (GGH) site.</p> <p>Tissue processing centralised to GGH site.</p> <p>Consultant Cellular Pathologists are undertaking additional sessions to maintain workload in house to ensure turn around times are maintained.</p> <p>Additional 6 sessions provided by current 3.0WTE substantive consultants.</p> <p>Prioritisation of suspected cancer cases over routine tissue samples.</p> <p>Actively working with medical staffing to recruit to vacant posts.</p>	<p>National shortage of available consultant cellular pathologists.</p> <p>Inability to secure locum consultant cellular pathologists within All Wales Framework.</p> <p>Inability to develop new staffing model whilst significantly understaffed.</p>	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 currently 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	31/03/2021 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 is due to commence in Jan20 which may provide enough capacity to enable this initiative to commence as consultant time is required to mentor staff. However progress may be limited until regional model is adopted.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

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 (TBC)	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
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Nov-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Dec-19

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 middle 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)		No trend information available	
Domain:	Safety - Patient, Staff or Public		
Inherent Risk Score (L x I):	5x4=20		
Current Risk Score (L x I):	3x4=12		
Target Risk Score (L x I):	2x4=8		
Tolerable Risk:	6		
Trend:	New		

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)
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

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	By Who	By When	Progress
Contingency plan for when middle shift is uncovered.	Develop contingency plan to respond to incidences when middle grade rotas cannot be filled in WGH ED.	Cole-Williams, Janice	30/09/2019 30/11/2019	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.
Inability to recruit middle grade doctors at WGH.				

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).

	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.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
A&E 4hr waiting times (<95%)	Daily review of rotas	1st	
A&E 12hr waiting times (0 target)	Daily review of incident reports	1st	
Number of ambulance handovers over one hour (0 target)	Local governance meeting monthly	1st	
Incidents level 4 or 5	Tier 1 target performance reviewed at Business Planning and Performance Committee	2nd	

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
* Executive Committee - Jul19
* In-committee Board - Jul19

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
None identified.	Further action necessary to address the gaps			

Strategic Objective:	1 - Deliver the Annual Plan 2019/20 by the end of March 2020
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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):	3x4=12	
Current Risk Score (L x I):	4x3=12	
Target Risk Score (L x I):	2x3=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)
<ul style="list-style-type: none"> * 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

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	By Who	By When	Progress
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.
	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.

<p>and/or professional leads are captured within our planning.</p> <p>* 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.</p> <p>* Staff Brexit Intranet page developed as single point of information plus a closed Facebook Group for EU staff.</p> <p>* Exercise Brexit Challenge undertaken resulting in recommendations and an action plan that will be progressed via the Brexit Steering Group.</p> <p>* Sitrep process in place at local, regional and national level for reporting and escalating impacts of consequences of Brexit.</p> <p>* Systems in place to review and respond to new consequences of Brexit at local, regional and national level.</p> <p>* Review of Health Board Risk Assessments and Business Continuity Plans undertaken Aug/Sep19.</p> <p>* Staff bulletins issued to inform and raise awareness.</p>
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	NHS Wales exercise planned for Jan19 to rehearse Brexit no-deal contingencies.	Hussell, Sam	Completed	Completed.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
None identified.	Response submitted on 19Nov18 to Andrew Goodall letter of 05 October stating approach to be taken by Health Boards confirming progress	1st	
	Response submitted to Wales Audit Office letter notifying of intention to undertake an initial baseline of arrangements by 30Nov19	1st	

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
None to date.

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
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.
	Respond to WAO request for information to inform their baseline assessment of arrangements for Brexit.	Hussell, Sam	Completed	Response provided by 30/11/18.

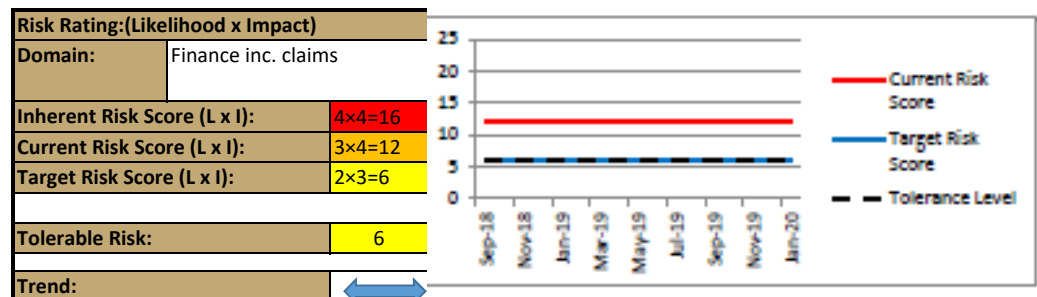
Emergency Planning Team to review UHB no deal Brexit arrangements and associated BCPs	1st		
Executive oversight of Brexit arrangements and BCPs	2nd		
Review of Exercise planned for Jan19	3rd		
WAO Review of Brexit Preparedness	3rd		

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.
Respond to request from Welsh NHS Confederation in relation to providing support to vulnerable patients.	Hussell, Sam	Completed	Response sent 30/07/19.

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.
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Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-20
Lead Committee:	Finance Committee	Date of Next Review:	Mar-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




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)
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.

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	By Who	By When	Progress
Calculation has not been subject to operational scrutiny.	Testing the underlying deficit assumptions with directorates.	Thomas, Huw	30/11/2018 31/05/2019 31/12/2019 12/02/2020	Welsh Government and UHB commissioning 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 February 2020 to review completeness of actions.
Assessment not subject to planning scrutiny.				
High level assessment of resource requirements for social model for health.				

				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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)

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

<p>Operational agreement to underlying deficit assessment.</p> <p>Plan in place to develop a long term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	Reporting to Finance Committee .	1st			N/A	<p>Process to be put in place over Q4.</p> <p>Approach to costing impact of A Healthier Mid and West Wales to be developed.</p>	<p>Communication with directorates and responses required from July for the duration of the engagement.</p>	Thomas, Huw	<p>31/10/2018</p> <p>31/07/2019</p> <p>31/12/2019</p> <p>12/02/2020</p>	<p>Welsh Government and UHB commissioning 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 February 2020 to review completeness of actions.</p>
							<p>Now Strategy is agreed we are moving on to a bottom up assessment of the Financial Planning options and implications of "A Healthier Mid and West Wales".</p> <p>TCS Finance Enabling "Plan for a Plan" - has been considered by the Strategic Financial Planning Group and Finance Committee.</p>	Thomas, Huw	<p>31/03/2019</p> <p>31/03/2020</p>	<p>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.</p> <p>Intensive work initiated for 2019-20 to support de</p>

Strategic Objective:	1 -Deliver the Annual Plan 2019/20 by the end of March 2020.
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Executive Director Owner:	Carruthers, Andrew	Date of Review:	Aug-19
Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Oct-19

Risk ID:	633	Principal Risk Description:	There is a risk the UHB not being able to meet the anticipated waiting time target for the new Single Cancer Pathway by the confirmed shadow reporting implementation date of August 2019.(SCP Performance targets tbc). This is caused by the lack of capacity to meet expected increase in demand for diagnostics. 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)		<p>Current Risk Score</p> <p>Target Risk Score</p> <p>Tolerance Level</p>
Domain:	Quality/Complaints/Audit	
Inherent Risk Score (L x I):	4x4=16	
Current Risk Score (L x I):	4x3=12	
Target Risk Score (L x I):	3x2=6	
Tolerable Risk:	8	
Trend:		

Rationale for CURRENT Risk Score:
It is likely that public reporting of shadow 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.

Rationale for TARGET Risk Score:
The aim is to treat patients within target waiting times (which are yet to be confirmed).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
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.
Demand & Capacity planning in progress to assess anticipated impact on diagnostic services.

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	By Who	By When	Progress
Anticipated significant gaps within key diagnostic services to address required levels of activity to support SCP - unlikely to be addressed by August 2019	Demand & capacity assessment work continuing. Solutions will necessitate regional cooperation to address anticipated capacity gaps.	Perry, Sarah	31/03/2020	Currently managing SCP workload via pathway redesign.
Full engagement for all supporting services.	Additional awareness / engagement sessions planned across HB.	Jones, Keith	Completed	Initial round of health board awareness sessions were held during September 2018, followed by a second round of awareness sessions, including attendance at MDT Site Specific Business meetings and hospital Grand Round sessions in early 2019.
Performance is lower than USC/NUSC published performance.				
Key diagnostic information systems				

<p>do not support effective demand / capacity planning.</p> <p>Need for new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.</p>	See above re diagnostic services plus improved systems to support identification of 'date of suspicion'.	Jones, Keith	31/03/2019 31/08/2019	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.	Jones, Keith	31/08/2020	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.
	Each MDT to review and adopt recommended optimal tumour site specific pathways	Jones, Keith	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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance indicators for Tier 1 targets.	Daily/weekly/monthly/ monitoring arrangements by management	1st	
Shadow performance data.	Executive Performance Reviews	2nd	
	IPAR Performance Report to BPPAC & Board	2nd	

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
* IPAR Report Mth11- Board - Mar19
* Implementation of Single Cancer Pathway Report - BPPAC

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
No gaps identified.				

Monthly oversight by WG

3rd

- Feb19

Strategic Objective:	1. Deliver the Annual Plan 2019/20 by the end of March 2020
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Executive Director Owner:	Shakeshaft, Alison	Date of Review:	Jan-20
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Feb-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?			No

Risk Rating:(Likelihood x Impact)		No trend information available	
Domain:	Statutory duty/ inspections		
Inherent Risk Score (L x I):	5x4=20		
Current Risk Score (L x I):	4x3=12		
Target Risk Score (L x I):	2x3=6		
Tolerable Risk:	8		
Trend:	New		





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)
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

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	By Who	By When	Progress
A deficit in information management requirements to inform performance reporting.	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.
A lack of service/ department/directorate systems and processes to ensure adherence with the statutory requirements of the ALNET Act				

<p>Local systems in place to capture data which may be transferable to ALN.</p> <p># Strong local, operational working relationships with Local Authority Education Services, Social Services, Schools and Further Education Institutions.</p> <p># Successful grant application to fund fixed term Business Support to assist with the implementation of the ALN Implementation Plan.</p> <p># Project Support Manager - ALN appointed for 12 months.</p> <p># Information raising session at OD Session of the Board and at Executive Team.</p>	<p>A lack of staff awareness and understanding of the relevance of ALNET Act upon their practice.</p> <p>Inability to fully meet requirements in relation to Welsh Medium provision and dispute resolution.</p>				
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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 being addressed Further action necessary to address the gaps	By Who	By When	Progress
	Hywel Dda ALN Implementation Group monitor the progress against the actions within the implementation plan.	1st			Executive Team, ALN Act Implementation - Sep19	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	
	Regional ALN Transformation Group monitor progress made	2nd					Confirm key performance reporting arrangements	Vanderlinden, Natalie	31/08/2020	
							Confirm key quality, safety and experience indicators	Vanderlinden, Natalie	31/08/2020	
							Confirm key quality, safety and experience assurance arrangements	Vanderlinden, Natalie	31/08/2020	

	1 -Deliver the Annual Plan 2019/20 by the end of March 2020.
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Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Oct-19
Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Dec-19

Risk ID:	805	Principal Risk Description:	There is a risk that patients will experience avoidable harm waiting in excess of 36 weeks for a Trans-catheter Aortic Valve Implementation (TAVI) procedure. This is caused by a failure of the tertiary centre to provide a sustainable service for TAVI to respond to increasing demand. This could lead to an impact/affect on patients who could experience prolonged stays in hospital, deterioration in their clinical condition and poorer outcomes.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		No trend information available	
Domain:	Safety - Patient, Staff or Public		
Inherent Risk Score (L x I):	3x4=12		
Current Risk Score (L x I):	2x4=8		
Target Risk Score (L x I):	2x3=6		
Tolerable Risk:	6		
Trend:	New risk		

Rationale for CURRENT Risk Score:	
The UHB has experienced delays in transferring patients who require a TAVI procedure to its tertiary service due to lack of service infrastructure and increasing demand. There are no patients currently waiting in excess of 36 weeks for TAVI procedure. The tertiary centre has undertaken a mortality review which indicated that patients had experienced serious harm as a result of excessive waits. In 2019, the tertiary centre commissioned an invited service review by the Royal College of Physicians (RCP) to provide assurance on changes to the service and to advise on the future sustainability of the service. The tertiary centre commenced a recovery plan on 5th November 2018 which reduced the number of patients waiting over 36 weeks, however without a sustainable service in place this will increase again.	

Rationale for TARGET Risk Score:	
The risk should be able to be contained to this level with the redesign of the service at the tertiary centre, the clearance of the backlog and the significant number of additional operation sessions scheduled for TAVI activity.	

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
TAVI Recovery Plan implemented with aim of reducing backlog of patients by end of 2018/19.
RCP review of tertiary service in progress to provide assurance on the previous and revised processes.
Tertiary centre have provided assurances that the backlog is now fully cleared.
Monthly update from tertiary centre re service provision.

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	By Who	By When	Progress
Lack of service infrastructure in tertiary centre, lack of capacity to meet increasing demand.	Tertiary centre to progress case to WHSSC for sustainable TAVI service resource to be included in 2019/20 ICP.	Kloer, Dr Philip	30/11/2019	Tertiary centre awaiting confirmation of discussion of Business Case for WHSSC funding which was deferred to Jun19. The tertiary centre has committed to funding service improvement whilst awaiting WHSSC decision.
	Tertiary centre invited review by Royal College of Physicians Review to advise on future sustainability of the service.	Kloer, Dr Philip	30/11/2019	Tertiary centre awaiting outcome of review and draft report.

		Tertiary centre to establish one list per week from Apr19.	Kloer, Dr Philip	Completed	Completed
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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	Required Assurance			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
		(1st, 2nd, 3rd)	Current Level							
Reduction in the number of patients waiting over 36 weeks for TAVI to 0 by 01/06/2020.	TAVI Recovery Plan overseen by TAVI Operational Group (with Executive oversight) at tertiary centre	1st			Update to the in-committee QSEAC Aug19. Once the outcome from the RCP is known an update will be provided to QSEAC - expected in Oct20.	Lack of assurance of the effectiveness of changes to the service.	Delay in the RCP report to tertiary centre. This was expected in Jul19 and, as such, assurances on the revised service model have therefore been delayed.	Kloer, Dr Philip	30/11/2019	Tertiary centre awaiting outcome of review and draft report.
							Tertiary centre to provide monthly analysis of the performance of TAVI against 36 week target and patient outcomes.	Kloer, Dr Philip	30/11/2019	No progress to date.



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 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, as follows:

- Health & Care Strategy Delivery Group (HCSDG) held on 4th December 2019;
- Mental Health Legislation Assurance Committee (MHLAC) held on 17th December 2019;
- Primary Care Applications Committee (PCAC) held on 7th January 2020.

Additionally, in respect of the In-Committee Board meetings held on 27th and 28th November 2019.

This report also provides an update to the Board in respect of recent Advisory Group meetings held, as follows:

- Healthcare Professionals Forum held on 8th November 2019;
- Staff Partnership Forum held on 9th December 2019;
- Stakeholder Reference Group held on 10th January 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
- Quality, Safety and Experience Assurance Committee
- Mental Health Legislation Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Business Planning & Performance Assurance Committee
- Primary Care Applications Committee
- University Partnership Board
- Health & Care Strategy Delivery Group

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees meetings are available on the UHB's website via the link below:

<http://www.wales.nhs.uk/sitesplus/862/page/72048>

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following Advisory Groups have been established:

- Stakeholder Reference Group
- Staff Partnership Forum
- Healthcare Professionals Forum

Asesiad / Assessment

Matters Requiring Board Level Consideration or Approval:

The Health & Care Strategy Delivery Group requested that the following item be raised at Board level:

- Appended to the Chair's Report to Board is a separate report requesting approval to the proposal that the Health & Care Strategy Delivery Group no longer continues to be an assurance committee reporting directly to the Board, with future updates to be provided as part of the Chief Executive's Report to Board.

There were no matters raised by the Primary Care Applications Committee or Mental Health Legislation Assurance Committee which require Board level consideration or approval.

The In-Committee Board requested that the following item be raised at Board level:

- The change in the year end deficit position (approved at the Public Board Meeting on 28th November 2019).

There were no matters raised by the Health Care Professionals Forum, Staff Partnership Forum or Stakeholder Reference Group which require Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

The Health & Care Strategy Delivery Group raised the following key risks and issues/matters of concern:

- The Health & Care Strategy Delivery Group recognises that delivery of the health and care strategy requires significant investment in organisational development, continuous engagement, capital and digital, without which there would be key risks to the portfolio of programmes.

The Primary Care Applications Committee raised the following key risks and issues/matters of concern:

- Concerns in relation to access to Dental Services due to issues in recruiting NHS dentists, especially in South Ceredigion.

There were no key risks and issues or matters of concern raised by the Mental Health Legislation Assurance Committee.

The In-Committee Board raised the following key risks and issues/matters of concern:

- The UHB's financial position, both current and projected.

The Stakeholder Reference Group raised the following matters requiring Board level consideration or approval:

- For consideration to be given to setting winter plans by September/October of each year, with a more proactive approach needed by Welsh Government.
- In acknowledgement of the important role the Third Sector can play in supporting winter pressures, more investment within the Third Sector should be considered, with adequate time for planning and mobilisation of staff.

The Stakeholder Reference Group raised the following key risks and issues/matters of concern:

- Concern regarding the continuity and sustainability of projects due to time limitations on Transformation Fund monies.

There were no key risks and issues or matters of concern raised by the Health Care Professionals Forum or Staff Partnership Forum.

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.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
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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
Partion / 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
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Enw'r Pwyllgor/Name of Committee:	Health and Care Strategy Delivery Group
Cadeirydd y Pwyllgor/Chair of Committee:	Mr Steve Moore, Chief Executive Officer
Cyfnod Adrodd/Reporting Period:	Meeting held on 18 th December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/Key Decisions and Matters Considered by the Committee:	
<p>Amendments to Health & Care Strategy Delivery Group (HCSDG) Terms of Reference The HCSDG Terms of Reference (ToRs) were amended to reflect minor changes to the membership. It was noted that the ToRs would be further updated in response to the wider review of governance currently underway.</p> <p>Draft Portfolio Delivery Plan (2-4 years) The HCSDG was advised that a single plan is to be completed by February 2020 incorporating the portfolio delivery plan within HDdUHB's 3 year plan.</p> <p><u>Transforming Our Hospitals - 2019/20 Priority Projects - In Year Delivery Impact</u> The Transforming our Hospitals (ToH) Outpatient Update Report was presented, which aligns with the financial plan for the previous quarter. It was noted that clarity is required around new and existing workforce in terms of the transformation, and that Executive Team are to review during January 2020, as part of the development of the 3 year plan.</p> <p>Unscheduled Care (USC) The USC project plan is focussed on ambulatory care, frailty and discharge to recover and assess. It was agreed that metrics currently captured will be reviewed in order to measure progress accurately and in a timely manner. Reporting of priority projects is to be reviewed for community and primary care to ensure alignment across the whole system. A programme of work is being scoped around the Emergency Department (ED) front door, and the wider USC system, and how this could operate over the next 7 years. (Discover, Design, Deliver).</p> <p>Stroke Pathway A potential risk has been highlighted around the Hyper Acute Stroke Unit (HASU), in particular capacity to manage Hywel Dda demands. Executive Team discussions are being undertaken via the Joint Regional Planning & Delivery Committee, with a draft Business Case to be developed for consideration by the Board. The role of rehabilitation in the new hospital is to be further considered, to include opportunities for the repurposing of Glangwili and Withybush Hospitals. Scoping is required around rehabilitation services and the shape that these will take, to be picked up in the data modelling work. The design phase will explore all areas, to include creative ideas on the growing aging population requirements e.g. assisted living and community rehabilitation.</p>	

Prince Phillip Hospital (PPH) Endoscopy and Day Case Development

Endoscopy Services at PPH are not currently fully JAG (Joint Advisory Group) compliant. Current facilities would be unable to meet the criteria for Level 2 accreditation as this is not possible within the current footprint of the Endoscopy Suite. A proposal has been developed and the scheduled care plan to be considered is as follows:

1. The provision of endoscopy services in PPH through a 2 room demountable solution.
2. The provision of a 4 theatre day surgery demountable in PPH.
3. Introducing laminar flow for theatres 1 & 2 in PPH to expand orthopaedics.
4. Allowing the space vacated in Glangwili Hospital day surgery to be converted to provide high volume cataract work.

The HCSDG noted the ongoing work and supported next steps to develop a strategic outline case within the next nine months if agreed as a priority for PPH within the 3 year plan.

Transforming Our Communities - 2019/20 Priority Projects - In Year Delivery Impact

Chronic Conditions

The HCSDG noted that the chronic conditions project has been scoped and will commence with diabetes and respiratory. Attendance at the Transforming our Communities (ToC) meetings was acknowledged to be largely Carmarthenshire focussed which would be raised with the County Directors. In year, diabetes has been scaled up as one of the primary care cluster projects, which has already delivered efficiencies. Respiratory, heart failure and diabetes are the highest admissions to HDdUHB's acute services currently. The longer term ambition of this work stream is to redesign the model of delivery across the three counties in terms of chronic conditions. Currently the focus is on short term delivery, focussing on the data available within primary care to include prescribing data, and looking at supporting patients in primary care.

Population segmentation and risk stratification work is commencing. This will be an 18 month national programme with which Hywel Dda will engage, and will be key to the delivery of the integrated model of health and social care and the realisation of a social model of health.

Out of Hours

A report will be considered by the Health Board in early 2020 around the potential change in configuration through the rest of the winter. Updates on the out of hours project delivery going forward is to be included in the Chief Executive's Report to Board. Hywel Dda Community Health Council (CHC) are briefed on the potential temporary changes and longer term redesign work. Regular meetings have taken place and further conversations will commence with regard to specific actions and timescales when the plan is complete. A communication and engagement plan for the transformation portfolio is to be developed, taking into consideration the requirements for each programme of work.

Amman Valley Hospital

Work is ongoing to define a new model for Amman Valley Hospital, however this will be impacted by current pressures and concerns around GP availability.

Consideration is required by the Executive Team on the resource allocation of prioritised projects and programmes for the the 3 year plan.

Strategic Planning – Transformation Fund Benefits and Outcomes

The Transformation Fund Benefits and Outcomes document was noted for information.

Transforming Mental Health (TMH) & Learning Disabilities - 2019/20 Priority Projects - In Year Delivery Impact

The HCSDG noted that further engagement is required with clinicians following recent concerns expressed in relation to service changes to implement the shared care proof of concept model on Enlli Ward, Bronglais Hospital.

It was agreed that a review is required to the structure and membership of the Transforming Mental Health & Learning Disability Programme Group with an update to be provided at the next HCSDG.

Strategic Planning - TMH Business Case

HCSDG noted the TMH Programme Business Case, which has now been submitted to Welsh Government.

Strategic Enabling Group (SEG) - Terms of Reference, Purpose and Functioning

The HCSDG noted the SEG Terms of Reference which are to be updated in accordance with a change to the purpose and attendance of the group, as agreed by the Chair (Director of Planning, Performance & Commissioning).

Managing Successful Programmes (MSP) Training

The HCSDG noted that the list of individuals put forward for MSP training has been reviewed by Executive Directors, with the newly appointed Director of Operations to review those listed under his cohort. A wider conversation is required between the Strategic Programme Director and the Director of Workforce & OD around implementation in the longer term, such as via train the trainer, to include discussions with the Director of Partnerships & Corporate Services on the addition of engagement training.

The Hywel Dda Way - Consistent Approach to Project and Programme Management

An update was provided on the progress made to date on development of the Hywel Dda Way. Significant work has already been undertaken with a number of key considerations presented to HCSDG:

- Agreeing the proposed structure and responsibility / governance for sign off at each of these stages. The actual criteria for assessing project levels will be presented for approval at a later date to HCSDG.

- Confirming that a 3x3 risk approach should be adopted for all projects, deviating from HDdUHB's 5x5 corporate approach.
- Deciding whether an official/separate Check and Challenge Group needs to be established in addition to the integration of the check and challenge process and domains into the Hywel Dda Way process. Confirming that the CAMMS Intelligence Performance system is to be used as the central repository for all project activity. Training for Transformation Programme Office and Programme Management Office staff will be progressed.
- Approving the development of a training pack including training sessions for staff (including an e-learning module) working with the Workforce & OD Team. Further discussion and clarity will be required on this as there are potential financial implications linked to "train the trainers" (MSP / Agile etc).
- Approving the ongoing development of a regional approach / process for project and programme management working with Swansea Bay UHB and West Wales Care Partnership colleagues as part of a phased implementation of a standardised approach commencing with the Transformation Programme Office and Enabling Quality Improvement in Practice (EQliP) projects and programmes.

Horizon Model Demonstration

A demonstration was provided of the current Horizon Model which allows linkage of the financial plan with the business plan and will be key in developing a core clinical group to test various clinical scenarios.

Approximately 11.2 million records are collected within the data model. Before the model goes live, it will be tested using current numbers with stakeholders. The three year plan will also be applied to the model to demonstrate progress towards the strategic design assumptions. Community information is yet to be added to the model and research is taking place to establish whether there are any proxies in the UK that could help as a bi-product. It is hoped to be able to use GP practice data also. The HCSDG agreed that a kitemark is required for the model.

Winter Planning

The HCSDG noted the Winter Planning document.

Strategic Partner Procurement

As the current strategic partner contract reaches its conclusion at the end of December 2019, it was noted that there may be some risks associated with continuity, particularly around the data model, with a potential new arrangement in place. Additional questions have been issued to potential suppliers as responses in initial submissions were considered inadequate. These have been scored and discussion is now required as to how the contract will be enacted. An update will be provided at the next HCSDG meeting.

For Information

The following documents were provided to the HCSDG for information:

- Core Team Recruitment - Resource Allocation
- Portfolio Programme Mapping
- Clinical Model Workshop Output Report

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Board Level Consideration or Approval:
Appended to the Chair's Report to Board is a separate report requesting approval to the proposal that the HCSDG no longer continues to be an assurance committee reporting directly to the Board, with future updates to be provided as part of the Chief Executive's Report to Board.
Risgiau Allweddol a Materion Pryder/Key Risks and Issues/Matters of Concern:
The HCSDG recognises that delivery of the health and care strategy requires significant investment in organisational development, continuous engagement, capital and digital, without which there would be key risks to the portfolio of programmes.
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf/Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol/Future Reporting:
<ul style="list-style-type: none"> • Programme Group updates • Strategic Enabling Group update • Transformation Fund update • Programme Risk Register workshop • Alignment of Capital Planning and Strategic Portfolio Timelines • Portfolio Delivery Plan
Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:
26th February 2020

Enw'r Pwyllgor / Name of Committee	Mental Health Legislation Assurance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Judith Hardisty (Vice Chair)
Cyfnod Adrodd/ Reporting Period:	Meeting held on 17 th December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>This report summarises the work of the Mental Health Legislation Assurance Committee (MHLAC) at its meeting held on 17th December 2019, with the following highlighted:</p> <ul style="list-style-type: none"> As the committee structures are currently being reviewed, the MHLAC Terms of Reference will be reviewed at the March 2020 meeting. The Head of Learning Disabilities (LD) and Older Adults services delivered a presentation on the LD Service Improvement programme and the pilot of an intensive support service for LD services. An update on the work of the Mental Health Scrutiny Group was provided by the Head of Nursing for Mental Health and Learning Disabilities. Following a recent workshop, discussions were held around the extensive agenda of the group, and it was agreed that in future it will prioritise key areas to scrutinise. 	
Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:	
None	
Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:	
None	
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:	
Adrodd yn y Dyfodol / Future Reporting:	
<ul style="list-style-type: none"> Specialist Child & Adolescent Mental Health to provide a report on admissions and patient pathway – March 2020 meeting Review Terms of reference – March 2020 meeting Staff Story – deferred to March 2020 meeting 	
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:	
Tuesday 3 rd March 2020	

Enw'r Pwyllgor/Name of Committee:	Primary Care Applications Committee (PCAC)
Cadeirydd y Pwyllgor/Chair of Committee:	Mrs Judith Hardisty, HDdUHB Vice Chair
Cyfnod Adrodd/Reporting Period:	Extraordinary PCAC Meeting held on 18 th November 2019, and PCAC Meeting held on 7 th January 2020
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/Key Decisions and Matters Considered by the Committee:	
<u>Extraordinary PCAC Meeting held on 18th November 2019</u>	
<ul style="list-style-type: none"> General Medical Services (GMS) at Mariners Survery, Ferryside (a branch of Meddygfa Minafon, Kidwelly): Committee Members were reminded that at the PCAC Meeting held on 13th June 2019, a decision was made to support a proposal to consider the consolidation of the delivery of GMS to the population of Meddygfa Minafon over two of the three sites, namely Kidwelly and Trimsaran, thus meaning that services would be relocated from Ferryside. The Committee received an update following the public engagement event which was held on 15th October 2019 in Ferryside and which was attended by 110 people and representatives of Hywel Dda Community Health Council (CHC). <p>Committee Members were updated about the key points made by attendees during that event, including that many had noted that they used the Phlebotomy service; many were already attending Meddygfa Minafon in Kidwelly for medical appointments and the fear by attendees over the loss of social resilience in the Ferryside community. The Committee was assured that, should the decision be to close the Mariners Surgery, existing services will not be depleted, however would be relocated to Meddygfa Minafon, although the Phlebotomy service and Social Prescribing service would remain in the Calon-y-Fferi complex (which also houses the Mariners Surgery).</p> <p>A discussion was held in relation to the importance of working with Hywel Dda University Health Board's (HDdUHB) Carmarthenshire County team and Carmarthenshire County Council to support the Ferryside community to grow its social resilience, however also to ensure that developments support HDdUHB's Strategy. Committee Members agreed that this would be important.</p> <p>The Committee agreed to support the proposal to relocate the remaining services at Mariners Surgery to Kidwelly and Trimsaran from 1st January 2020, subject to certain conditions including continuous patient engagement.</p>	

PCAC Meeting held on 7th January 2020

- **Update on the formal procurement process in relation to Managed Practices:** the Committee received a report for information following the full procurement exercise, which was held in the latter part of 2019, with the aim of returning three of the four Managed Practices to Independent Contractor status. The Committee was reminded that an Expression of Interest had only been received for one of the Managed Practices and that, whilst a tender interview had been held, it had not been possible to award the contract on financial grounds. Committee Members were advised that work is being undertaken to explore whether an alternative Procurement process, similar to one undertaken by Cwm Taf Morgannwg University Health Board, would provide a more flexible process to enable a Contract to be awarded, whilst continuing to meet Procurement rules. The Committee was assured that the intention is to hold another Procurement process at the beginning of the 2020-2021 financial year to ensure that momentum is not lost. Committee Members noted the update provided and recognised that the process had been helpful in terms of gathering information to inform next steps. Members agreed that an alternative Procurement process should be explored, balancing the need to benefit patients, address HDdUHB's Strategy and funding available.
- **Boundary change applications – Borth Surgery and Ystwyth Surgery, north Ceredigion:** Committee Members received reports on the formal applications from Borth Surgery and Ystwyth Surgery to remove areas of their current Practices' boundaries. The Committee was further informed that Stakeholder consultations had taken place in relation to the two applications, and that during this consultation phase, two further Practices had also indicated their intention to submit applications to amend their Practices' boundaries. Given this, and to ensure that applications would not trigger instability across the Locality, Committee Members were asked to agree a recommendation to undertake a Cluster-wide review of Practices' boundaries. The Committee was assured that the feedback from the consultations also supported this approach.

The Committee was further informed that, if this recommendation was agreed, the intention would be to hold a workshop for the Cluster's Practices to help them to identify solutions, with support from HDdUHB's Primary Care team. The Committee did not support the applications from both Practices to change their boundaries, however did agree to the recommendation to undertake a Cluster-wide review of Practices' boundaries, and asked that HDdUHB's Ceredigion County team is involved in this work.

- **Dental Contract Changes:** the Committee was informed of a number of dental contract changes that had been approved in line with the relevant Regulations; these included:

- My Dentist – remote mentorship arrangements
- St Davids Dental Surgery – permanent rebase of the contract
- Charsfield Dental Practice – request to vary the partnership
- NHS General Dental Services (GDS) Contract termination at Emlyn Dental Practice

Discussion was held on the work being undertaken in relation to improving access, the issues around recruiting Dentists and that under the current national Contract it appears less attractive for Dentists to provide NHS Dental Services. Committee Members acknowledged HDdUHB's strategic role in relation to providing Dental Services and requested that, through the PCAC reporting process, Board members are made aware of the concerns expressed in relation to access to NHS Dental Services especially in South Ceredigion.

- **Community Pharmacy – an overview of Enhanced Services and Pharmacy Walk in Centres:** the Committee received a report for information, which it had requested at the PCAC Meeting held on 8th October 2019, which outlined the contribution that Community Pharmacy is making to assist in sustainable service delivery. Members received an update about services including the Common Ailments Service, Triage and Treat, a newly established Urinary Tract Infection (UTI) pilot in two Pharmacies currently, a Sore Throat Test and Treat service and Pharmacy Walk in Centres. Committee Members were also informed that Community Pharmacy is working with the 111 and Out of Hours Services as part of addressing Winter Pressures, and a discussion was held in relation to other potential links and developments that could be made including with the Welsh Ambulance Service Trust (WAST) and further developing the work with GP Practices. The Committee noted the content of the report, and commended the work being undertaken by the team.
- **PCAC Work Programme:** The Committee noted the PCAC Work Programme for 2019/2020.
- **PCAC Update Report to the Board meeting held on 28th November 2019:** the Committee noted the update report provided to the Board meeting on 28th November 2019.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Board Level Consideration or Approval:

- None

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

- Concerns in relation to access to Dental Services due to issues in recruiting NHS dentists, especially in South Ceredigion.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf/Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol/Future Reporting:
In addition to the items scheduled to be reviewed as part of the Committee's Work Programme, following up progress on actions identified above will be undertaken.
Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:
To be confirmed

Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Miss Maria Battle
Cyfnod Adrodd/ Reporting Period:	Meetings held on 27 th and 28 th November 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>At its meeting on 27th November 2019:</p> <ul style="list-style-type: none"> • Financial Position 2019/20 – the In-Committee Board received an update on the UHB's financial position. Attention was drawn to the cost pressures resulting in a Month 7 variance to plan, which included medicines management prescribing, operational surge and unidentified savings profile impact. Year to date performance was discussed in detail, including spends in individual areas. The In-Committee Board considered deficit forecast projections, with attention drawn to the £4.1m projected deficit in Unscheduled Care <p>The In-Committee Board considered information regarding Primary Care Prescribing cost drivers, with a particular focus on Category M medicine costs. Whilst there is no discernible difference in requests for these medicines, there is a significant increase in prices. The WRP is forecasting an overspend this year, with the risk share invoked and the UHB having been informed that its contribution is currently £1.6m. With regard to organisational savings schemes, the savings gap is currently £5.9m.</p> <p>The In Committee Board agreed to recommend a change in the forecast deficit at the Board Meeting scheduled to be held in public on 28th November 2019.</p> <ul style="list-style-type: none"> • Financial Plan and Budget Setting Framework 2020/21 - it was agreed that this would be discussed in detail at the December 2019 Board Seminar. • Integrated Medium Term Plan (IMTP) – the In-Committee Board received an update on the IMTP. <p>At its meeting on 28th November 2019:</p> <ul style="list-style-type: none"> • 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 22nd October 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 October 2019. 	

- **Remuneration & Terms of Service Committee (RTSC)** – the In-Committee Board received an update report from the RTSC meeting held on 9th October 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 November 2019.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

The change in the year end deficit position was approved at the Public Board Meeting on 28th November 2019.

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

The UHB's financial position, both current and projected.

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:

30th January 2020.

Enw'r Pwyllgor / Name of Committee	Health Care Professionals Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Dr Kerry Donovan
Cyfnod Adrodd/ Reporting Period:	Meeting held on 8 th November 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>The forum received presentations from Sarah Jennings, Director of Partnerships and Corporate Services and Anna Bird, Head of Strategic Partnerships, Diversity and Inclusion, relating to the Public Services Boards and the Regional Partnership Board. The Forum was updated on the focus, structure, membership and accountability of the Boards, which were set up in accordance with the Social Services and Wellbeing Act (2014) and the Well-being of Future Generations (Wales) Act 2015. The Forum appreciated the detail provided in relation to the Boards and the amount of work being undertaken.</p> <p>The Forum was pleased to receive examples of how the Boards had improved collaborative working amongst partner agencies. The Forum was also pleased to hear about the joint commitment and active working, within the Public Services Boards, to provide sustainable solutions for the next generation. The Forum was pleased to learn that the Regional Partnership Board had worked to find local solutions and had, at high level, strategically 'un-blocked' obstacles which were impacting on the smooth delivery of services and progress with integrative working on projects within the systems.</p> <p>The Chair of the Forum thanked the presenters for the clarity and assurance provided and the update around the work undertaken by both the Public Services Boards and the Regional Partnership Board. The Forum acknowledged that the work was ongoing and suggested that clinical staff may appreciate receiving further updates, in order to heighten their awareness of the important work of these Boards. It was also noted that clinical staff may wish to express views and feedback (through their operational and professional management lines) to the relevant executive.</p>	
Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:	
None	
Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:	
None	
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:	
Adrodd yn y Dyfodol / Future Reporting:	
<ul style="list-style-type: none"> • Value Based Health Care • Empowering Clinicians 	
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:	
20 th January 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)
Cyfnod Adrodd/ Reporting Period:	Meeting held on 9 th December 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>This report summarises the work of the Staff Partnership Forum at its meeting held on 9th December 2019, with the following highlighted:</p> <ul style="list-style-type: none"> • Exit Interviews – The Forum discussed the purpose of exit interviews, recognising the need to improve the process. It was proposed that a working group, led by the Organisational Development team, be established to take this work forward, to include Members of the Forum. • County Partnership Fora Terms of Reference – The Forum approved each County Partnership Fora Terms of Reference. • Strategic Equality Plan (SEP) and Objectives 2020-24 – The Forum was presented with the SEP and Objectives 2020-24 report, and provided with an overview of the process to involve protected groups and the general public in developing HDdUHB's equality objectives for the next four years. Members noted that an engagement period had taken place between April and August 2019 and a workshop held on October 2019 for Executive Directors and Independent Members, recognising their important leadership role in refreshing HDdUHB's equality objectives. These refreshed objectives have been shared with staff and other partners and feedback invited via an electronic bilingual survey. This additional period of engagement will end on 13th December 2019, following which, any feedback received will be considered before a final version is presented to the Board in March 2020. The Forum supported the principles of the SEP and Objectives 2020-24. • Employment Policy Update - The Supporting Transgender Staff Policy was presented to Forum and agreed subject to the rewording of one sentence, prior to onward submission to the Workforce & Organisational Development Sub-Committee for formal approval. • Health & Care Strategy Update – The Forum was presented with an update report and an overview of the portfolio of programmes for the delivery of the Health & Care Strategy. Members noted that a primary care mental health practitioner has been working with two G.P. practices in Pembrokeshire to improve access for patients and reduce referrals to Secondary Care. It was also noted that the Aberaeron and Cardigan Integrated Care Centres, Llanelli Twilight Sanctuary and 24/7 drop-in service at Gorwelion have now opened. An award of over £12 million in Transformation Funds has been received for the delivery of specific projects around a means of helping carers to be identified and signposted to gain help and support to continue caring. It was pleasing to note that HDdUHB's Transforming Clinical 	

Services programme had been recognised internationally and had become a global resource case study.

- **Finance and Turnaround Updates** – Finance and Turnaround Updates were presented to Forum. The Forum was advised that HDdUHB's financial position at the end of Month 7 represented a revised forecast position of a £25 million deficit from the initial control total of £15 million, as a result of ongoing operational pressures, which had been approved by the Board on 28th November 2019. Drivers for this relate both to cost variance, where the services HDdUHB provide are costing more than is being seen across the rest of Wales, and volume variance, with more patients being seen than the rest of Wales.
- **Pay Award Implementation** – The Forum was presented with a verbal update on Pay Award Implementation and noted that the Band 1 and Band 2 payments had been implemented in November 2019 with an increment date of April 2020. It was also noted that the proposed changes to Enhanced pay during sickness absence from 1st October 2019 are currently on hold until further notice is received from Welsh Partnership Forum.
- **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 31st August 2019. The Forum was advised that the monthly absence rate of August 2019 was 4.68% and the 12 month rolling rate was 4.94% which represents an increase from the previous month of 0.02%. The latest figures for October 2019 show a monthly rate of 5.09% and a 12 month rolling rate of 4.95%. Members noted that sickness advisors are currently conducting a deep dive into the reasons for sickness absence to determine any strategies which may improve sickness rates.
- **Wellbeing Work Programme Update** – A verbal update regarding “Wellbeing” events arranged for acute sites in January/February 2020 was presented to Forum and Members noted that the Chief Executive would attend the 14th February 2020 event to sign up to the Trade Union Dying to Work Charter and re-sign the Time4Change Mental Health Charter.
- **No Deal Brexit Preparations** – a verbal update on No Deal Brexit Preparations was presented to Forum, advising that contingencies are in place and that preparation meetings will continue to take place following the outcome of the general election on 12th December 2019. Members acknowledged that Brexit could take place as early as 31st December 2019.
- **Health & Safety and Emergency Planning Sub-Committee Update Report** – Members were presented with the Health & Safety and Emergency Planning Sub-Committee Update report following their meeting held on the 5th November 2019 which would now move to a monthly cycle. The Forum was advised that confirmation of the action on each of the Material Breaches and Improvement Notices identified by the Health and Safety Executive (HSE) inspection had led to the establishment of Control Groups and Task and Finish Groups to co-ordinate compliance and an Executive Director had been appointed to each of the Groups in order to achieve outcomes by 1st May 2020.

- **Employment Policy Update** – The Forum noted that the All Wales Dignity at Work Policy will be replaced by a Respect and Resolution at Work Policy and that a toolkit will be developed for staff and managers to access to resolve concerns and conflict. Elements of the toolkit will be trialled in January 2020 with events taking place across Wales in January/February 2020 with a view to the final policy being presented to the Welsh Partnership Forum in March 2020.
- **Pay Progression Policy** – Members noted that an All Wales level Group has been re-established regarding the Pay Progression Policy and it is anticipated that the policy will be implemented before Christmas.
- **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:

No risks or matters of concern were raised.

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.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

10th February 2020

Enw'r Pwyllgor / Name of Committee	Stakeholder Reference Group (SRG)
Cadeirydd y Pwyllgor/ Chair of Committee:	Hilary Jones
Cyfnod Adrodd/ Reporting Period:	Meeting held on 10 th January 2020
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>Chair</p> <p>Hilary Jones, Chair of SRG and Chief Executive of Bro Myrddin Housing Association informed the SRG members that she has been appointed Independent Board Member at Velindre NHS Trust. In view of this, Hilary Jones advised that she will be standing down as SRG chair. The SRG thanked Hilary Jones for her dedication to the role and wished her well in her new post. Arrangements will now be put in place to recruit Hilary Jones' successor.</p> <p>Winter Plan</p> <p>Members were advised that Welsh Government has allocated funding for winter pressures to support integrated and community based solutions. The Regional Partnership Board (RPB) has received £2.062m and the Health Board £1.213m. Martyn Palfreman confirmed that the RPB plan has been developed in partnership at local level and Executive Directors from the Health Board meet on a weekly basis with Directors of Social Services for the three partner local authorities. The SRG acknowledged and support partnership working approach.</p> <p>SRG members were informed that the Health Board is currently under unprecedented pressures within our hospitals and services. The winter plans are being reviewed on a weekly basis with daily actions to relieve pressures on the system.</p> <p>The SRG raised the following:</p> <ul style="list-style-type: none"> • SRG felt that winter plans should be set by September/October of each year and that a more proactive approach is needed by Welsh Government • The Third Sector can play an important role in supporting winter pressures and more investment within the Third Sector should be considered, with adequate time for planning and mobilisation of staff. <p>SRG are mindful that our front line staff are working under difficult circumstances and would like to thank staff for their hard work and commitment.</p> <p>Regional Partnership Board</p> <p>SRG Members were provided with an update on how the three transformation programmes successful in receiving Welsh Government funding were progressing. The following comments were made by SRG members:</p> <ul style="list-style-type: none"> • The involvement of Welsh Ambulance Services NHS Trust (WAST) in the transformation workstreams was welcomed. • Members noted that early intervention actions are critical to reach individuals before crisis. <p>A query was raised about how, with only 2 years of Welsh Government transformation funding, it will be possible to measure and sustain the programmes. Members acknowledged that there is a natural lead-in time before the programme goes live and can be evaluated which is at odds with the limited funding. Concern was expressed about the potential of</p>	

effective projects ending because there is insufficient evaluation data to feed into budget realignment discussions.

Patient Experience Charter

The SRG were provided with an update and a draft copy of the Patient Experience Charter and poster. Members were thanked for providing their feedback on the draft Charter which had been incorporated into the current version.

The SRG were informed the Patient Experience Charter will be taken to Board in January 2020. The Charter will be launched in April 2020 during the national patient experience week and activities are being planned at all Health Board sites.

Comments made by the SRG included:

- Some disappointment that the Charter still has nearly as many points for patients and their carers, as for staff of the Health Board. Concern was raised that patients are very vulnerable when they are unwell and find it difficult to raise issues or concerns as they fear a negative reaction which might impact on their on-going or future care.
- The Charter needs to be made visible to staff and patients, therefore good promotion will be required. Members were provided with assurance that the information will be widely circulated including on social media and in patient letters, and will be made available and visible in all areas within the Health Board.

Members were advised of work currently being developed within the Patient Experience team which includes:

- Rollout of electronic feedback system
- Mandatory customer care training programme to be undertaken by all staff
- Bringing together of all Patient Experience Feedback in a new Listening and Learning Sub Committee
- Developing of an Assurance Framework which will be shared with SRG members in due course
- Participation in the Apprenticeship scheme to increase capacity for patient liaison
- Development of the Patient Advice and Liaison Service (PALS)
- Ongoing work to review appointment letters

Supporting Vulnerable Groups

The Strategic Partnerships, Diversity and Inclusion team provided SRG members with an overview of their work to provide assurance that the Health Board are committed in developing an accessible and inclusive organisation, culture and environment not only for patients but also for its employees. Members were informed of the breadth of work ongoing to support vulnerable groups which include those who are homeless, asylum seekers, refugees, Gypsy and Travellers, substance misusers, armed forces veterans, EU migrants who are homeless or living in circumstance of insecurity. The SRG were pleased to hear of the excellent work being undertaken to support those who are vulnerable in our communities. Members commented that this work does make a difference to people's lives but often goes unseen.

Welsh Ambulance Service

SRG members were informed that there has been significant pressure on WAST. This is due to hospitals throughout the area and beyond experiencing extraordinary pressure.

The SRG were provided with an update on WAST performance which included:

- 66.7% performance rate against 65% target.

<ul style="list-style-type: none"> On a monthly basis working against a performance target of 52%. This is lower due to increased pressures. Ambulance sickness absence is the highest within the NHS. SRG were advised the service continually supports staff in the workplace and at home providing a holistic wellbeing approach. <p>Members were informed of the significant amount of work which undertaken on discharges and getting patients home safely, as well as preventing admission to hospital. Work includes:</p> <ul style="list-style-type: none"> Improving performance times especially for elderly fallers and the vulnerable. In recognition of the high number of calls related to elderly fallers, WAST have provided Falls Training to over 1,000 people including many Nursing and Care homes. This has given staff confidence to get people off the floor more quickly. Advanced Paramedic Practitioners in post to provide support and respond to out of hours calls. After the patient has undergone GP triage, the Advanced Paramedic Practitioner is able to undertake home visits on behalf of the GP, enabling the GP to focus on more complex issues. <p>The SRG thanked WAST for their hard work under the pressures of the current climate and noted that it was good to hear of the excellent projects underway to reduce pressure, improve performance and services.</p>
<p>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:</p> <ul style="list-style-type: none"> For consideration to be given to setting winter plans by September/October of each year, with a more proactive approach needed by Welsh Government In acknowledgement of the important role the Third Sector can play in supporting winter pressures, more investment within the Third Sector should be considered, with adequate time for planning and mobilisation of staff.
<p>Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:</p> <p>Concern regarding the continuity and sustainability of projects due to time limitations on Transformation Fund monies.</p>
<p>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</p>
<p>Adrodd yn y Dyfodol / Future Reporting:</p> <ul style="list-style-type: none"> Arrangements to recruit an SRG Chair successor. Transformation Programme Update Transformation Programme Leads Updates Learning Disability Charter – The Dream Team Update on the Implementation of Transforming Mental Health and Learning Disability Services Digital Platforms Update
<p>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</p> <p>3rd April 2020</p>

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 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 Social Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)
- Joint Regional Planning & Delivery Committee (JRPDC)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for Health and Social Care](#) whose role will have a strengthened approach to planning and delivery

of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

The Joint Regional Planning & Delivery Committee (JRPDC) has been established as a Joint Committee of Swansea Bay (formally Abertawe Bro Morgannwg) and Hywel Dda University Health Boards and constituted from 24th May 2017. It provides joint leadership for the regional planning, commissioning and delivery of services for Swansea Bay and Hywel Dda University Health Boards.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing note from the Extra-ordinary meeting of WHSSC held on 6th January 2020 to consider their Integrated Commissioning Plan 2020/23, which was agreed in principle (see accompanying WHSSC SBAR attached requesting support of the recommendations made, the detail of which will be considered at the March 2020 Public Board meeting as part of the Hywel Dda 3 Year Plan 2020/23). From a Hywel Dda University perspective the WHSSC Integrated Commissioning Plan will need to be considered in the round of all our priorities and will be subject to affordability within the financial plan.

Emergency Ambulance Services Committee (EASC)

- Summary of key matters considered by EASC and any related decisions made at its 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 2nd December 2019 (meeting scheduled for 27th November cancelled).

NHS Wales Collaborative Leadership Forum (CLF)

- Draft minutes of the meeting held on 17th September 2019

Mid Wales Joint Committee for Health and Social Care (MWJC)

- Update Report following the meeting held on 21st November 2019.

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

Joint Regional Planning and Delivery Committee (JRPDC)

- As per agenda item 5. Report of the Chair on the Public Board agenda for January 2020, the Board will be asked for its approval to disestablish the JRPDC, given the new confidence in the work to date as expressed by Andrew Goodall, Chief Executive, NHS Wales, subject to formal approval from the Minister for Health and Social Services.

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 Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee NHS Wales Collaborative Leadership Forum Mid Wales Joint Committee for Health and Social Care Joint Regional Planning and Delivery Committee

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
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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



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – 6 JANUARY 2020

This briefing sets out the key areas of discussion in the Joint Committee Meeting held on 6 January 2020.

Integrated Commissioning Plan 2020-23 (ICP)

Members received (1) a paper that summarised recent developments in relation to the ICP and sought approval of the ICP, (2) the most recent draft of the ICP, and (3) a presentation that provided additional information regarding the most recent progress in reducing the financial gap, the current uplift required (and risk share impact), a comparison between NHSE and NHS Wales funding of specialised services and the impact of Welsh Government's funding letter. Various options for further reducing the financial gap were also set out in the presentation.

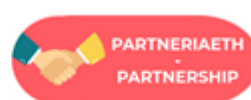
The following actions were agreed for the WHSS Team:

- Add further narrative within the ICP on how the WHSS Team would be formalising the WHSSC savings plan, including ongoing monitoring through Management Group and Joint Committee;
- Bring a paper to the March Joint Committee meeting on the savings plan and the value based commissioning work that is being undertaken with particular reference to accelerating the work on pathways within the integrated healthcare system (this paper will reference the outputs from the value based commissioning workshop scheduled with Management Group for 4 February 2020);
- Add further narrative to the ICP on the robust process already in place for any funding release, including scrutiny and rigour around business cases, and confirm that there will not be any financial commitments associated with the ICP until at least April 2020 when the ICP implementation begins;
- Confirm that allocation of any slippage money will only take place after a thorough risk assessment of the investment options and will not be automatically re-invested into specialised services;

- Write to Welsh Government on behalf of the Joint Committee asking that all future funding supplements for RTT performance are routed via the commissioner rather than direct to providers;
- Provide assurance to health boards that the risk share process and the impact on individual organisations is being continually reviewed by the WHSSC Finance Working Sub-group
- Support discussions with Welsh Government for individual health boards impacted by the risk share process ; and
- Prepare a supporting paper (an SBAR) to accompany the ICP within health board papers for consideration at health board January 2020 Board meetings, focussing on the actions that the WHSS Team is taking, following the ICP being agreed in principle by the Joint Committee on 6 January 2020.

Members:

- **Approved** the ICP in principle, subject to:
 - The actions above being completed
 - Further discussions with Welsh Government for individual health boards most impacted by the risk sharing process
 - The WHSS Team providing a supporting paper to accompany the ICP within health board papers for consideration at health board January 2020 Board meetings, focussing on the actions that the WHSS Team is taking, following the ICP being agreed in principle by the Joint Committee on 6 January 2020.



WHSSC 2020-20 INTEGRATED COMMISSIONING PLAN

1. SITUATION

This paper outlines the actions to be taken by the Welsh Health Specialised Services team (WHSST) in relation to the Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan 2020-23 following its approval in principle by the Joint Committee on 06 January 2020.

2. BACKGROUND

The ICP has been developed with Health Boards within a shortened period of engagement due to the initially compressed Welsh Government timeframe. Velindre NHS Trust and the Welsh Blood Service have also had the opportunity to contribute to the ICP's development through for the first time, their submission of schemes for consideration in the Joint Clinical Impact Assessment Group (CIAG) and Management Group prioritisation process.

The first draft of the ICP taking account of the results of the CIAG prioritisation and the Prioritisation panel as well as strategic priorities and service risks, was circulated to Management Group and Welsh Government on 19 October 2019.

The main feedback from the Management Group discussions was that the plan in its current form was unaffordable and that further work was required to identify opportunities for further re-prioritisation. Further work was undertaken in the intervening period before the ICP was presented to Joint Committee on 12 November 2019.

The ICP was not approved at this meeting as it was still deemed unaffordable, particularly as it still included the funding requirements for the exceptional service developments of the south Wales Major Trauma Network and Advanced Therapeutic Medicinal Products (ATMPs).

An extraordinary Joint Committee meeting to discuss the ICP was arranged for the 06 January 2020. This allowed time for financial allocation letters to be received from Welsh Government and interpreted locally and was prior to

Health Board January Board meetings taking place prior to the Welsh Government submission deadline of the end of January.

Between the November and the January Joint Committee a number of reductions were made to the financial requirement:

- Confirmation of funding was received from Welsh Government for Major Trauma and ATMPs reducing requirements by £35.5m (5.63%)
- The phasing of new schemes and a review of assumptions on anticipated activity growth reduced requirements by a further £3.5m (0.55%)
- Removing low scoring CIAG schemes, increasing Value Based Commissioning targets and other adjustments reduced requirements by a further £2.2m (0.35%)

This reduced the WHSSC financial requirement to £33.1m (5.24%) for 2020-21.

3. ASSESSMENT

Following the 06 January 2020 Joint Committee meeting where the WHSSC ICP 2020-23 was approved in principle, the following actions were agreed for the WHSS Team:

- Further narrative would be added within the ICP on how the WHSS Team would be formalising the WHSSC savings plan including ongoing monitoring through Management Group and Joint Committee
- Further narrative would be added to the ICP on the robust process already in place for any funding release including scrutiny and rigour around business cases from providers
- Assurance would be provided in the ICP that no financial commitments associated with the ICP would be made until at least April 2020 when the ICP implementation begins
- Confirmation would be provided that allocation of any slippage money will only take place after a thorough risk assessment of the investment options and will not be automatically re-invested into specialised services
- A paper would be taken to the March 2020 Joint Committee meeting on the savings plan and the value based commissioning work that is being undertaken with particular reference to accelerating the work on pathways within the integrated healthcare system that exists within NHS Wales. This paper will reference the outputs from the Value Based Commissioning workshop scheduled with Management Group members on 04 February 2020
- WHSST would write to Welsh Government on behalf of the Joint Committee to ask that all future funding supplements of Referral to Treatment (RTT) performance is routed via the commissioner rather than direct to providers
- The WHSSC Finance working sub-group would continually review the risk share process and its impact on individual organisations

- The WHSS Team would support discussions with Welsh Government for individual Health Boards impacted by the risk share process.

4. RECOMMENDATIONS

Health Boards are asked to:

- **Support** the WHSSC Integrated Commissioning Plan for Specialised Services for 2020-23 which was supported in principle by the WHSSC Joint Committee on 06 January 2020, within their individual Integrated Medium Term Plans (IMTPs).

5. APPENDICES / ANNEXES

Annex (i) Integrated Commissioning Plan 2020-23



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

An Integrated Commissioning Plan for Specialised Services for Wales 2020 - 2023



WHSSC

*"On behalf of Health Boards,
to ensure equitable access to
safe, effective, and sustainable
specialised services for the
people of Wales."*



Executive Summary



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Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
RESPECT



PARTNERIAETH
PARTNERSHIP



GWELLA AC
ARLOESI
IMPROVEMENT
& INNOVATION

The continued focus of the Welsh Health Specialised Services Committee's (WHSSC) Integrated Commissioning Plan (ICP) 2020-23 is to commission high quality services in line with the organisation's stated aim *"On behalf of the seven Local Health Boards; to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."*

The demand for specialised services continues to increase as advances in medical technology offer treatment where previously none were available. The development of ever more complex and innovative treatment whilst offering benefits to patients is however providing a growing financial challenge which is demonstrated in the financial summary.

A core element of our work in 2020-21 will be to increase our engagement and co-production with patients, to strengthen our services and patient pathways. In doing so, we hope to identify opportunities to release value from those pathways or through the re-commissioning of services. We are developing a number of new work-streams to support this including referral management and medicines management.

The established Prioritisation Process and Risk Management Framework continue to help identify the priorities for WHSSC this year whilst the Quality and Performance Escalation Process is identifying pressures within the system that require integrated clinical and managerial support. We are able to demonstrate a number of services where our escalation processes have had a positive impact for patients and this work will continue to be strengthened in 2020-21. In 2020-21 our quality improvement focus will be around mental health services where we are taking forward a number of service reviews.

We know that key to the success of our work is increased collaboration with Local Health Boards (LHBs), in both their provider and commissioner function and with NHS Trusts in Wales and England to ensure that we maximise opportunities to better aligning Integrated Medium Term Plans (IMTPs) with our ICP.

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WHSSC Profile

WHSSC is responsible for commissioning a range of specialised services for the population of Wales on behalf of the seven LHBs.

As an organisation it is split into five Directorates: Corporate, Finance, Medical, Nursing and Quality and Planning.

Recognising that to commission effective services we need to organise around the needs of patients, operationally we use a commissioning team structure which cuts across these directorates broadly categorised in the following areas:

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children's Services

This collaborative professional working enables the Welsh Health Specialised Services Team (WHSST) to work towards ensuring that our patients' outcomes and experiences when accessing all specialised services is of a high standard through:

- Effective planning, commissioning and monitoring of the performance of specialised services. This begins with the WHSS Team establishing clear processes for the designation of specialised services providers and the specification of specialised services and then developing, negotiating, agreeing, maintaining and monitoring contracts with providers of specialised services. Key within this is co-ordination of a common approach to the commissioning of specialised services both within and outside Wales.
- All teams working to ensure there is assurance regarding clinical quality and outcomes through the quality framework for monitoring quality and a rolling programme of service reviews.
- Undertaking associated reviews of specialised services and managing the introduction of drugs and new technologies.
- Managing the LHBs pooled budget for planning and securing specialised services and putting financial risk sharing arrangements in place.

- Work with provider organisations to improve the process of public and patient involvement underpinning our work. We aim to do this through continuous engagement in addition to our more formal consultation processes; supporting generally the five ways of working of the Wellbeing Future Generations Act and specifically through 'Collaboration' and 'Involvement'.

WHSST Values

The core values of the organisation outlined in Figure 1 below, were developed by the all staff within the organisation and are an indication of how we would like to be measured by each other, by those who work with us, and by those who depend on us to deliver services. They are also the values we would expect to be upheld by those who will join our team in the future and have been integrated in our workforce processes from recruitment through to Personal Development Reviews.

Figure 1: Organisational Values

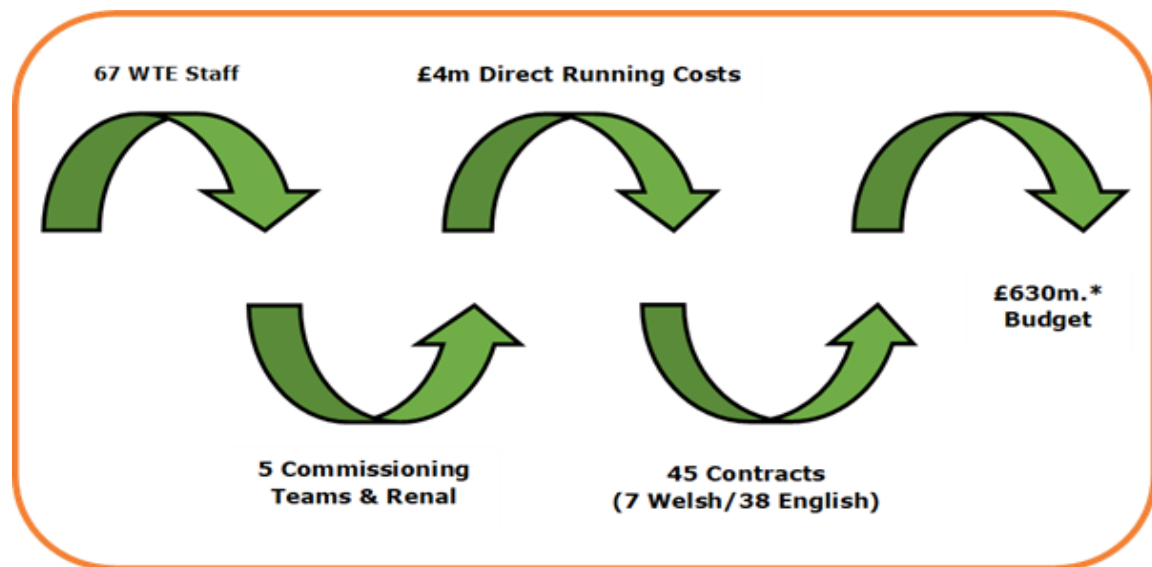


Workforce

Figure 2 overleaf sets out the key statistics including staffing levels, direct running costs* and number of contracts for healthcare services.

*(Excluding EASC and NCCU)

Figure 2: Key organisation statistics



The WHSST high level workforce plan for 2020-23 has the key aim of maximising workforce capacity through:

Table 1: WHSST high level workforce plan 2020-23

Objective	Action taken, by when
Strengthening of Executive team	All Executives posts are filled substantively, with the newest Director being in post since Jan 2019
Improving recruitment and retention	<ul style="list-style-type: none"> -One Finance Manager post for north Wales is still open following unsuccessful recruitment. -Two vacancies within the Quality Assurance Team due to external promotion are in the process of being advertised. -Vacancy rate is currently 5% (a vast improvement from 30% in 2017).
Expanding the workforce to lead on specific projects	<ul style="list-style-type: none"> - Developing new posts to increase commissioning effectiveness. Recent appointments include a Referral Manager Post and a PET project manager. - Future developments includes a Medicines Management Post and Blue Teq project manager.

	<ul style="list-style-type: none"> - Development of a Vulnerable Group work-stream supported by WG funding underway. This includes a planning role and a part time Associate Medical Director
Developing and implementing organisational development and learning programmes across the organisation	<ul style="list-style-type: none"> -Regular OD sessions are taking place for the Executive team, in part facilitated by the host organisation. -Roll out of an organisation wide OD programme is planned for 2020-21. -A number of staff are receiving assistance to study toward Masters Degrees and/or relevant professional qualifications. -Lunch and learn sessions are being provided by members of the WHSS Team. - Participation in the Embrace on-line Health and Wellbeing public sector pilot.
<p>Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited</p> <p>Ensure >85% of staff have completed PDRs</p>	<p>We are continuing to work to improve compliance for seconded staff and ensure there is high performance on core skills training for all staff following in-year changes to the programme content and recruitment of new staff.</p>

Clinical Leadership

The five Associate Medical Directors (AMD) appointed during 2017-18, aligned to the commissioning teams, have continued to raise the profile of the WHSS Team amongst clinical colleagues. There continues to be part time medical and Deputy Medical Directors and a full time Director of Nursing & Quality Assurance in the WHSS Executive team. A sixth AMD joined us for the duration of a project to establish a Welsh gender service during 2019-20. AMD appointment were made for 3 years and we intend to review the effectiveness of the current model in anticipation of the 2020 recruitment round.

An additional Clinical Leader post is being developed to support the new vulnerable groups' portfolio which has a strong focus on mental health and seeks to meet the ministerial priorities of reducing inequalities and improving timely access.

An important development during 2019/20 is a review of the Clinical Gatekeeper role. WHSSC currently has 47 Clinical Gatekeepers covering 107

services and interventions who are key in ensuring patients receive the most appropriate and timely treatment. This work is being taken forward as part of the development of our referral management processes and will culminate in a workshop in January 2020 aimed at helping better define the role and identifying the support and training needs of gatekeepers.

DRAFT

Progress in Delivering the ICP 2019-22

The WHSSC Integrated Commissioning Plan 2019-22, which was approved by Joint Committee in January 2019, identified investment for a number of areas.

Additional funding was agreed for the following specialised services priorities in 2019-22:

- Cystic Fibrosis
- Paediatric Critical Care
- Fetal Medicine
- Neonatal Transport

The following new commissioned services

- Major Trauma
- Thrombectomy

The following areas prioritised in the Clinical Impact Advisory Group (CIAG) process which is described further in *the Increasing the value achieved from funding* chapter below.

- Positron Emission Tomography (PET) new indications
- Transcatheter Aortic Valve Implantation (TAVI)
- Programme for replacing obsolete wheelchairs (north Wales)
- Paediatric Endocrinology
- Cleft Lip and Palate Multi-disciplinary team
- Cleft Lip and Palate addressing waiting times
- Paediatric Rheumatology
- Genetic Test Directory
- Bone Anchored Hearing Aids (BAHAs) and Cochlear Replacement and Upgrades Programme
- Neuro-oncology – to address serious concerns raised in Peer Review
- Adult Congenital Heart Disease
- Paediatric Magnetic Resonance Imaging (MRI)
- Neuro-Rehabilitation
- Inherited Bleeding Disorders project trials savings and service model

As funding for these services was released throughout 2019-22, the assessment of their progress, impact and achievement of aims will be reviewed and reported on in 2020 allowing time for recruitment and implementation.

Development of the 2020-23 ICP

The WHSSC Commissioning Intentions were drafted to inform the development of NHS organisation IMTPs with regard to the commissioning and delivery of specialised services. The intentions underpin WHSSC's aim 'to ensure equitable access to safe, sustainable and effective specialised services for the people of Wales, as close to a patient's home as possible within available resources, on behalf of the seven Health Boards'.

WHSSC Commissioning Intentions 2020-23

1. Equitable access to safe, sustainable and effective specialist services as close to patients' homes as possible
2. Improving the experience and quality of care for individuals and families
3. Increasing the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste
4. Improving information on services in order to drive service change and improve quality of services
5. Evidencing proactive management of new treatments and services

Rather than referring directly to the need to adhere to the Wellbeing of Future Generations (Wales) Act 2015, the Act's five ways of working, outlined in Figure 3 below, are embedded within the intentions and the work that underpins them.



Strategic Priorities

A number of strategic priorities are highlighted within the 2020-23 WHSSC ICP. Strategic priorities are service developments which are either currently mandated by organisations such as the National Institute for Health and Care Excellence (NICE) or have already been agreed as service priorities through previous ICPs or through the CIAG process. All require a service change but for a variety of reasons. These include the implementation of the new treatments, such as Advanced Therapeutic Medicinal Products (ATMPs) and Thrombectomy and working through the required step change in investment for services including Cystic Fibrosis and Intestinal Failure Services which are faced with challenging levels of growth. The highlighted priorities are described in more detail in this section and are key items of work for the relevant Commissioning Teams.

Advanced Therapeutic Medicinal Products (ATMPs)

The introduction of new ATMPs or gene therapies represents a major step change in the provision of potentially curative treatments for patients which had no previous alternative treatments. The ability to transform outcomes for patients has enormous potential but comes at a high financial impact.

The therapies approved to date have tended to be for low volume indications and rare diseases. Gene therapies for more common diseases which could have the potential to transform the whole configuration of service provision are not yet available but are anticipated in the future. For now the cost of ATMPs will largely be in addition to the costs of existing services as they often represent an additional line of treatment after failure of standard of care or are entirely new treatments.

WHSSC has been at the forefront of commissioning ATMPs and have recognised the need for a national strategic approach to their introduction. This includes the ability to forecast their material impact in order to enhance policy formulation and financial planning. The WHSSC team have developed a policy impact paper to highlight the issues at health board executive level and with Welsh Government.

Horizon scanning of ATMPs shows that internationally there is a huge product development pipeline of circa 1,000. However, many remain in trial phases and to date only 4 significant ATMPs have made it through regulatory and NICE approval. Research of international forecasts indicates that at least 40

ATMPs may be approved by 2022 hence, there is likely to be an acceleration at some point in the 2021/21 three year ICP cycle.

Funding will be held centrally within the Welsh Government NHS budget to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products.

Critical Care – Long Term Ventilation

The Minister for Health and Social Services recognising the growing demand for critical care beds for some of the sickest patients in our healthcare system, allocated specific funding to address the flow issues and increase bed capacity within NHS Wales critical care services. WHSSC was requested to commission one of the areas recommended by the Task and Finish Group on Critical Care – the expansion of the Long Term Ventilation (LTV) beds in University Hospital Llandough. This scheme which will provide benefits across all Health Boards in south and parts of mid Wales through the release of bed days in the acute critical care units following the transfer of non-acute patients into dedicated LTV beds, aims to see two additional beds opening within the existing footprint of the Critical Care Unit in early 2020 and increased therapy input to the care of the patients. Further work to the physical infrastructure is required to achieve the long term aim of the Unit becoming a bespoke ten bedded regional unit for Wales.

A visit to the leading UK Long term ventilation unit – Lane Fox, London informed the thinking around the clinical, workforce and commissioning models. Using this information and the requirements to meet the British Society for Rehabilitation Medicine (BSRM) for a level 1a service, which are also described in our Specialised Rehabilitation policies, a service specification will be drafted. It is anticipated that the establishment of a dedicated Long Term Ventilation Unit for south and parts of mid Wales will in addition to providing more appropriate care for their needs will also lead to financial efficiencies with the cost of an LTV bed being less than an acute critical care bed and the standardisation of care for these specialised patients improving their ongoing management through Continuing Health Care (CHC).

Cystic Fibrosis

The Wales Adult Cystic Fibrosis service (CF) provided by C&VUHB for patients across south and parts of mid Wales has been highlighted as a key risk in recent commissioning plans. This is because of the success of treatments for this disease and the increasing number patients surviving in adulthood. The

number of patients now exceeds the size/staffing of its service and this is compounded by the lack of a home prepared IV antibiotic service, available in all other CF Units in the UK.

A two phased approach to the total investment requested was agreed due to the substantial investment required within the original business case and the lack of clarity around the timeline for the submission of a capital business case to Welsh Government for the increased inpatient capacity.

The phase one proposal for increase in multi-disciplinary staff and non-recurrent funding to trial the provision of the Home IV services was approved in July 2018 with the request for the service to undertake further work on the increased ward model and full year costs of the home IV Service. A provision of funding was made for phase 2 in the 2019-22 WHSSC ICP but with the Business Justification Case (BJC) for the capital element required only submitted to Welsh Government in May 2019 following the tender for the project contract, the funding has not been utilised for the revenue implications of the new extended ward. Completion date for the new ward is predicted to be late summer 2020 although this is dependent on Welsh Government approval of the BJC and work starting.

An element of the phase two funding was approved for investment in the remaining MDT posts, home IV service and satellite clinics across south and parts of mid Wales, in order to deliver care as close to patient's home as possible whilst also responding to the increasing demand. This has resulted in the previously allocated resources for CF being insufficient to also cover the staffing requirements for the ward expansion when these come on line in 2020, requiring a change in the phased bed model or additional funding to be made available in the course of this ICP.

In November 2019 Welsh Government agreed funding to enable Welsh patients to have access where clinically appropriate to the Cystic Fibrosis Modulator Therapies, Orkambi and Symkevi as well as continued access to Kalydeco (Ivacaftor). Welsh Government have agreed non recurrent funding for the Adult and Paediatric services provided by Cardiff and Vales UHB to support the implementation of these therapies. WHSS are working with the services to determine the recurrent revenue costs of providing these therapies.

Gender Services

Until recently, all elements of the treatment pathway for this very vulnerable group of patients was only available from a Gender Identity Clinic in London where there is a two year waiting list. An integrated model which includes Local

Gender Teams (LGTs) and the Direct Enhanced Service (DES) has begun to mainstream gender services, enabling provision of care and support as locally as possible within Wales. The first clinic of the Welsh Gender Service was undertaken in September 2019 in Cardiff. Plans to develop satellite clinics will be included in the long term plan for Welsh Gender services. 2020-21 is the final year of the three year period of the funded interim Gender Identity Service for the population of Wales. During the next twelve months an assessment of the long term provision required is being developed which will be presented for consideration of recurrent funding from 2021-22. A need to introduce peer support in 2020-21 for those waiting to access Gender services ahead of the long term service being established has been raised. But the funding requirements for this need to be understood further.

Major Trauma

The commitment to develop a service model for a Major Trauma Network for south and parts of mid Wales was made by the Collaborative Executive Group (CEG) in 2014. WHSSC as the sole commissioning body in Wales with delegated responsibility for commissioning specialised services, a number of which would be delivered as part of a Major Trauma Centre, was requested by the CEG to lead the development of a commissioning framework, model and governance structure. In September 2018 Joint Committee members agreed the scope of the commissioning framework for Major Trauma (MT) as:

- An Operational Delivery Network (ODN) to be established to oversee the delivery of trauma services to the population of South, Mid and West Wales.
- The ODN and Major Trauma Centre at University Hospital Wales, Cardiff will be commissioned by WHSSC.
- EASC will commission WAST and the EMRTS.
- Health Boards will be responsible for local commissioning.
- Existing trauma commissioning arrangements for BCUHB will be retained.

The Major Trauma Programme Network Board, the team for which currently sit within the NHS Wales Health Collaborative prior to hosting transferring to Swansea Bay University Health Board (SBUHB), identified April 2020 as the proposed launch date for the service with an element of the operational development costs pump primed by non-recurrent funding from Welsh Government to help enable this.

At the January 2019 extraordinary meeting of the WHSSC Joint Committee members were asked to consider future funding options as due to the

absence of financial detail for Major Trauma, the 2019-21 ICP did not include any funding to pump prime the service ahead of the go live date. Members agreed to consider all requests on an exceptional basis with each funding request subject to the usual scrutiny by the WHSSC Management Group, prior to consideration by the Joint Committee.

Following a number of scrutiny processes including professional peer review from relevant Consultants across a number of Trauma Centres in England, funding for the identified in year requirements for the Major Trauma centre, the ODN and some of the requested Plastic Surgery requirements has been released and provided recurrently.

Welsh Government will providing funding for the Major Trauma centre, specialised services, pre hospital and network costs for the Major Trauma Network for South Wales, West Wales and South Powys. Health Boards will fund the Trauma Unit elements.

Mental Health Services Strategy

A Commissioning Strategy is being developed for Mental Health services with a focus on the patient pathways and opportunities for repatriation of patients and services from England. Mental Health services are delivered for NHS Wales by HBs across various sites, NHS providers in England and independent providers in both Wales and England leading to disjointed pathways for those accessing the services.

Work on the strategy is in its first phase, with the need to review existing services taking into account current tier 2 (for patients with mild-moderate mental health presentation) and tier 3 (for patients with moderate to severe presentation) service arrangements and the impact on the need for Tier 4 (specialised services) inpatient care. Consideration will also have to be given to a wide range of key drivers, some of which will be specific to a service area and others impacting across the full range of services. Key external drivers include:

- A number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations
- Changes to the commissioning landscape in England and the establishment of NHS England have meant that the previous opportunities for cross border joint planning have reduced.
- The Transforming Care Strategy for Learning Disabilities, an NHS England national strategy which is coming towards the end of the initial 5 year plan. This proposes a 20% reduction in medium secure beds and a 50%

reduction in low secure beds. This change takes place within an environment of low independent sector provision.

- New Models of Care Pilot Schemes are being rolled out across England with the effect of moving secure MH capacity around the country with a focus on placing patients closer to home and with financial incentives to do so.
- The establishment of MH provider collaboratives in England that will fundamentally change the delivery model for services in the future.

Key internal drivers are:

- Workforce recruitment issues particularly affecting Child and Adolescent Mental Health Services (CAMHS) services
- The Welsh Framework Agreements for accessing non NHS Wales beds being due for review in April 2020. This arrangement is dependent on an adequate supply of beds and provider competition which is currently reducing because of changes to commissioning within NHS England.
- Recent reviews of inpatient CAHMS services which identified the lack of Psychiatric Intensive Care/Assessment beds leading to potentially unnecessary out of area placements.
- A complex commissioning model for Forensic Adolescent Consultation Treatment Service (FACTS) which is leading to service delivery problems for children with very complex social and health care needs.
- A lack of national services for women and patients within Learning Disability in Wales

Key enablers: Underpinning this work is the close working relationship with the National Collaborative Commissioning Unit who are responsible for managing the Mental Health Framework for Secure Accommodation for Wales. A formal SLA established in April 2019 between WHSSC and the NCCU has led to, for the first time, the introduction of routine quality assessment of NHS Wales inpatient providers. Their expertise has also supported the WHSS Team in its quality escalation processes and assessment of new providers.

A second important enabler is funding from WG to establish a Vulnerable Groups Commissioning Team, consisting of a Clinical Lead and Project Manager which will support the existing Mental Health Commissioning Team with elements of this review.

The following areas have been identified as priority areas of the strategy:

Secure Learning Disability: The need to make recommendations on the development or otherwise of inpatient capacity for secure Learning Disability

beds within Wales. This will take into account the findings of individual patient reviews, requested by the Chief Nursing Officer and being carried out by the Quality Assurance & Improvement Service (QAIS) into the use of inpatient beds. The Review will also need take into account the impact of the NHSE commissioning strategy on private providers located in Wales as well as the current and potential future provision of enhanced community support from other providers including the third sector. It is relevant to note that previous legislative changes mean that currently increasing Welsh capacity for secure learning disability patients may not be possible.

Tier 4 CAMHS: To make recommendations on the future in-patient capacity and the potential for widening the scope of services and developing Psychiatric Intensive Care and assessment capacity within NHS Wales. This will be informed by the review of inpatient demand undertaken by a task and finish sub group of the CAMHS Network Board and an examination the potential for developing new workforce models and recruitment and retention strategies.

Forensic Adolescent Consultation Treatment Service (FACTS): To make recommendations on the optimal commissioning model for the service and improvements in the patient pathway across traditional health and social care boundaries ensuring seamless care for children.

WHSSC has been provided with funding by WG to employ a Clinical Lead and Project Manager to lead on this work and other services for Vulnerable Groups.

Women's Services including Peri-natal (Mother and Baby Unit): In October 2017 the National Assembly's Children, Young People and Education Committee published a report following its inquiry into perinatal mental health care in Wales. It concluded that whilst it recognised that Wales's geography posed challenges for the provision of specialist Mother & Baby Unit (MBU) beds, their absence in Wales was not acceptable and needed to be addressed by the Welsh Government as a matter of urgency. The Cabinet Minister for Health, Health, Well-being and Sport supported this in his response stating that:

"The current evidence base would suggest there is a need for inpatient care in southern Wales, though there would not be sufficient demand to provide a unit in North Wales alone....".

WHSSC was subsequently asked to develop a south and parts of mid Wales MBU which would help to drive forward service development in existing local Health Board (HB) Perinatal Mental Health pathways, leading longer term to a

standardised whole-pathway equitable approach to the delivery of Perinatal Mental health and wellbeing.

After issues in identifying a suitable location for the six bedded unit with capacity to increase to eight beds when sufficient demand required, it is likely that the MBU will be established in 2020/21.

Neurosciences Strategy

The WHSSC five year Neurosciences Strategy which was implemented within the 2018-21 ICP, is moving from the first stage of the strategy of stabilising and developing strong foundations within Neurosciences services to the second stage of service redesign and recommissioning. Re-commissioning is the term used within the WHSSC Integrated Commissioning Plan to describe the approach being taken to ensure that the organisation is making best use of resources by reviewing existing patient care pathways into and across specialised services, to identify the point at which greatest benefit for the patient can be achieved. This will require collaborative working across local, regional and national commissioning elements of the care pathway and in some cases, this will require a redesign of the existing commissioning arrangements for a specific condition, pathway or service

Investment has been made in the key areas of:

- Neurosurgery to increase elective capacity to meet Referral to Treatment (RTT) waiting times, increase the membership of the Neuro-oncology Multidisciplinary team and post-operative MRIs and the use of 5-ALA
- Interventional Neuro-Radiology with the investment in Thrombectomy
- Specialised Rehabilitation in both spinal and neuro rehabilitation and;
- Paediatric Neurology with the commissioning of additional Paediatric MRI capacity and the currently being worked through, repatriation of the Ketogenic Diet service from Bristol.

During 2020-21 we will work closely with the service to understand how the above investment has improved services and outcomes for patients and also on the longer term planning needs which require capital investment in theatre capacity for Neurosurgery to be in line with National standards and have a dedicated emergency Neurosurgery theatre and Specialised Rehabilitation in terms of the relocation of services from Rookwood to University Hospital Llandough.

Proton Beam Therapy

Proton Beam Therapy (PBT) is currently commissioned for adult and paediatric patients from providers both within the UK and overseas. Patients who may benefit from PBT are referred to the National Clinical Reference Panels for assessment against the commissioning policy criteria (these criteria are currently the same in Wales as in England) and, for eligible patients, recommendation of a suitable provider. Since December 2018, PBT has been provided within the UK by the Christie Hospital, Manchester. NHS England will gradually phase out the overseas programme in Germany and America as the Christie service increases its capacity and expertise. A second NHS service is scheduled to open in London in the next few years. Further to a procurement process in 2018, WHSSC also commissions PBT for selected adult patients from the Rutherford Cancer Centre, Newport.

Further indications for the use of PBT are currently being considered by NHS England and are likely to be introduced by them in 2020-21. To ensure equity of access for Welsh patients many of whom are being treated in England, we are looking to make financial provision for increased activity, but also accounted for unit costs decreasing as volumes increase. We have been advised by Velindre NHS Trust (Velindre) that the volumes of paediatric and teenage and young adults patients switching from traditional radiotherapy to PBT is likely to increase by approximately nine referrals per annum, taking total referrals to thirteen.

There are significant strategic implications of this potential policy change on standard (photon based) paediatric radiotherapy services across the UK. If adopted, it will mean that a number of paediatric radiotherapy centres will no longer be viable because of the very small numbers of children requiring treatment. The WHSST has initiated dialogue with colleagues in Welsh Government (WG), Velindre and the Clinical Oncology Services Committee (COSC) to ensure that the NHS in Wales is proactive in agreeing a Welsh strategy to address this issue.

The first portfolio of PBT clinical trials was launched by NHS England in November 2019. These studies will be investigating the effectiveness of PBT compared to conventional radiotherapy across a range of cancer sites including oropharynx, breast, glioma and oesophageal cancer. It is hoped that eligible patients from Wales will be enrolled in these trials once funding arrangements have been formalised with Health Care Research Wales.

Single Cancer Pathway

WHSSC commissions a number of diagnostics and treatments used within Cancer services that health boards and Trusts will be identifying and reporting performance against, within the recently established single cancer pathway. Further investment in extending the indications for using PET is included within this ICP and WHSST are also taking the lead on the capital planning for expanding PET capacity with a dedicated Project Manager due to start in November 2019.

WHSST actively work with providers of a number of cancer site treatments to ensure that they are working and delivering cancer services effectively. These include Thoracic Surgery where we have increased surgical capacity in recent years, Neuro-oncology where in 2019 we addressed the serious concerns raised in a Cancer Network peer review allowing for the expansion of the MDT and post-operative scans and are working with Sarcoma leads and establishing links with England providers to improve the effectiveness and timeliness of MDT decision making.

Thrombectomy

It has been estimated that Mechanical Thrombectomy a treatment undertaken by Interventional Neuro Radiologists is an appropriate treatment for around 10% of (ischaemic) stroke cases which equates to around 500 interventions each year in Wales. As the numbers and model of delivery fall within the definition of a specialised service, it was agreed by the Joint Committee that WHSSC would commission Mechanical Thrombectomies services for NHS Wales from April 2019. Throughout 2019 the WHSS Team has been working to secure access to capacity from services in NHS England whilst provision has also been made to develop the service in C&VUHB from 2020-21 to serve the population of mid and south Wales. The team are working in collaboration with the Welsh Government's Stroke Implement Group (SIG) and LHBs on the pathway required to both access Thrombectomy treatment and repatriate to a patient's local hospital following treatment. Collaborative working is ongoing with Cardiff and English Trusts as the providers of the service, Welsh Ambulance Services Trust as the transport provider and Health Boards to ensure appropriate referral and discharge.

Strategic Priorities deliverables in 2020/21

- To commission any newly NICE or All Wales Medicines Strategy Group (AWMSG) approved ATMPs
- To develop and implement a service specification for the commissioning of Long Term Ventilation
- To work with C&VUHB on expanding the inpatient facilities in the Wales Adult Cystic Fibrosis centre
- To work with C&VUHB as the provider of the All Wales Gender Services in understanding the requirements for introducing a peer support service for patients in 2020-21 and the longer term requirements of establishing a recurrently funded service from 2021-22.
- To work with the south and mid Wales Major Trauma Network in establishing a Major Trauma Network from April 2020
- To establish the outcomes of the funding invested in Neurosciences services to date and further requirements to allow Neurosciences services in Wales to provide as a minimum, comparable standards to those provided in NHS England.
- To develop the Mental Health Commissioning Strategy and its key priority areas of Secure Mental Health, Tier 4 CAMHS, FACTS and Peri-natal Mother and Baby inpatient services.
- To understand the implications of any new indications for Proton Beam Therapy introduced in NHS England and agree an NHS Wales policy position
- To receive information on performance against the single cancer pathway for WHSSC commissioned services and include in performance reports to Management Group and Joint Committee
- To develop the Interventional Neuro Radiology service in C&VUHB to allow for the local delivery of Thrombectomy to patients in south and parts of mid Wales

Increasing equitable access to safe, sustainable and effective specialist services

Equity of access to specialised services for the population across Wales is a key priority for WHSSC. It is acknowledged that there is unwarranted variation at present and work is underway to identify inequity and work with Health Boards to put in place measures to reduce it. A major step forward in improving our understanding of this issue has been the development of our management information system MAIR which allows us to produce maps of variance and highlight areas of inequitable access to specialised services.

The need for equity of access underpins almost all of the strategic priorities listed in the previous section: South Wales is the only region in the UK currently without access to a Major Trauma Network and the Wales Adult Cystic Fibrosis service developments seek to bring the delivery of the service in line with that delivered within all CF Units in England.

As a commissioning organisation WHSSC does not have direct access to the provider cost base on which to secure traditional cost improvement savings. However, WHSSC continues to develop a programme of value based commissioning schemes which are designed to act in addition to provider internal cost improvement programmes.

Referral Management

The Referral Manager has recently taken up post with the objectives to reduce inappropriate referrals into NHS England through identifying episodes of care that could be provided closer to home, therefore improving the patient experience and optimising use of local specialised services. Work is already underway focussing on the utilisation of the London contracts as they are accessed by all Health Boards and due to the London weighting carry with them a premium cost.

This will involve working in partnership with NHS England and local services to reduce initial referrals, promote use of alternative consultation methods including telemedicine and encourage use of local specialist nursing to reduce follow up activity.

Use of Information

The information capability of WHSSC has continued to develop significantly in 2019/20 following the launch of the My Analytics and Information Reports (MAIR) System in 2018/19.

WHSSC has worked closely with Health Board teams to ensure that they now have access to the comprehensive information sets now available. Reports can be tailored by health board or provider, by specialty and point of delivery. Results can also be made available using a variety of visualisation tools including maps, charts, tables and pathways. This has enabled Health Boards to gain a deeper understanding of their demand patterns for specialised services. Health Boards can now identify clearly their patient flows by specialty and provider and compare their own access rates to other health boards thus helping to identify variation in access. Enabling this understanding is enabling both health boards and WHSSC to review patterns of utilisation and inform areas for targeted review which may not previously have been evident.

WHSSC is actively using the system to identify patterns of differential referral to English providers which has highlighted a number of repatriation opportunities. This will enable better and more equitable use of local tertiary services within Wales.

MAIR data is already available for the last four years and will be added to with new financial years. The information is also proving to be valuable in highlighting trends in differential activity growth which is informing the development of improved forecasting and contracting going forward.

Data available within MAIR includes:

- Spend, patient numbers, record numbers, gender, age bucket, etc. across the 4 years of data already amalgamated
- Variation - geographical maps showing the patient numbers across Wales, by LHB District and GP practice, along with local population numbers and GP/cluster list sizes and the associated usage ratios for comparison (see sample below)
- Referrer/Referring organisation codes and names, cross-referenced into the warehouse from data provided by NWIS
- Top 20 drug spends by drug name/grouping
- Patient pathway timeline – this pulls in all the activity in our data warehouse for the selected patient cohort, and displays a visual of all their events.

Commissioning Analysis - Health Board Access to and Utilisation of Specialised Services

Detailed trends of utilisation of specialised services for each Health Board for the four year period from 2015/16 to 2018/19 are included in Appendix 1 to this ICP. Trends are detailed by provider and by specialty.

The trends for each board by provider give a flavour of their own unique pattern of referral into specialised services. The information demonstrates:

- The flows in South Wales are highly consistent with the utilisation of CVUHB and SBUHB dominating as regional and supra-regional providers.
- Velindre is an important provider of regional cancer services.
- University Hospitals Bristol is an important provider of supra-regional specialised children's services notably for heart surgery and stem cell transplant.
- Mersey Care NHS Trust is a highly specialised national service provider of high secure mental health services and features in the top 6 providers for all Welsh Health Boards.
- Referral patterns for Powys reflect a complex flow into the specialised services in the Midlands together with significant flows into CVUHB and SBUHB. In addition Powys has flows to BCUHB for its northern population.
- BCUHB has a very different pattern of referral with the use of its own service dominating along with very close relationships with specialised providers based in the Liverpool and Manchester area.

The trends for health boards by specialty show a high degree of consistency across Wales:

- The top 6 specialties consistently include nephrology (dialysis and transplant), cardiac surgery, cardiology, forensic psychiatry and neurosurgery.
- Plastic surgery including burns also features highly in nearly all boards but there are some interesting exceptions which relate to the different local pathways for hand surgery and dermatology. These are consistent with the findings of WHSSC's plastic surgery review which identified potential opportunities for some health boards.
- Child and Adolescent Psychiatry featured highly in BCUHB as they have a higher utilisation rate of tier 4 CAMHS relative to South Wales. This is an area which is developing as WHSSC is supporting BCUHB in

managing more patients locally within BCUHB and BCUHB are developing improved models of tier 2 and 3 services which are complimenting and changing the balance of delivery.

Relative Activity/Access Rates by Health Board

Appendix 1 summarises activity access rates for elective and non-elective care by specialty. The data is presented by Health Board in terms of financial value and patient count. The data for patient count is also presented normalised by population size in order to inform the level of variation in access rates.

When comparing access rates for specialised services it is important to note the following when interpreting the information:

- Patient volumes on specialised services are generally much lower than general services and can therefore be volatile in terms of movement between financial years and between health boards. A small movement in patient volume can be material owing to relatively high unit cost.
- It is useful to normalise data by population but it should be noted that planning populations for specialised services are large, sometimes from 1m to 5m and hence results for smaller populations interpreted with caution.
- Specialised services usually sit at the end of patient pathways that are often complex with many points at which alternative interventions are possible and referrals on influenced by available local alternatives. This can explain some large variations between health boards who provide specialised services and those who refer into them. The local availability of specialty secondary care further informs variation.
- Access to highly specialised services which are quaternary and can be at some distance from Wales may be more exposed to a risk of variation given the complexity of the pathway and differences in referral relationships and awareness.
- Finally for some services WHSSC commissions a different pathway scope by agreement with health boards in order to simplify commissioning and contracting arrangements – an example is that WHSSC still contracts for neurology for North Wales and has only recently transferred the contracts for neurology from the CVUHB area. The difference between cancer commissioning responsibilities across Wales is significant.

The results of the comparison using 2017/18 financial values to determine the top 6 specialties highlights the following:

- Powys outlier – access per 100k population appears to show Powys population as low outlier in terms of activity rates. It is unclear why this pattern has been observed and may be variation due to the smaller population size. We are looking to work closely with Public Health colleagues from the HB to investigate this observation.
- Nephrology – this relates to renal dialysis and renal transplantation. Wales tends to have high access rates compared to England, particularly for transplantation where Welsh waiting times are notably shorter and annual demand closely aligned to capacity. There is some variation within Wales with the range from a high of 134 per 100k (SBUHB) to 56 per 100k (BCUHB) in relation to inpatient episodes. There are no significant variations in waiting time to dialysis. End stage renal failure is a chronic disease and closely related to the aging population. Early identification in primary care and management within a secondary care service will influence the numbers referred through for treatment.
- Cardiac Surgery – this includes open heart surgery and TAVI. Cardiac surgery provision more centralised at only 2 centres in Wales. Variation is from a high of 84 per 100k (SBUHB) to 44 per 100k (CVUHB).
- Forensic Psychiatry & Adult Mental Illness – this includes high secure and medium secure where patient volumes are low. All high secure provided in England with Medium secure provided in both North and South Wales with mixed economy of private and NHS provision. Pathway availability of low secure can have a marked impact on variation in utilisation of high and medium secure. There is a recognised higher utilisation expected in urban areas compared to more rural areas. However, in recent years medium secure volumes have been consistently falling overall. Combined variation from a high of 10 per 100k (CVUHB) to 5 per 100k (HDHB and ABUHB).
- Cardiology – this includes angioplasty, complex pacing (including implantable cardiac defibrillators (ICDs)) and electrophysiology. Angioplasty provision is now more dispersed at 4 centres in Wales. ICDs provision more dispersed now at 5 centres in Wales. Variation from high of 199 per 100k (HDHD) to low of 78 per 100k (BCUHB).
- Plastic Surgery – this includes plastic surgery and burns activity. Activity variation driven by pathway differences. There is a high volume impact linked to whether there is local secondary care access to dermatology as some skin cancer volumes can be undertaken by dermatology. There is a further pathway impact of local availability of hand surgery. Finally, local expertise in breast cancer surgery impacts on referral rates to plastic surgery. WHSSC has set out a strategy of tackling plastic surgery access variation by focussing on dermatology,

hand surgery and breast surgery as an opportunity for value improvement. Variation from a high of 616 per 100k (SBUHB – the supra-regional provider for South Wales) to a low of 113 per 100k for CVUHB (due to local availability of hand surgery service and dermatology).

- Neurosurgery – this includes traumatic head injury, cancer, neuro-spinal surgery, spinal implants. There is a pathway impact of local availability of spinal surgery together with referral for head injury monitoring. Variation from a high of 121 per 100k (BCUHB) to 53/56 per 100k (HDHB & SBUHB).

Needs Analysis

Our much improved understanding of activity data has further emphasised the lack of public health expertise within our organisation to support population needs analysis. This has repeatedly been identified by Stakeholders as a key weakness in our organisation. Previous attempts at Consultant recruitment were unsuccessful and obtaining external expertise of sufficient quality has also not been as anticipated. We are therefore taking a number of steps to address this:

- Taking up Public Health Wales on their offer to assist us with supporting population needs assessments
- Developing in house expertise building on the MAIR system
- As part of our engagement process with the Boards of HBs we have highlighted this issue and raised the profile of our work and strengthened relationships with Directors of Public Health (DPHs)
- We are in discussion with the Chief Medical Officer and DPHs to identify alternative opportunities for providing expertise to WHSSC.

Increasing access deliverables in 2020/21

One of the key deliverables is to identify and address inequity and inappropriate variation in access to specialised services. This work can specifically be undertaken through the referral management post and the use of MAIR by all commissioning teams.

The Referral Management Project Manager will:

- work with welsh providers on repatriating any unnecessary activity from English providers
- identify opportunities for providing follow up activity locally rather than through NHS England providers
- strengthen the Gatekeeping process

It is planned to further develop the capability and use of MAIR and the underpinning Power BI platform by:

- Developing further methods of standardising activity measures by population to make comparison between health boards more meaningful.
- Producing performance management dashboards.
- Developing methods to speed the addition of new time period data by greater standardisation in the way data comes in from multiple providers and utilisation automation tools.
- Developing further visualisation tools including heat mapping.
- Developing action specific plans with health boards to act on findings and opportunities identified.
- Exploring how quality and outcomes data can be incorporated.
- Improving the familiarisation of Health Boards with the variety of WHSSC's contracts by the production of deep dive reports.
- Strengthening Public Health expertise.

Improving the experience and quality of care

The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning. This section of the ICP is designed to provide assurance that not only do we commission high quality clinical care but there are robust processes in place to monitor services and escalate to the Joint Committee if required as well as taking effective remedial action for services of concern.

Central to our approach is to develop open and transparent relationships with our providers, engage and involve the clinicians and work in partnership with stakeholders when planning and commissioning services. This year will have seen the recruitment of a team of staff to strengthen the focus on quality monitoring and improvement on all of our commissioned services. The 'Quality Team' will have a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services and help build upon the work of the specialised commissioning *Quality Assurance Framework* (QAF) (July 2014).

The QAF was designed to establish the basic infrastructure to support driving assurance and improvement of quality for specialised commissioned services. As such it sets out the systems and processes that needed to be in place, the roles and responsibilities of key staff in delivering these systems and processes and the tools that would be developed to support staff to deliver their responsibilities. Specialised commissioning can now move beyond the basic infrastructure to the next stage of driving quality assurance and improvement in our specialised commissioned services. The work on developing the QAF is underway and being undertaken jointly with Health Boards and the Quality and Patient Safety Committee through a series of development days which commenced in October 2019, with the second planned for February 2020.

The Quality team work closely with the Medical Directorate and Commissioning Teams and have a pivotal role in monitoring the quality of commissioned services through the activities illustrated in Figure 4 overleaf.

Figure 4: Activities and mechanisms for monitoring the quality of commissioned services



Key areas of work include:

- **Compliance with legislation and regulation:** The Nurse staffing Act (2016) were applicable to specialist services, Putting things right (2011). Working with providers in management and learning from serious incidents and never events monitoring the timeliness and quality of investigations and responses to complaints and reported near misses. Compliance with key legislation such as the Welsh Government's Health and Social Care Bill (Quality and Engagement 2019), Safeguarding and Public Protection.
- **Quality planning:** via the ICP, contribute to the commissioning cycle including planning, contracting and quality assurance of provider services. Using quality data analysis, through public engagement and patient experience, based on understanding population health, principles of equality and diversity, workforce development and wellbeing.
- **Quality improvement:** e.g. clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, research & development, organisation-wide and national sharing of learning.
- **Quality assurance:** e.g. improvements using learning generated by internal and external scrutiny, including those undertaken by HIW, Community Health Council, and other regulatory, speciality, service

specific and professional standards, mortality review, evidence-based policies and protocols QSI CQC.

- **Managing risk** e.g. assessing, understanding and articulating risk via risk registers, infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning.

Fundamental principles underpinning the Quality Assurance Framework will be

- Ensuring that the patient is at the centre of the services commissioned by WHSSC. Capturing the patient experience alongside quality indicators is key to inform quality improvements.
- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators is clinically-led and reflect the specialist nature of the service delivered.
- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Ensure quality is seen as everybody's business across the organisation
- Reducing duplication and unwarranted variation.

Quality governance arrangements have also been strengthened over the year to provide clear oversight of actions and responses, either across regions, or via commissioning teams and clinical networks where applicable. Whilst further development is required to strengthen the interface with LHBs the role of the Quality & Patient Safety Committee is core to ensure a comprehensive picture is maintained about service quality for commissioned services and reported accordingly.

Over the past year there has been an emphasis on ensuring that the WHSSC Quality Patient Safety Committee has a level of independent scrutiny of internal processes with exception reporting back to the Joint Committee. In addition a series of development workshops with the Health Board's Quality Patient Safety Committees chairs and quality leads has strengthened the links and agreed reporting mechanisms to optimise assurance and shared learning.

We are also looking forward to working with Health Boards in implementing the newly launched Once for Wales Concerns Management System which is succinctly summarised below. This will bring consistency in reporting and a whole systems approach in supporting the quality cycle.

Figure 5: Once for Wales Concerns Management System

DatixCloudIQ



Interface with NHS England

A large percentage of the services WHSSC commission are in NHS England a close working relationship has developed to share intelligence and reporting methods. The Quality Surveillance Team (QST), previously the National Peer Review Programme supports the monitoring of quality of all specialised commissioning services in England. We work in partnership with NHS England specialised commissioning hubs where quality teams are responsible for monitoring on an on-going basis in collaboration with service specialists. Information on the quality of services is made available through a single portal known as the Quality Surveillance Information System (QSIS) that can be viewed by ourselves as the commissioner of the service.

Patient Experience

Patient experience is an important element of the quality cycle with patient and public engagement helping WHSSC to:

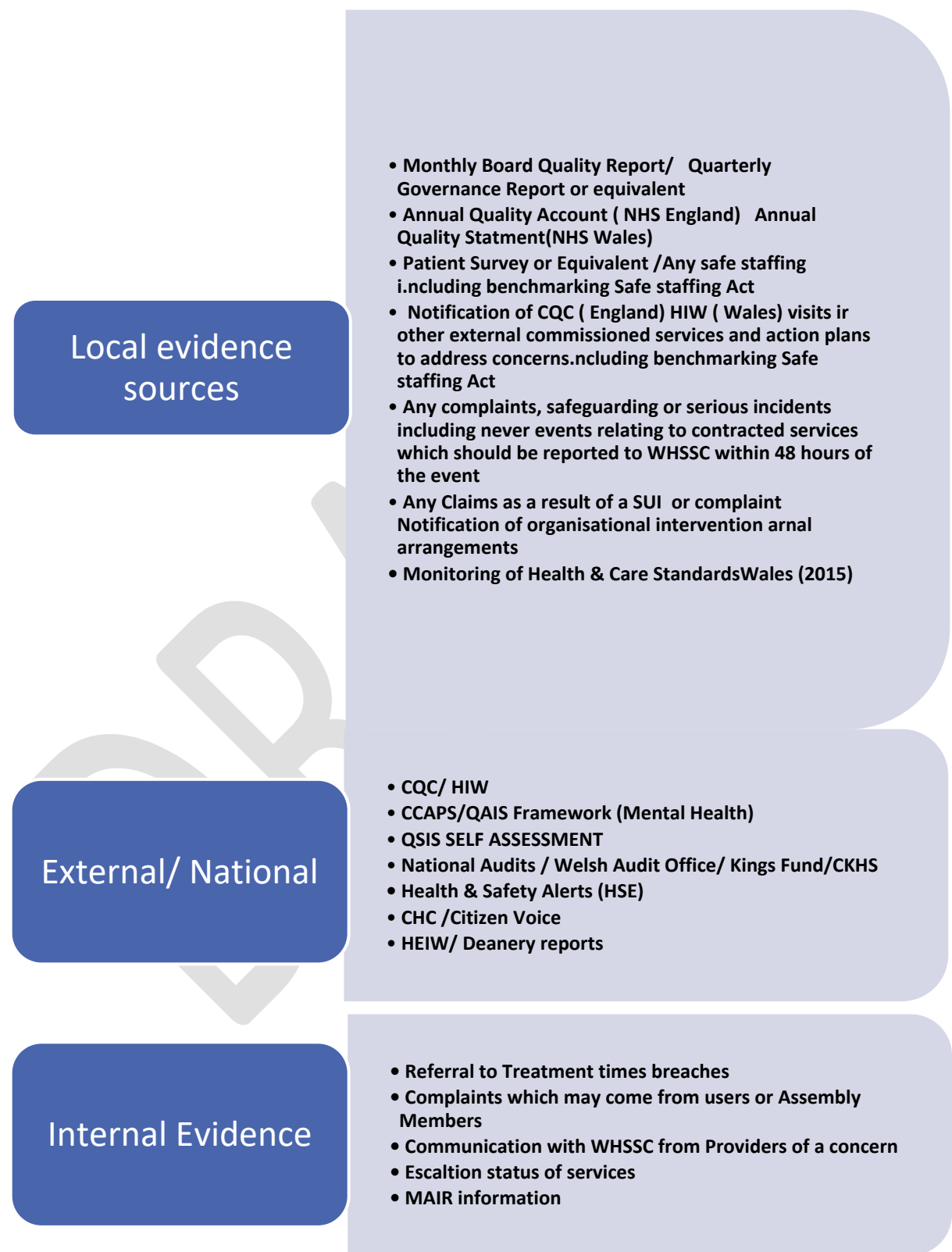
- Understand the patient's expectation of a particular service
- Put things right if the patient experience was not as expected or unplanned
- Understand differences in patient experience between locations and types of treatment
- Make changes where needed and highlight areas where changes have improved care

- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision

Patient stories are taken to the Joint Committee and Quality Patient Safety Committee. An example of patient feedback from one of our providers is that Swansea Bay University health Board reported a rise in the family and friends evaluation from 49,792 in 2016-2017 to 64,405 in 2017-2018 with 95% of respondents say they would recommend the Health Board.

Figure 6 overleaf illustrates the sources of intelligence that the organisation uses to effectively report the quality of both providers and the care that they provide to patients. It builds on quality reporting from the providers, gathers assurance from the regulators and provides a greater emphasis on the reporting back to the Health Boards for the services we commission on their behalf.

Figure 6: Information sources for reporting quality



Quality and Performance Escalation Framework

The Quality and Performance Escalation Framework is fully embedded in the WHSS Team's management of services. A number of the services which have been under enhanced performance management arrangements in the form of Commissioning Quality Visits and Escalated Monitoring meetings, have demonstrated significant improvement to allow them to be de-escalated. These include Paediatric Surgery which was placed into Escalation from a Quality perspective and Bariatric Surgery and Neurosurgery from a waiting list performance perspective.

The north Wales Adolescent Mental Health Service (NWAS) and CAMHS in south Wales remain in escalation due to unresolved quality concerns and Cardiac Surgery and Plastic Surgery remain due to increasing waiting list times.

The WHSS Quality Team has highlighted the following deliverables which will enable them to improve the services we commission and to demonstrate some of the changes that they have already made to improve patient outcomes and to ensure that patients receive a positive experience when they access services.

- Review the Quality Assurance Framework to address new challenges and set out further ambitions for quality in specialised services.
- Continue to monitor, identify and address variation in access and/or outcomes and patients experience.
- Continue to undertake peer review visits to test the accuracy of the information submitted and benchmark performance against the quality indicators.
- Continue to work with NHS England to utilise the tools that have been developed such as the Specialised Services Quality Dashboards (SSQD), and Quality Surveillance Information System (QSiS) in order to roll them out across NHS Wales.
- Strengthen and further develop our escalation process and aim for more services to be de-escalated where levels of improvements have been recorded.

Increasing the Value achieved from funding

Health care decision making requires balancing the demand of new, innovative technologies and services against finite resources. Within the field of specialised services, these innovations often represent treatments of high cost for low treatment numbers. This inevitably leads to commissioners of healthcare having to make difficult choices.

NHS Wales and WHSSC must ensure that investment decisions are:

- affordable and offer value for money
- supported by convincing evidence of safety and effectiveness, and
- made using a process that is consistent and transparent.

To achieve this WHSSC has developed a number of processes designed below, that enables it to compare competing proposals for new investment so that these can be prioritised and subsequently implemented. The methodology used in the prioritisation processes incorporates several elements from other published prioritisation processes, particularly those used by NHS England, the National Specialised Services Committee in Scotland¹ and the system favoured in Canada.

Horizon Scanning

The use of horizon scanning is now firmly embedded in WHSSC's commissioning practice. It aims to support planning and priority setting and to assist in the prioritisation and allocation of resources by identifying and monitoring new and emerging health technologies that are likely to have a significant impact on the delivery of healthcare. It has enabled WHSSC to provide reliable estimates of future expenditure in order to inform development of the ICP.

Horizon scanning can vary in its extent and complexity dependent upon the time and resource available and requires a systematic examination of all relevant information sources. WHSSC has robust and systematic horizon scanning arrangements in place with AWMSC for appraisal of medicines and [Health Technology Wales \(HTW\)](#) for any non- medicinal health technologies such as medical devices or surgical procedures. WHSSC recently signed a Memorandum of Understanding with HTW in order to formalise the strategic alliance, ensuring closer collaborative working and timely delivery of high quality reviews.



Prioritisation Panel

Since 2016 WHSSC has held an annual prioritisation process to consider *new* interventions and technologies identified via the previously mentioned horizon scanning. This has allowed us to compare competing proposals for new investment so that these can be prioritised within all other competing priorities and subsequently implemented.

This process adopts the principles of Prudent Healthcare² setting out to reduce inappropriate variation using evidence based practices consistently and transparently with the public, patients and professionals as equal partners through co-production.

The dual processes of horizon scanning and prioritisation helps to ensure that the NHS in Wales effectively commissions' clinical and cost effective services, by horizon scanning identifying the new interventions which may be suitable for funding, and prioritisation allowing them to be ranked according to a set of pre-determined criteria, including their clinical and cost effectiveness. The scoring and ranking of new interventions was carried out by the *WHSSC Prioritisation Panel* (Appendix 2). Members were invited to score each

² Prudent Healthcare: <https://gov.wales/topics/health/nhswales/about/prudent-healthcare/?lang=en>

intervention against the following criteria in order to develop recommendations on their relative priority:

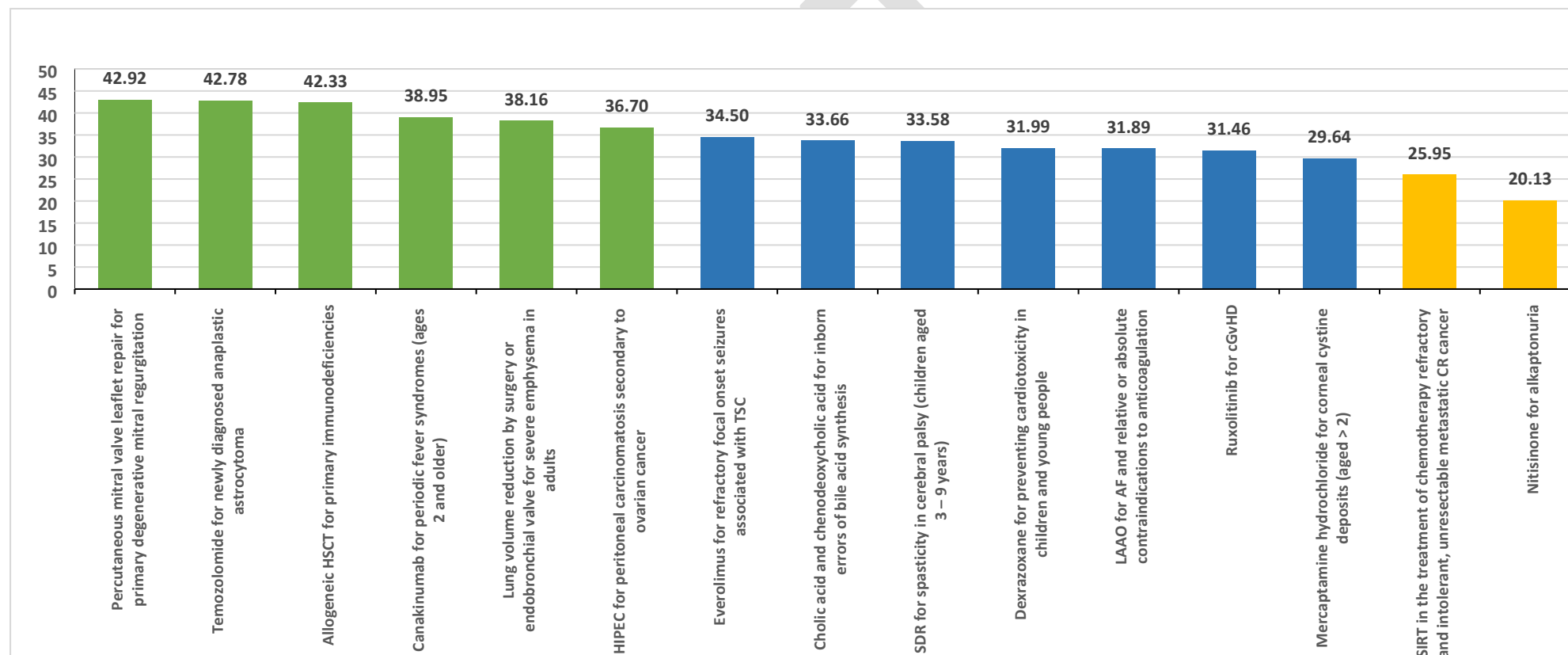
- Quality and strength of the evidence of clinical effectiveness
- Patient benefit (clinical impact)
- Economic assessment
- Burden of disease – nature (severity) of the condition
- Burden of disease – population impact
- Potential for improving/reducing inequalities of access.

The horizon scanning process for 2019 identified eleven new interventions for consideration and four medium topic priority topics that were sitting on the WHSSC static list for review this year. The scoring of these fifteen topics is shown in figure 7 below.

Interventions were categorised as high (**green**), medium (**blue**) or low (**orange**) priority for inclusion in the 2020-23 ICP. Members recommended that the following six 'high priority' interventions be considered for inclusion in the 2020-23 ICP:

- Percutaneous mitral valve leaflet repair for primary degenerative mitral regurgitation
- Temozolomide for adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1p/19q codeletion following surgery and radiotherapy (adults)
- Allogeneic haematopoietic stem cell transplant for primary immunodeficiencies (all ages)
- Canakinumab for periodic fever syndromes: TRAPS, HIDS/MKD and FMF (ages 2 and older)
- Lung volume reduction by surgery or endobronchial valve for severe emphysema in adults
- Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for the treatment of peritoneal carcinomatosis (PC) secondary to ovarian cancer.

Figure 7: WHSSC Prioritisation Panel Score 2019



Clinical Impact Advisory Group

The Clinical Impact Advisory Group was established following the recognition that there was a lack of clinical input into the prioritisation for new WHSSC services. The CIAG which attends an annual workshop with members of Management Group consists of one member from each Health Board, usually an Associate Medical Director with responsibility for Public Health or primary care.

The CIAG/Management Group workshop has evolved since it was first introduced in 2016. The notable difference in this year's workshop is the increase in the criteria used for scoring the schemes presented from three to four, which are:

- Patient benefit (clinical impact)
- Burden of disease – nature (severity) of the condition
- Burden of disease – population impact
- Potential for improving/reducing inequalities of access.

Schemes not scored

A high volume of schemes were submitted for consideration in the CIAG/Management Group workshop. A number of these were felt to be more appropriately addressed outside of the CIAG workshop, the reasons for which are outlined in the below table. These suggested removals from the CIAG processes were shared with members of CIAG and Management Group prior to the workshop, giving the opportunity in advance to consider whether our reasoning was appropriate, which it was considered to be.

Table 2: Summary of all schemes removed from the CIAG scoring process prior to presentation

Scheme(s)	Reason for removal from scoring process
<ul style="list-style-type: none">▪ Genetics Tuberous Sclerosis clinic▪ Paediatric Cochlear Implantation for north Wales▪ Peptide Receptor Radionuclide Therapy (PRRT)	Schemes based on repatriation of patients so should be cost neutral or of minimal costs. To be worked through with the relevant organisations within the next financial year with the case for change presented at a Management Group meeting.
<ul style="list-style-type: none">▪ BAHA and Cochlear scheme for north Wales	This scheme relates to implementation of the mandatory

	NICE guidance TA566 it is suggested that this scheme is not prioritised as will need to be implemented and the case for implementation is scrutinised through the usual Management Group process before any funding is agreed.
<ul style="list-style-type: none"> Immunotherapy for Stage 3 Melanoma for South east Wales and Inherited Cardiac Conditions for patients in South west Wales 	for patients in South west Wales and could be considered at regional forums. We are not aware of how the services are managed in other regions across Wales
<ul style="list-style-type: none"> Renal Replacement Therapy 	address growth only and is not requesting any infrastructure costs within this. It is suggested that whilst we need to have a better understanding of the growth in terms of the rates across the different Health Boards etc. that this could be managed through a paper/presentation to Management Group
<ul style="list-style-type: none"> Gender 	the scheme which is to introduce a peer support service within the newly established all Wales Gender service has been highlighted as a Ministerial priority so is being considered as a Strategic priority as was the case last year for Major Trauma and Thrombectomy.
<ul style="list-style-type: none"> Anakinra 	this treatment for periodic fevers syndrome was considered in last year's prioritisation and CIAG process but wasn't agreed for funding as it was below the line for what was affordable in our plan. There is now another treatment Canakinumab which can be used for the same indications that is licensed whereas Anakinra could only be used off licence. We are currently checking with one of the Consultant Immunologists in the

	Cardiff service that Canakinumab is the treatment that they would use but suggest that the Anakinra scheme is not prioritised on Thursday.
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A further five schemes were removed by the CIAG Group from the process following presentation and discussion of the schemes at the workshop, but prior to voting. Details of the schemes removed and the reasons for why are outlined below:

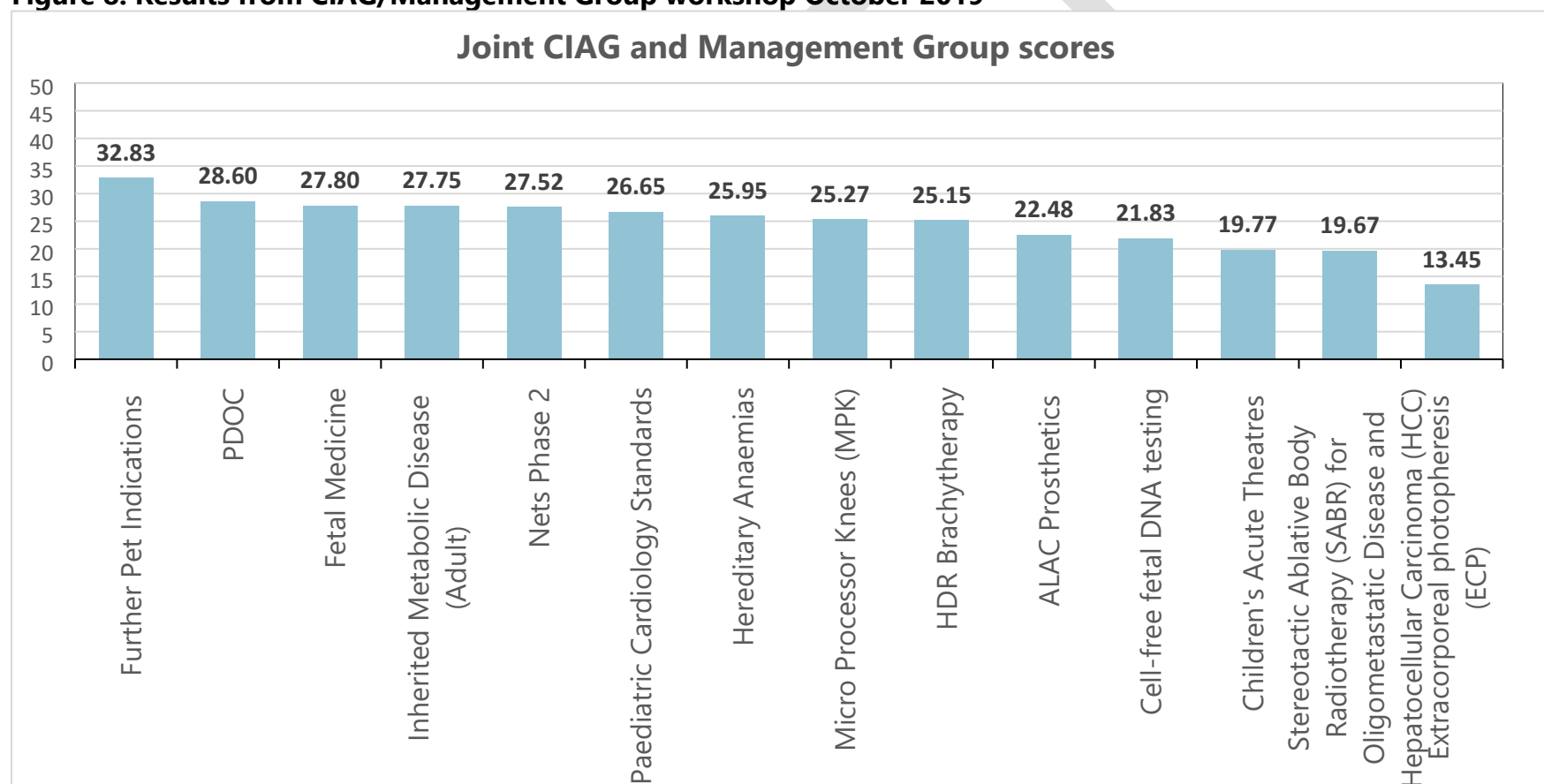
Table 3: Summary of all schemes removed from the CIAG scoring process following presentation

Scheme(s)	Reason for removal from scoring process
Expansion in red cell serology testing	Savings result from the introduction of this testing need to be understood in the overall Welsh Blood Service contract
Home Parenteral Nutrition (HPN) service for south and parts of mid Wales	Recognised that there were shortfalls in the Intestinal Failure service for south and parts of Mid Wales that were likely to require financial support in 2020-21 but a better understanding was required on the high level of growth in the service and the clear inequity in take up to commissioned service for patients in north Wales.
Paediatric Gastroenterology	Lack of clarity on the current model commissioned and the priorities of the service. Suggested inclusion in the ICP as a potential in year service risk.
Paediatric Metabolic Disease	Success of current model working with Birmingham needs to be understood as well as clarity on when the retired and returned post-holder will be fully retiring.
Sentinel Node Biopsy	To be confirmed

Results

The results of the CIAG/Management Group scoring are outlined below:

Figure 8: Results from CIAG/Management Group workshop October 2019



Following the ICP being presented in draft form at the October Management Group and November Joint Committee and the request to make it more affordable, the CIAG schemes were prioritised, similarly to the interventions prioritised by the Prioritisation Panel into high, medium and low categories based on the scores.

This categorised the Further PET Indications scheme as the sole high priority and the following six schemes as medium priorities:

Prolonged Disorders of Consciousness
Fetal Medicine
Inherited Metabolic Diseases – north Wales
Neuroendocrine Tumours Phase Two
Paediatric Cardiology standards
Hereditary Anaemias

The remaining seven schemes were categorised as low priority and due to the affordability issues, have not been included within the 2020-23 ICP. Risks associated with not funding these schemes will be managed through the Risk Management Framework.

Value Based Commissioning

The following areas are currently being worked on using the Value Based Commissioning model:

- Referral Management and outpatient (follow up) management– as described previously in the *Improving access to specialised services* chapter.
- Introduction of the Blueteq IT systems for prescribing high cost medicines including the new CAR-T therapies. A Project Manager employed by AWMSG is due to start in March 2020.
- Medicines Management – building on the exemplary work of the Renal Network looking at initiatives that use local specialist pharmacy expertise, we have recently appointed a senior pharmacist to undertake a scoping exercise to identify efficiencies and opportunities for value based commission.
- Inherited Bleeding Disorders – blood products procurement, home delivery and clinical trials income.
- Procurement efficiencies – is a joint programme of work with NHS Wales Shared Services Partnership (NWSSP) and includes wheelchair procurement and transcatheter aortic valves.

WHSSC will work with individual LHBs on a bi-lateral basis to review local pathways into specialised services to identify and deliver opportunities for improving value.

Prospective savings across the WHSSC contracts will be investigated during 2020-21 but are currently insufficiently certain to quantify. As identified, these savings opportunities will be formally presented to Management Group and Joint Committee as part of a regularly monitored Savings Plan.

WHSSC has continued to build a comprehensive set of outcome measurement for a range of specialised services via audit programmes. WHSSC continues to actively promote outcomes monitoring by direct funding contribution to national databases for a range of specialised services to ensure providers are appropriately supported in this important function.

Examples of where WHSSC's audit approach is actively collecting and reviewing outcomes includes:

- Paediatric intensive care

- Specialised cardiac services including cardiac surgery, cardiology and transcatheter aortic valve insertion
- Renal services including home therapies, renal dialysis and renal transplantation (– this is one exemplar of what is possible in terms of outcomes measurement in practice and at large scale)
- Stem cell transplantation

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Increasing the Value deliverables in 2020/21

- To strengthen the CIAG/Management Group process WHSSC is holding a meeting with participants from this year's workshop in early 2020 to discuss improvements that could be made including the provision of needs assessment data.
- In collaboration with HTW undertaking an audit of commissioning policies to ensure outcomes measurement requirements are appropriately defined.
- Improving the visibility and use of the outcomes information currently available.
- Reviewing the scope of current outcomes audit programmes to consider wider measures of outcomes beyond traditional hard clinical outcomes, including the greater use of patient reported outcomes.
- Reviewing the use of current national databases to ensure they are being used to optimum effect.
- Identifying additional specialised services to focus on developing and using outcomes measurement, paying particular attention to services where WHSSC has identified concerns regarding variation, growth and variability of standards. Examples will include immunology and intestinal failure.
- WHSST will be developing approaches to outcomes measurement specific to the introduction and growth of new advanced therapeutic medical products so that they can be incorporated into all new approvals.
- WHSST will formalise presentation of the WHSSC opportunities for savings in a Savings Plan to be routinely monitored through the Management Group and Joint Committee meetings.

Service Risks

There are some areas where financial provision has not been made at this point, for example, where service plans are not yet adequately developed or there is too much uncertainty as to whether a specific risk will materialise in year. These potential in year service risks are outlined below.

Cardiac Surgery outsourcing

Long waits in breach of Welsh Government referral to treatment waiting times are being experienced in cardiology and cardiac surgery by the two Welsh providers of the specialised services cardiac pathways. We know that such long waits are both clinically undesirable and cause enormous anxiety to patients with very poor patients, with very poor experience measures (PREMs). It is noted late referrals from Health Board cardiology services to Cardiac Surgery is contributing to the waiting times which needs to be addressed. Both providers of the specialised services – C&VUHB and SBUHB are shadow reporting component waiting times to better understand this and other issues including the appropriate reporting of pathway start dates.

To reduce the long waiting times for patients and mitigate the risks associated with long waits for treatment, a number of options have been explored with colleagues from SBUHB and C&VUHB to discuss options which include outsourcing. Liverpool Heart and Chest Hospital (LHCH) who provide treatment for patients from north Wales have agreed to support a number of patients from south & mid Wales but discussions will need to be held with NHS England in order to utilise this and understand what other capacity may be available to support.

Clinical Immunology

Clinical Immunology is a growth area which, given the underlying genetic nature of the disorders, is cumulative and has an ongoing recurrent investment requirement to deliver the level of service required. However, on the background of this steady growth there have been three additional growth pressures on the service. There has been growth in patient volumes, complexity and intensity of monitoring and associated expenditure over the last three years, for which the drug, blood product costs and procedures have been recurrently met. In addition, within the south and parts of Mid Wales service, we are seeing a growing demand for secondary antibody deficiency (SAD) which has now overtaken the numbers of primary antibody deficiency patients requiring immunoglobulin replacement therapy (IgRT) and thirdly the increase in paediatric and adult bone marrow transplantation for severe immunodeficiencies, with each patient requiring very detailed work-up,

transplant liaison, intense monitoring during the vulnerable post-transplant period before the new immune system is established and long term late effects monitoring.

Home Parenteral Nutrition

It was foreseen that there would be a significant increase in Home Parental Nutrition (HPN) following the tender exercise which resulted in Calea being re-awarded the welsh HPN contract from July 2018. There was a predicted increase in spend of 21% without taking account of the growth in patient numbers which are described in detail in the Intestinal Failure section below.

Intestinal Failure Services

There has been significant growth (30% since 2014) in the number of patients under the care of the intestinal Failure (IF) service based in Cardiff which serves the population of south and parts of mid Wales. This has led to it becoming the third largest IF service in the UK with 127 active home patients, behind the two largest IF centres (Salford and St Mark's Hospital) have designated 'Intestinal Failure Units' comprising 20-22 inpatient beds, approximately 250 HPN patients and operate a twice weekly HPN clinic. If growth continues at a similar rate to currently, the Welsh service will be comparable in size to Salford and St Marks.

Recent significant issues with the national Home Parental Nutrition (HPN) supplier (Calea) has highlighted and illustrated the significant clinical impact for patients without access to this service and its fragility. The risk to patients resulting from this is so high that the NHS declared a national emergency incident "at the highest level".

This has also highlighted the fragility of the service, run by one Consultant with a specialist interest and largely part time MDT members. The service is experiencing many of the issues encountered prior to the service being commissioned by WHSSC – that of delays and deteriorating patient health whilst waiting for specialist treatment in Cardiff. There have been significant delays for new HPN patients in the last 18 months from routine outpatient review, being admitted from home after an outpatient review or ward visit and in the transfer from another hospital as an acute admission for HPN assessment (this increases a patient's length of stay in their local hospital).

Discussion at the recent CIAG/Management Group workshop (described in more detail in the *Increasing Value* chapter) confirmed the need to understand

the reasons for the high levels of demand for the south and parts of mid Wales service as well as the disproportionately low uptake amongst patients in north Wales for accessing the specialist service in Salford, Manchester and HPN before investing in the service, but recognised the high risks needed to be addressed within 2020-21.

Paediatric Gastroenterology

As described in the CIAG section of the *Increasing Value* chapter, the Paediatric Gastroenterology was presented in the CIAG/Management Group workshop but not scored as it felt that further information was required to understand how the current funding of the south and parts of mid Wales service is utilised before any further commitment is made. Notwithstanding this, it is recognised that the current service is failing to meet many national standards including those from NICE and the Royal College of Paediatric and Child Health and Welsh Government RTT waiting times and has a fragile, due to small numbers, Consultant workforce.

Financial Management

Progress since 2019-22

The financial plan for the 2019-22 ICP represented a step change in the level of investment in specialised services recognising the importance of structural investment in key service priorities including:

- The introduction of a new class of mandated advanced therapeutic medicinal products or gene therapies together with their associated service implications.
- New services which Local Health Boards wish WHSSC to commission including the south and mid Wales Major Trauma Network and Thrombectomy.
- New Clinical Impact Advisory Group priorities.
- A re-alignment in the payment by results framework used as the basis of contracting with NHS England.

Further risks were highlighted in the 2019-22 ICP which were agreed for later agreement and implementation. These included:

- The full costs of the final agreement with NHS England for payment by results and other structural movements in the pricing framework. These changes were substantially funded by Welsh Government together with an investment by Health Boards equivalent to planned inflationary settlement levels of 2%. The net in year gap was met non-recurrently by a contribution from reserves.
- The costs of advanced recruitment to enable the planned commencement of a Major Trauma Centre (MTC) and Operational Delivery Network (ODN) in April 2020.

Financial Plan 2020-23

The financial plan for the 2020-23 ICP contains a further material increase from year to year which will incorporate the recurring financial impact of the above re-alignments together with the real terms growth in the plan.

The new real terms changes in the ICP for 2020-21 are anticipated to continue at an accelerated pace:

- WHSSC has successfully engaged with Welsh Government throughout 2019 to ensure that there is alignment between policy and funding arrangements for Advanced Therapeutic Medicinal Products (ATMPs) in

recognition of the exceptional scale of the investment required. Welsh Government has agreed to hold funding centrally for these so the costs have therefore been removed from the plan.

- The pace of launch of new high cost medicines approved via the NICE process is expected to continue to rise as the extensive pipeline of innovative new medicines reaches the market.
- The enhanced genetics service will be fully implemented which will also play an important role in service improvements arising from a better understanding of disease and treatment opportunities.
- The full scale of the cost of the business cases to deliver the new MTC and ODN had previously been incorporated into the plan but as with ATMPs, Welsh Government have agreed to provide funding for the Major Trauma centres.
- Expected continuation of higher than average growth rates in demand for specialised services including new services, demand growth, NICE approvals and additional CIAG priorities.
- Additional potential cost increases from further re-alignment of the English tariff system – notably, pay award full effect, pensions cost, clinical negligence (CNST) cost reform.
- Services are determining the recurrent revenue costs of providing the recurrent costs related to new high cost drugs for Cystic Fibrosis.

Risk sharing rebasing utilisation adjustment for 2020-21

- Rebasing adjustment – In line with the agreed risk sharing framework, the opening income assumption includes a rebasing utilisation adjustment. This updates the utilisation baselines based on a 2015-16 and 2016-17 two year average utilisation to the most recent available 2017-18 and 2018-19 two year average utilisation.
- Approximately 60% of the total £630m WHSSC funding of is distributed on utilisation based risk shares. An element of the volatility in health board contribution may be attributable to the framework moving forward by a clear two years with no common base year.

Underlying Position and Standard Growth

- Opening allocation – the starting point is the agreed allocation in September 2019-20 of £631.9.
- Forecast performance 2019-20 – the forecast performance for the year is an underspend of £3.9m (-0.61%).
- Re-instatement of non-recurring write-back – 2019-20 included a number of exceptional items linked to substantial uncertainty in terms of

performance and the HRG4+ settlement. The material benefit resulting in 2019-20 of £6.7 m (1.07%) is assumed to be non-recurrent.

- Adjustments to non-recurrent performance – the forecast 2019-20 out-turn position has been adjusted to account for non-recurring performance variations including slippage and exceptionality. The net impact is £2.0m (0.32%). Example issues include assumptions in respect of cardiac surgery (£0.6m) at Swansea Bay, Neonatal Care (£0.2m) and Haemophilia (£0.2m). The slippage in the Genetic Test Directory implementation (£0.8m) agreed in the 2019-20 plan has been reinstated.
- Full Year Effect of Prior Year Investments - £4.9m (0.78%) is required to fund the full year impact of agreed investments. Significant schemes are Cardiac Ablation (£0.5m), Adult Congenital Heart Disease (£0.3m) and the IBD project trials (£0.5m).
- New Service Pressures and Growth - £10.8m (1.72%) required for growth including:
 - £3.4m for growth in immunology drugs, Eculizumab drugs and cochlear implants
 - £1.5m for growth in dialysis
 - £1.0m for specialised Cardiology
 - £0.5m for Proton Beam Therapy
- Growth assessment for High Cost Drugs of £1.2m (0.19%) is required for NICE approved drugs which must be provided by NHS Wales with an additional £1.8m (0.29%) for the Velindre Joint Commissioning group.

Value Based Healthcare work-streams – saving £2.8m (-0.44%)

At this point in the ICP process a prudent financial assessment of schemes has identified £2.8m of savings including:

- £0.6m from clinical trials income.
- Mental Health Services – a minimum of £1.0m from the continued success of case management of secure services
- Referral Management - £0.3m as described in the *Increasing Value from Funding* chapter earlier in this document
- £0.4m from further developing medicine management

Net underlying deficit, prior commitment, growth and mandated Treatments

The net financial requirement for the underlying position, including prior commitments and growth totals £18.0m (2.83%)

CIAG and Prioritisation Group Priorities

The anticipated phased cost of the approved high and medium schemes is £1.2m.

In addition, six new procedures approved by the Prioritisation panel amounting to £1.0m bringing the total cost of schemes to £2.2m (0.34%).

Strategic Priorities

Strategic priorities amount to £0.4 m (0.06%) relate to the Cystic Fibrosis New Ward infrastructure.

Investment in Thrombectomy Services across Wales amounts to £0.9m (0.15%)

NHS England Providers

£3.4m (0.54%) to cover additional costs from English Providers.

NHS Wales Financial Framework

The agreed direct financial uplift for all Welsh provider services is 2%. The net cost is £8.3m (1.31%). In line with the agreed framework the 2% has been provided for in full for all Welsh providers including Local Health Boards and Trusts.

Table 4: WHSSC 2020-21 ICP Financial Summary by Commissioner

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2020/21 WHSSC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
19 / 20 Income as Mth 6	116.254	139.070	107.363	90.270	72.231	25.497	79.782	630.467
Anticipated 2020/21 Allocation Funding	0.269	0.319	0.227	0.203	0.176	0.060	0.178	1.432
2020/21 Opening Baseline income	116.523	139.389	107.590	90.473	72.407	25.557	79.960	631.899
2 year average riskshare (2017/18 & 2018/19)	0.712	(0.655)	(0.259)	0.401	(0.720)	1.553	(1.032)	-
2020/21 Utilisation adjusted baseline	117.235	138.734	107.331	90.874	71.687	27.110	78.928	631.899
Underlying Deficit (inc adj Baseline)	2.471	(0.588)	1.041	1.292	(0.575)	1.574	(0.319)	4.896
Underlying Deficit & Growth	5.438	1.411	3.713	3.462	0.835	1.981	1.061	17.901
CIAG & Prioritisation Schemes	0.418	0.348	0.383	0.346	0.289	0.079	0.316	2.179
Strategic Specialist Priorities	0.283	0.138	0.263	0.214	0.172	0.062	0.196	1.328
NHS England Provider 2%	0.318	2.070	0.237	0.201	0.186	0.191	0.204	3.406
NHS Wales 2% provider inflation	1.711	1.026	1.623	1.371	1.090	0.255	1.190	8.266
Total WHSSC increase 2020/21	8.168	4.992	6.219	5.594	2.572	2.569	2.967	33.080
TOTAL WHSSC 2020/21	124.690	144.381	113.808	96.067	74.979	28.126	82.927	664.979
% Total Uplift Required	7.01%	3.58%	5.78%	6.18%	3.55%	10.05%	3.71%	5.24%

Financial risks currently outside of the funded Plan

At the time of writing, the NHS England payment by results framework uplift has yet to be finalised. There is residual uncertainty regarding:

- Clinical Negligence – there may be a further material increase in Clinical Negligence costs associated with the revised discount rates used to assess claims.
- Pensions – for 2019/20 the 6.3% (14.38% to 20.68%) increase in pension costs was dealt with directly by NHS England on a provider basis meaning no impact was translated via the payment by results tariff. NHS England are looking at alternative options for dealing with this for 2020/21 and if the tariff option is chosen there would be a net impact for NHS Wales via tariff uplifts. Estimated risk range between +2.7% and 4.3% on a cost base of c£100m. It is understood that funding of such a change would be something for Welsh Government to consider via the allocations process and is not an inter-country funding issue.

NHS England Tariff

The financial plan includes the impact of the final agreement reached between NHS Wales and NHS England which included:

- HRG4+ - the transition to fully incorporate the £5.975m impact of 2017/18 HRG4+ implementation which included a structural re-alignment of prices with the effect of increasing the cost of some specialised services materially.
- 2019-20 tariff changes – the implementation of the further changes to the tariff set out below:

Table 5: Changes to tariff in 2019-20

19-20 Tariff Uplift	Total adjustment
PSF adjustment	2.81%
Allocated CNST	-1.07%
Cost uplift factor	3.83%
Centralised procurement	-0.36%
Efficiency factor	-1.10%
Sum of adjustments:	4.11%

The 3.83% cost uplift factor includes the pay award which had been previously dealt with on a direct provider basis. The impact of this tariff

uplift across the Specialised England LTAs is £2.065m with a further £3.478m required to fund the non-tariff cost uplift. This also covered the uplifts required in non-contract activity, mental health, renal and IVF contracts.

This total NHS England 19-20 uplift of £5.543m has been funded by 2% contribution from commissioners as a baseline uplift of £2.718m (partially offset with £1.493m of non-recurrent reserves) with the residual £2.825m funded by Welsh Government through a recurrent allocation.

In addition the plan at this stage includes a 2% uplift for the 2020/21 tariff inflation agreement. As indicated in the earlier section the final agreement is not yet known but is likely to include the following components:

- Core inflation – ranging from 2.6% to 3.1%
- Less an efficiency requirement – circa 1.1%
- Net inflator – ranging from 1.5% to 2%

Following concerns in previous financial years regarding the lack of consultation with NHS Wales, a new forum has been established between NHS England and NHS Wales in order that there is early warning and discussion of potential changes to the tariff system that could impact NHS Wales. Through this process there are no indications of further material changes that would create an adverse risk at this point.

Comparative position to NHS England

The uplift required by the WHSSC ICP should be considered against an appropriate comparator as it is recognised that specialised services historically experience higher growth pressure.

The latest comparator for NHS England specialised services confirms that allocations grew by over 7.5% to the start of 2019/20. Forecast levels from published allocations indicated 8.14% for 2019/20 and 6.79% for 2021/21. NHS England has published a 5 year draft budget for CCGs Specialist allocation which sets out a cumulative growth of 37% over the next 5 years:

Table 6: NHS England's Specialist Services Allocation 2019-2024

	2019/20	2020/21	2021/22	2022/23	2023/24
Indicative Allocation Growth	8.14%	6.79%	6.95%	7.44%	7.68%

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Governance

WHSSC Joint Committee Structure

The WHSSC Joint Committee is established as a statutory Sub-Committee of each of the seven health boards. It is led by an Independent Chair, appointed by the Minister for Health and Social Services. Its membership is made up of the Chair, three Independent Members, one of whom is the Vice Chair, the Chief Executives of the seven health boards, Associate Members and a number of Officers.

Whilst the Joint Committee acts on behalf of the seven health boards in undertaking its functions, the responsibility of individual health boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.

The Joint Committee is accountable for internal control. The Managing Director of Specialised and Tertiary Services Commissioning has the responsibility for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report on the adequacy of these arrangements to the Chair of the Joint Committee and the Chief Executive of CTMUHB as WHSSC's host organisation. Under the terms of the establishment arrangements, CTMUHB as the host organisation, is deemed to be held harmless and have no additional financial liabilities beyond its own population.

The Joint Committee is supported by the Committee Secretary, who acts as the guardian of good governance within the Joint Committee.

Sub Committees

The Joint Committee has also established five joint sub-committees in the discharge of functions:

- All Wales (WHSSC) Individual Patient Funding Request Panel
- Integrated Governance Committee
- Management Group
- Quality and Patient Safety Committee
- Welsh Renal Clinical Network.

The Quality and Patient Safety Committee is chaired by an independent member, the Integrated Governance Committee is chaired by the Chair of the

Joint Committee, and the Welsh Renal Clinical Network is chaired by the former Lead Clinician for the Network, who is also an Affiliate Member of the Joint Committee.

Formal meetings of the Joint Committee are held in public and are normally held bi-monthly. The agenda and papers are available on the WHSSC website: www.whssc.wales.nhs.uk.

The **Integrated Governance Committee** provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across WHSSC activities.

The **Management Group** is responsible for the operationalisation of the Specialised Services Strategy through the Integrated Commissioning Plan and provides a scrutiny function on behalf of the Joint Committee. The group underpins the commissioning of specialised services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

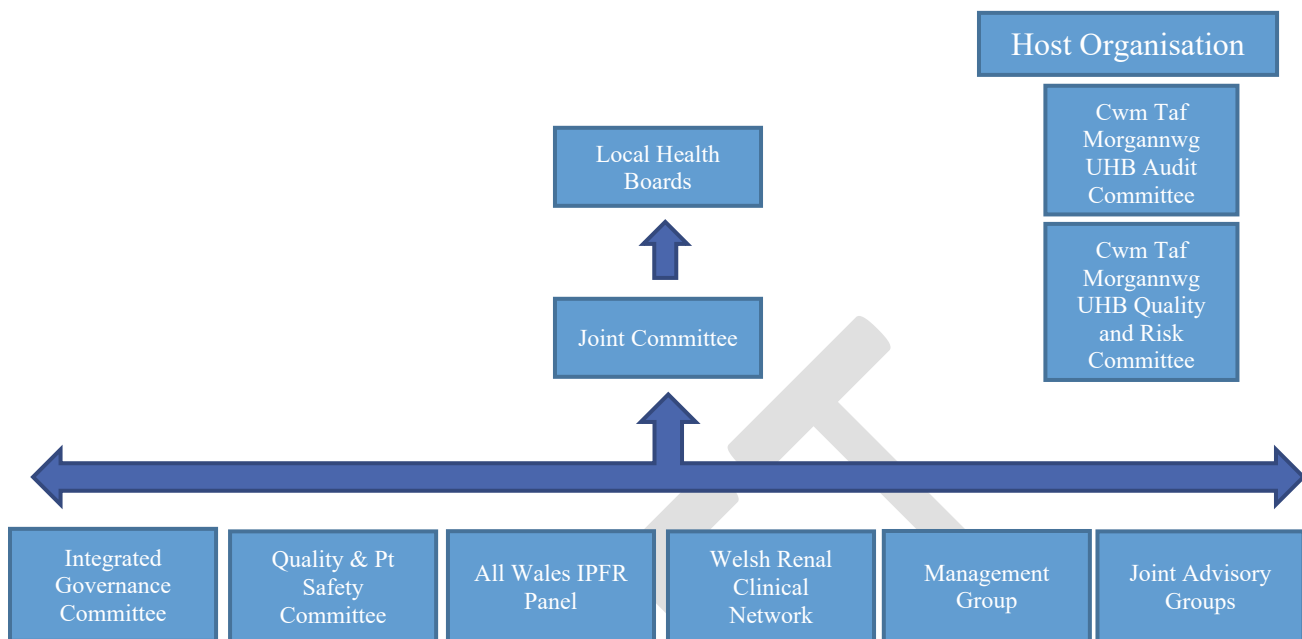
The **Quality and Patient Safety Committee** provides assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee.

The **Welsh Clinical Renal Network** is a vehicle through which specialised renal services are planned and developed on an all Wales basis in an efficient, economical and integrated manner and provides a single decision-making framework with clear remit, responsibility and accountability.

The **Audit Committee** of CTMUHB, as the host organisation for WHSSC, advises and assures the Joint Committee on whether effective arrangements are in place – through the design and operation of the Joint Committee’s assurance framework – to support the Joint Committee in its decision taking and in discharging its accountabilities for securing the achievement of its delegated functions. The WHSSC Committee Secretary and Director of Finance routinely attend for the WHSSC components of the CTMUHB Audit Committee.

The reporting arrangements for committees, boards and networks are illustrated in figure 9 below.

Figure 9 WHSSC Reporting Arrangements



Governance and Accountability Framework

The Joint Committee is due to adopt new specimen Standing Orders (issued by Welsh Government) and tailored Standing Orders in the third quarter of 2019-20.

The Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each health board's own Standing Orders, and have effect as if incorporated within them. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of WHSSC.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven health boards and a hosting agreement between the Joint Committee and CTMUHB (as the host health board for WHSSC), form the basis upon which the Joint Committee's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

Access to advice

In addition to the advice available from our increased Medical Directorate, WHSSC accesses clinical advice for both strategic and operational purposes from a number of sources including:

- Patient representatives, organisations and third sector bodies representing the public and patients;
- Individual expert clinicians;
- Together for Health National Implementation Groups;
- National Specialist Advisory Group and Welsh Professional Advisory Committees;
- Professional bodies (e.g. Royal Colleges, standing groups, etc.);
- Clinical leads/advisors for other planning structures (e.g. networks and WHSSC commissioning teams);
- health board clinical directors; and
- All Wales Medicines Strategy Group/Welsh Medicines Partnership.

Links are also maintained with relevant bodies in England and Scotland.

Risk Management

Risk Management is embedded in the activities of WHSSC through a number of processes.

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC approach to the identification and management of risk. The framework is subject to continuous review by the relevant Executive leads, the Corporate Directors Group Board, the Joint Committee and the joint sub-committees.

The CRAF is informed by risks identified by the Commissioning Teams, Networks and Directorates. Each risk is allocated to an appropriate sub-committee for assurance and monitoring purposes, for example the Audit Committee or the Quality and Patient Safety Committee. The CRAF is received by the sub-committees as a standing agenda item. The Joint Committee receives the CRAF twice yearly.

A Risk Management Framework (RMF) has been embedded within the development of the ICP and is complimentary to, and utilises the same risk assessment methodology as, the CRAF. The RMF features risk assessments for services that have been identified as requiring funding to mitigate risks. These include the schemes prioritised as low following the CIAG process and subsequently not supported in this ICP.

Both the RMF and CRAF are available on request. As dynamic documents they have not been included as an annex to this Plan.

WHSSC has the following risk appetite statement that we intend to review in 2020-21:

Risk Appetite Statement

WHSSC is working towards an “open” risk appetite.

WHSSC has a **low** appetite for risk in support of obtaining assurance of commissioned service quality and is aiming to embed quality into every aspect of “business as usual”.

WHSSC has **no** appetite for fraud/financial risk and has zero tolerance for regulatory breaches. WHSSC will take considered risks where the long term benefits outweigh any short term losses.

WHSSC has an appetite for performance managing services.

WHSSC has **no** appetite for any risk that prevents WHSSC demonstrating the highest standards of governance, accountability and transparency in accordance with the Citizen Centred Governance Principles.

Summary of Deliverables in 2020-23

This section provides a summary of the deliverables that we have outlined at the end of sections within the body of the ICP. When grouped together it is evident that whilst we have separated our deliverables into priority areas, there are interdependent actions. For example, the need for better establishment of outcomes featuring in the Strategic Priorities, Improving Experience and Quality of Care and Increasing the Value of Funding sections.

ICP Deliverables	Timelines
Strategic Priorities	
To commission any newly NICE or AWMSG approved ATMPs	Within three months of approval
To develop and implement a service specification for the commissioning of Long Term Ventilation	By March 2020
To work with C&VUHB on expanding the inpatient facilities in the Wales Adult Cystic Fibrosis centre	By March 2021
To understand the peer support requirements within the All Wales Gender service and the longer term requirements of establishing a recurrently funded service from 2021-22.	By March 2020
To work with the south and mid Wales Major Trauma Network in establishing a Major Trauma Network from April 2020	Winter 2020
To establish the outcomes of the funding invested in Neurosciences services to date and further requirements to allow Neurosciences services in Wales to provide as a minimum, comparable standards to those provided in NHS England.	By July 2020
To work with SBUHB in introducing a specialist mother & baby inpatient service for south & mid Wales	Awaiting outcome of capital discussions between WG and HBs (outside remit of WHSSC)

To understand the implications of any new indications for Proton Beam Therapy introduced in NHS England and agree an NHS Wales policy position	Awaiting final guidance from NHS England and then implementation will need to be agreed
To receive information on performance against the single cancer pathway for WHSSC commissioned services and include in performance reports to Management Group and Joint Committee	From January 2020
To develop the Interventional Neuro Radiology service in C&VUHB to allow for the local delivery of Thrombectomy to patients in south and parts of mid Wales	By March 2020
Increasing Access	
The Referral Management Project Manager will work with welsh providers on repatriating any unnecessary activity from English providers, to identify opportunities for providing follow up activity locally rather than through NHS England providers and strengthen the Gatekeeping process.	Ongoing from August 2019 Clinical Gatekeeper Engagement event 9 th January 2020
To further develop the capability and use of MAIR and the underpinning Power BI platform.	Ongoing
To strengthen Public Health expertise	Ongoing discussions with Public Health Wales. Intial meeting took place Dec 2019 with further discussions on specific work arranged for January 2020.
Improving the Experience and Quality of Care	
To review the Quality Assurance Framework to address new challenges and set out further ambitions for quality in specialised services	By September 2020
To continue to monitor, identify and address variation in access and/or outcomes and patients experience.	Ongoing

To continue to undertake peer review visits to test the accuracy of the information submitted and benchmark performance against the quality indicators.	Ongoing, outcomes presented at quarterly Quality and Patient Safety meetings
To strengthen and further develop our escalation process.	By July 2020
Increasing the Value of Funding	
To strengthen the CIAG/Management Group process WHSSC is holding a meeting with participants from this year's workshop in early 2020 to discuss improvements that could be made including the provision of needs assessment data.	Meeting planned March 2020
Commence undertaking an audit of commissioning policies to ensure outcomes measurement requirements are appropriately defined, working collaboratively with Health Technology Wales on the methodology utilised for this.	By December 2020
To review the scope of current audit programmes to consider wider measures of outcomes beyond traditional hard clinical outcomes, including the greater use of patient reported outcomes.	By April 2020
To improve the visibility and use of the outcomes information currently available.	Crude mortality data will be made available in the WHSSC Power BI reports by March 2020.
To review the use of current national databases to ensure they are being used to optimum effect.	By April 2020
To identify additional specialised services to focus on developing and using outcomes measurement, paying particular attention to services where WHSSC has identified concerns regarding variation, growth and variability of standards. Examples will include immunology and intestinal failure.	From April 2020
To develop approaches to outcomes measurement specific to the introduction and growth of new advanced therapeutic medical products to incorporate into all new approvals.	Outcome measurements data is currently being collected across

	NHS England. Awaiting AWMSG appointment of Project Manager in early 2020 to drive implementation of Blueteq system which will collect this data.
The robust process for any additional funding released by WHSSC already in place with the WHSST and Management Group scrutinising business cases from providers in order to gain assurance on appropriate utilisation and monitoring of funding provision will continue for any investments in 2020-23.	From April 2020 for areas of investment highlighted as required within the 2020-23 ICP.



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board / Trust Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	12 November 2019

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/sitesplus/documents/1134/EASC%20Meeting%20agenda%20and%20papers%2012%20November%202019.pdf>

CHAIR'S REPORT

Members **NOTED** that the Chair attended the all Wales Chairs Peer Group meetings and Ministerial meetings which took place 23 September and 29 October. A programme of visits with the Chief Ambulance Services Commissioner to all health boards is underway.

Members **NOTED** that the Chair had received, and accepted, an invitation to stay on as Interim Chair for the EASC for a further year.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review**
Now expected no later than the end of January

- **Management Group**

The schedule of meetings and the terms of reference has been shared with 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.

- **Non – Recurrent Slippage**

EASC has provided additional funding for extra clinical staff in the Control Centres, extra support from St Johns Ambulance Service Wales for transfer and discharges, for additional capacity for frontline emergency medical service (EMS) staffing and to support safe patient co-horting.

- **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.

PROGRESS REPORT ON NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)

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".

PROVIDER ISSUES

The Welsh Ambulance Services NHS Trust (WAST) gave an overview of the following areas; Members **NOTED**:

- Serious Adverse incidents – being reviewed at the Serious Case Incident Forum; latest information showed that 80% of incidents were at Aneurin Bevan and Swansea Bay UHB areas
- 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 are worsening although the longest waits are 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
- Winter Planning: reported that 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.

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.

AMBULANCE QUALITY INDICATORS

Members **NOTED** the most recently published Ambulance Quality Indicators and received an update on progress with related work to improve and strengthen their presentation and usefulness to Health Boards and members of the public.

EASC GOVERNANCE UPDATE

Members received and **ENDORSED** the model Standing Orders for approval at the health boards.

Members **AGREED** to receive the updated risk register at the EAS Committee meeting in January 2020.

ALIGNMENT OF EASC COMMISSIONING INTENTIONS WITH INTEGRATED MEDIUM TERM PLANS (IMTPs)

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. Members **APPROVED** the proposed approach and **ENDORSED** the presentation on the 2020/2021 commissioning intentions.

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.

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.

Key risks and issues/matters of concern and any mitigating actions

- Potential concern not to meet 65% target for RED performance – additional actions required by WAST to report to the CASC. The CASC would write to the WAST CEO on this matter

Matters requiring Board level consideration and/or approval

- The Model Standing Orders for **APPROVAL** by all health boards

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	28 January 2020			

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	2 December 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

This was a shortened meeting following the cancellation of the scheduled meeting on 27th November. The meeting covered only those papers requiring approval before the January 2020 meeting.

1. NHAIS Replacement Business Case.

The Committee reviewed the final business case having previously endorsed the draft business case at the September meeting. The business case supports the procurement of the system currently being used in the NHS in Northern Ireland as it delivers a tried and tested system, offering value for money and which allows NHS Wales to develop its own arrangements, rather than being reliant on NHS England. The planned start date for implementation is January 2020 with a go-live date in July 2020. The business case has been subject to detailed discussion with Welsh Government, who are due to confirm the funding for this development shortly. The Committee **approved** the business case, subject to the funding being confirmed.

2. IP5 Strategic Outline Case

The Committee received the Strategic Outline Case (SOC) for the warehouse facility at Imperial Park, Newport, which was purchased on behalf of Welsh Government to provide additional storage facility in the event of a no-deal BREXIT. It was confirmed that appropriate actions had been put in place to ensure that BREXIT contingency support was in place, and included approximately eight weeks of normal stock lines, together with additional non-stock items and items to cover areas of social care in place together with the appropriate infrastructure needed.

The SOC sets out the future intentions for the use of this facility, following extensive stakeholder engagement and discussion with Welsh Government. The

Committee **approved** the SOC. It was recognised that once the SOC had been agreed by Welsh Government further work would be required on individual service areas suggested to move into IP5.

3. HCS Fleet Renewal

The Committee **approved** the business case to acquire new vehicles at a total cost of £215k to replenish the fleet. The HCS team are working with providers to test electric vehicles, but at present the limited range of the commercial electric vehicles available is a concern due to the significant distances that are covered by HCS vehicles.

4. Single Lead Employer (SLE)

Following a detailed discussion and review of the proposals put forward the Committee **approved** the following for NWSSP:

- To become the SLE for Pre-Registration Pharmacists with effect from August 2020;
- To become the SLE for Dental Foundation Trainees with effect from August 2020; and
- To commence preparatory work to become the SLE for a small number of Specialty Medical Trainees from August 2020 as a pre-cursor to becoming the SLE for all Core and Medical Specialty Trainees not currently subject to SLE arrangements in August 2021.

5. Items for Noting

- **IMTP** - The original meeting of the Committee was to have had a presentation on the NWSSP IMTP. This was circulated to Committee members in the original agenda workbook. Members were asked therefore to review the presentation and come back directly with any comments as the final IMTP would need to be approved at the January 2020 meeting ready for submission in line with the Welsh Government timescale.
- **Financial Distribution to Partners** – NWSSP are forecasting a £2m total distribution back to Health Boards at the year-end, against an initial estimate of £750k. Amounts will be confirmed with individual Health Boards in the coming weeks.

6. Part B

The confidential Part B of the meeting comprised an update to the Welsh Risk Pool forecast outturn and approval of the proposal to establish a Collaborative Staff Bank Employment Service.

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

16 January 2020



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

DRAFT Minutes of Meeting held on 17 September 2019

Author: Mark Dickinson**Version:** 0c (DRAFT)

Members present	<p>Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)</p> <p>Steve Ham, Chief Executive, Velindre NHS Trust (SHa)</p> <p>Sharon Hopkins, Interim Chief Executive, Cwm Taf Morgannwg UHB (SHo)</p> <p>Alex Howells, Chief Executive, Health Education & Improvement Wales (AH)</p> <p>Charles Janczewski, Interim Chair, Cardiff and Vale UHB (CJ) (CJa)</p> <p>Chris Jones, Chair, Health Education and Improvement Wales (CJo)</p> <p>Gary Doherty, Chief Executive, Betsi Cadwaladr UHB (GD)</p> <p>Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust (JK)</p> <p>Marcus Longley, Chair, Cwm Taf UHB (ML)</p> <p>Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)</p> <p>Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)</p> <p>Mark Polin, Chair, Betsi Cadwaladr UHB (MP)</p> <p>Len Richards, Chief Executive, Cardiff & Vale UHB (LR)</p> <p>Carol Shillabeer, Chief Executive, Powys tHB (CS)</p>
In attendance	<p>Mark Dickinson, NHS Wales Health Collaborative (MD)</p> <p>Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)</p>
Apologies	<p>Maria Battle, Chair, Hywel Dda UHB (MB)</p> <p>Tracey Cooper, Chief Executive, Public Health Wales (TC)</p> <p>Vivienne Harpwood, Chair, Powys tHB (VH)</p> <p>Donna Mead, Chair, Velindre NHS Trust (DM)</p>

<p>Steve Moore, Chief Executive, Hywel Dda UHB (SM) Jan Williams, Chair, Public Health Wales (JW) Martin Woodford, Chair, Welsh Ambulance Service NHS Trust (MW) Emma Woollett, Interim Chair, Swansea Bay UHB (EW)</p>	
Welcome and introduction	Action
<p>AL welcomed colleagues to the meeting and noted apologies for absence.</p> <p>It was noted that the meeting was not quorate as there was no representation from Hywel Dda UHB or from Public Health Wales.</p>	
Minutes of previous meeting	Action
<p>The minutes of the meeting held on 13 May 2019 (LF-1909-01) were approved as a correct record.</p> <p>The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.</p>	MD
Action log and matters arising	Action
<p>The action log (LF-1909-02) was reviewed.</p> <p>RF reported that action LF/A/099 remained open, but that a report arising from a session facilitated by the Consultation Institute is awaited. This will be reported, in the first instance, to the Collaborative Executive Group.</p> <p>It was agreed that actions LF/A/020, LF/A/093, LF/A/094 and LF/A/104 were appropriately classified as 'closed' in the context of confirmation of the imminent establishment of the NHS Wales Executive.</p>	
Establishment of NHS Executive for Wales	Action
<p>The letter from Andrew Goodall announcing plans for the establishment of an NHS Executive for Wales (LF-1909-03) was noted.</p> <p>It was agreed that formal confirmation of the planned establishment was helpful, but there was still further detail required including the functions of the new organisation, its management structure and the arrangements for the organisational change process. RF confirmed that the letter had been shared with all staff of the Collaborative and that she had made herself available to meet with individual members of the team to address their questions or concerns.</p>	

<p>It was noted that the letter confirms that River House is to be the main hub of the Executive and that the ground floor is being acquired. Work is under way to redesign the layout of the whole building</p> <p>RF reported that she had met with Andrew Goodall recently and that a formal change programme is to be announced in the next few weeks.</p> <p>AL thanked RF for the way in which the matter is being handled with staff.</p> <p>A discussion on the establishment of the Executive, in the light of the content of the letter and of <i>A Healthier Wales</i> followed. It was agreed that members of the Forum will work constructively with Welsh Government colleagues to ensure the smooth establishment of an Executive that will simplify the mechanisms and structures currently in place, whilst learning lessons from the establishment of HEIW. AL agreed to recirculate previous work on mapping of the planning system, which illustrated the current complexity. RF reported that the Collaborative team is engaging with WG colleagues to ensure that they have a full understanding of the current configuration and purpose of the networks and programmes currently within the Collaborative.</p> <p>AL agreed to contact Welsh Government to ascertain what action the Collaborative Leadership Forum should be undertaking to support the establishment of the Executive. It was noted that there was still much to be done in relation to governance and, in particular, the relationship between the new Executive and health boards and trusts and their statutory responsibilities. In this context, it was noted that the letter indicates that the Executive will have a key performance management role.</p>	<p>AL</p> <p>AL</p>
Major Trauma Programme Update	Action
<p>RF introduced the update (LF-1909-04), noting the huge amount of work currently being undertaken. RF referred to TM's role as SRO and the fact that other key roles had been filled, including Sian Harrop-Griffiths (SH-G) as deputy SRO and Martin Driscoll and Steve Webster as executive workforce and finance leads respectively.</p> <p>A gateway review had been undertaken in July and had since been followed up in the light of subsequent work. The initial</p>	

review had given an overall 'Amber/Red' rating as a result of major risks in key areas. Whilst acknowledging that significant progress had been made, the follow up review had concluded that the overall rating remained 'Amber/Red'. The primary outstanding risks related to the affordability and deliverability of the network, focused primarily, but not exclusively on the Major Trauma Centre (MTC). A third gateway review will take place at the end of October.

The Major Trauma Executive Strategy Group, chaired by SH-G, is meeting weekly and the focus has been on assurance of the action plan to respond to the Gateway recommendations and closing the gap between the service specification and day 1 plans, informed by experience in England. This had included professional peer review by clinical experts from NHS England, organised by the programme team.

RF reported that the Trauma Board and the WHSSC Joint Committee had both met the previous day. In-year costs for the first tranche of posts to be appointed to before the end of 2019/20 had previously been approved. Joint Committee has now agreed that recruitment processes can commence in relation to tranches 2a and 2b, but that appointments should not be confirmed until after the Programme Business Case (PBC) has been considered by Boards by the end of November.

Discussions are ongoing with C&V UHB in relation to number of beds for the polytrauma unit and the hours during which the MTC trauma team leader role will be covered. TM reported that she is confident that these issues will soon be resolved.

RF highlighted key milestones in the decision making timeline for the Programme Business Case (PBC):

- Joint briefing for board members on 23 October
- Independent board briefing sessions between 23 and 31 October
- Formal consideration of the PBC for approval at November meetings of the boards of relevant health boards
- Special meetings of WHSSC and EASC in December to finally sign off the PBC

RF thanked all those involved in the work to date and AL thanked RF for a comprehensive briefing.

<p>There was discussion around the challenges presented in making operational decisions around recruitment and the commitment of resources in a timely manner, compatible with a 1 April 2020 'go live' date, whilst also ensuring appropriate governance and board oversight, within the constraints of the above board timescales. It was agreed that an appropriate and pragmatic approach was being taken that kept risks, including financial risks, to an acceptable level. Decisions being made are within the delegated authority of those making them and are in line with a direction of travel already approved by boards. The importance of the joint board briefing session on 23rd October was highlighted.</p>	
<p>SH proposed, and it was agreed, that a close overview needs to be maintained on the filling of posts within the network and the impact on recruitment from other services. RF noted that this will be picked up through the workforce group.</p>	<p>RF</p>
<p>Outstanding concerns amongst CHCs were noted. RF reported that the programme will brief CHCs collectively following the October Board briefings, but it was agreed that there was also a need for ongoing liaison with CHCs at a health board level before the PBC was considered for approval.</p>	<p>All</p>
<p>It was agreed that, in presenting to boards, CHCs and more widely, there is a need to focus on the successful outcomes being achieved by major trauma networks elsewhere in the UK, including that covering North Wales. These outcomes demonstrate that the case for the network is now stronger than it was when the work commenced.</p>	
<p>It was agreed that there was a need for clarity from Welsh Government over their contribution to the ongoing additional cost of the network.</p>	<p>RF</p>
<p>LR referred to the statement in the briefing that financial incentives are not to be used to encourage the repatriation of patients from the MTC to their own health boards, noting that, more widely, current repatriation arrangements are not working well. RF advised that a report had been made to the NHS Wales Executive Board in December 2018 in which it confirmed the Welsh Government position that any commissioning mechanism or framework must work within the NHS Wales context and should not be unnecessarily</p>	

<p>bureaucratic. It was agreed that there is a need for more work to develop and implement appropriate repatriation mechanisms for major trauma specifically and more generally. In respect of major trauma, it was agreed that this will be taken forward as part of the establishment of the Operational Delivery Network,</p> <p>CJa noted the excellent level of partnership working between health boards on the establishment of the network.</p>	TM/RF
Peer Review Programme	Action
<p>MD introduced the paper on the peer review programme (LF-1909-05), noting that a measured approach is being taken, reflecting the benefits and opportunity costs of peer review.</p> <p>CJo questioned whether a standardised impact assessment was in place for peer reviews and also whether the role of peer review had been considered specifically in the light of the content of the NHS Wales Quality Bill. It was agreed that these issues should be considered by the Collaborative.</p> <p>TM noted the delays in agreeing the content of the report on the review of the then ABMU critical care service. It was agreed that there was a need to learn lessons from this and related issues.</p> <p>The peer review timetable for 2019/20 to 2021/22 was approved.</p>	<p>RF/MD</p> <p>RF/MD</p>
Single Cancer Pathway Update Report	Action
<p>MD introduced the paper on the implementation of the single cancer pathway (SCP) (LF-1909-06), noting the forthcoming publication of optimal pathways for a range of cancer sites and the arrangements for allocating additional Welsh Government funding to health boards and Velindre.</p> <p>The paper was accepted and no questions were raised.</p>	
Major Conditions Implementation Groups Funding	Action
<p>MD introduced the paper on the funding of major conditions implementation groups (LF-1909-07).</p> <p>AL noted that the report presented useful information to inform action by health boards and trusts when funding ends or is altered. The key role of IMTPs in informing future</p>	

resource allocation decisions by Welsh Government, in the overall context of *A Healthier Wales*, was stressed.

MP noted the need to consider the content of the paper in the context of the future of other funding flows, noting a recent Welsh Government letter to the chairs of Regional Partnership Boards.

Collaborative Update Report

Action

RF introduced the update report (LF-1909-08), which provided updates on some specific issues.

National Endoscopy Programme

RF reported that this nationally directed programme, jointly chaired by Simon Dean and Chris Jones (DCMO) is progressing well and will be the subject of a 'deep dive' at the September meeting of the Collaborative Executive Group. A draft action plan has been prepared in response to the Health Social Care and Sports Committee inquiry into endoscopy. This will be further developed and published in October.

Lymphoedema Network Wales

RF reported that, following discussion at the Collaborative Executive Group and through the NHS Wales Executive Board, it had been agreed to provide revenue funding on a recurring basis to support implementation of the plans set out in the *Value-Based Business Case for Transforming and Sustaining Lymphoedema Services in Wales*. This investment will be via a phased approach, with Lymphoedema Network Wales overseeing the plan and phased implementation based on local priorities, ensuring that other services are not destabilised as a result of this investment.

LR asked if the benefits, including those predicted for productivity, will be evaluated and JP confirmed that this will be overseen by the network board.

Work Programme 2019/20

RF reported that the Collaborative work plan is formally reviewed on a quarterly basis by the Collaborative Executive Group and is broadly on track to deliver the range of commitments.

	Paper Ref: LF-1912-01
NHS Wales Health Collaborative Leadership Forum	Minutes 17/09/19

Other Business		Action
CJo noted it had been an excellent meeting and raised a need for a risk register across the breadth of the work overseen by the Forum, noting common issues, including workforce upskilling and the impact of digital. It was agreed that this would be considered.		RF/MD
Date of next meeting		
It was agreed that the Forum should meet next in 3 months and that an appropriate date should be identified.		

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – NOVEMBER 2019

1. Introduction

The following report provides an update on the work undertaken by the Mid Wales Joint Committee and the areas of work that are being progressed and achievements that are being made to implement the Joint Committee's Strategic Intent and delivery plan. The Committee last met on 21st November 2019 and are due to meet next on 23rd March 2019.

2. Background

The Mid Wales Joint Committee for Health & Care is a formal sub-committee of Health Boards and a formal Regional Planning area of the Welsh Government. Membership of the Joint Committee includes representation from the three Local Health Boards, Welsh Ambulance Services NHS Trust and the three Local Authorities delivering health and care services across Mid Wales with Community Health Council representatives being associate members. The Joint Committee membership also includes the roles of Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director undertaken by representatives of the Mid Wales healthcare organisations on a rotational basis.

The Joint Committee's Strategic Intent sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. For 2019/20 a set of priority areas for joint working across Mid Wales have been agreed with a delivery plan developed to support the delivery of these aims and priorities.

3. Mid Wales Priorities and Delivery Plan 2019/20

The Mid Wales Planning and Delivery Executive Group oversees the delivery of the detailed delivery plan and reviews the progress made in order to provide assurance on its delivery to the Mid Wales Joint Committee. The latest update on the Mid Wales Delivery Plan can be found at Appendix 1 with key areas of progress detailed below:

3.1 Social and Green Solutions for Health

Following a regional workshop for Public Service Boards (PSBs) and Regional Partnership Boards (RPBs) covering the Hywel Dda (Ceredigion, Carmarthenshire and Pembrokeshire) and Powys areas held in June 2019 a proposal for those areas of work which could be progressed through regional collaboration was developed. One of the areas proposed for collaboration is Social and Green Solutions in Health and the three PSBs and the RPB from the Hywel Dda UHB area have agreed to the proposal for a regional approach. There has been engagement with key representatives from the PSBs and RPBs covering the Powys and South Gwynedd areas to ensure that they are involved in this collaborative arrangement.

The collaborative project will bring together interested agencies and individuals to co-design the model for taking the Social and Green Solutions for Health programme forward and develop a framework for action. The next step is to hold a conference of key stakeholders across the PSBs and RPB covering Mid Wales, as well as any other known interested parties to undertake the co-design. Learning and progress to

date from local groups will be fully considered in the development of the regional model. The conference has been arranged for 21st January 2020 with a pre-conference planning workshop to be held on 10th December 2019.

3.2 Mid Wales Eye Care Plan

The development of the Mid Wales Eye Care Plan (previously referred to as Mid Wales Ophthalmology Plan) is being led by the MWJC Programme Director supported by a dedicated working group whose membership comprises of planners, commissioners and operational leads from Hywel Dda University Health Board (HDdUHB), Betsi Cadwaladr University Health Board (BCUHB) and Powys Teaching Health Board (PTHB). The plan will provide a framework for a regional approach to the development of integrated care pathways for long term eye conditions - glaucoma, cataract and macular degeneration. Iterations of the plan have been considered at meetings of the working group, Clinical Advisory Group and the Planning and Delivery Executive Group. The Planning and Delivery Executive Group have agreed that the final draft of the plan should be presented to the Executive Teams of the three Health Boards prior to presenting the MWJC for approval at its meeting on 23rd March 2020.

Work being progressed alongside the development of the Mid Wales Eye Care plan are two early actions identified which will support the delivery of the plan as follows:

- Establishment of a joint clinical lead Ophthalmology role which has been agreed to by the three Mid Wales Health Boards. The specification and job description is currently under development and will be shared with relevant clinical and operational leads for their professional input and advice. Following agreement of the detailed specification and job description by the three Health Boards and approval by the Royal College it is anticipated that the recruitment process is planned to commence in early 2020.
- Exploring the available options for addressing the gaps in Optometry service provision across the South Meirionnydd area. Joint discussions have been held between representatives of the three Mid Wales Health Boards on how they can work together to identify available options.

3.3 Respiratory

The PTHB Breathe Well Steering Group is now fully established and led by Dr Wyn Parry, Medical Director for PTHB and Lead Clinical Executive Director for the MWJC. Its membership includes representation from HDdUHB, MWJC and Wye Valley NHS Trust. A proposed service model with overarching principles has been developed which will be presented to the three Health Boards for consideration in early 2020.

Two pieces of work which will be reported through this group are:

- The current multi-disciplinary approach being taken between PTHB and the Welsh Ambulance Services NHS Trust around respiratory. The trial is seeking to test the impact of providing a multi-disciplinary response to selected respiratory patients in Powys (location to be confirmed) using a Multi-disciplinary response (Paramedic and Respiratory Nurse on an RRV). A key outcome of this work is to provide care closer to home and where clinically safe and appropriate to treat more patients in a community setting and reduce unnecessary hospital admissions. Work is in progress on the development of the clinical specification and details with a start date to be confirmed.

- HDdUHB VIPaR (Virtual pulmonary rehabilitation) work for which there has also been discussions with Welsh Government regarding the development of a network.

In addition to this the Medical Directors for PTHB and HDdUHB have been in discussion regarding the possibility of establishing a joint clinical respiratory lead post for Mid Wales.

3.4 Aberaeron Integrated Care Centre

The new Aberaeron Integrated Care centre opened on 21st October 2019, bringing joined-up health and social care to local communities for the first time. The centre provides a Primary Care GP service, clinical services, and is home to the district nursing and social care teams, third sector organisations and the Porth Gofal multi-disciplinary team.

The ground floor of the building accommodates the GP practice and outpatient services for which the space will enable the provision of more clinics than previously offered in Aberaeron. The first floor of the building provides space for community staff from Nursing, Therapies, Health Visitors, Midwives, Social Services, Chronic Conditions etc. which allows for a more integrated way of working.

3.5 North Powys Wellbeing programme

The Mid Wales Joint Committee have facilitated a further three workshops with colleagues from PTHB, HDdUHB and Shrewsbury and Telford NHS Trust to explore which services/specialities could in-reach into North Powys. The three workshops focused on surgical sub-specialities (19th September 2019), paediatric services (22nd October 2019) and surgical services (22nd October 2019).

The outputs from these workshops are being used to inform the development of the proposed service model with a draft business case planned to be ready at the beginning of 2020 for consideration by the Health Boards in early 2020.

4. Other key developments

4.1 Hospital discharges for South Meirionnydd patients

In response to concerns raised regarding difficulties in discharging South Meirionnydd patients from hospitals the Joint Committee team have facilitated the strengthening of networks between health and care staff working across the Ceredigion and South Gwynedd areas to address.

4.2 Mid Wales School of Nursing at Aberystwyth

Professor Neil Glasser, Pro Vice-Chancellor Faculty of Earth & Life Sciences, and Debbie Pryor, Senior Projects Officer, from Aberystwyth University attended the Joint Committee November 2019 meeting to provide an update on the latest developments for the proposed establishment of a School of Nursing at Aberystwyth. The project, which is being led by a project group whose membership includes Health Board Directors of Nursing and key senior nurses, is focusing on the introduction of pre-registration programmes for Adult and Adult Mental Health Nursing at Aberystwyth University. The curriculum will include elements of rural healthcare and will be designed to meet the needs of the local area.

Aberystwyth University is in the process of recruiting to a principal lead for health who will lead on the development of the nurse degree programme including ensuring it meets the Nursing & Midwifery Council (NMC) curriculum and lead on the tendering process for the submission of bids to Health Education and Improvement Wales (HEIW) who commission places for nurse degree programmes. Between May and August 2020 Healthcare Improvement Wales will open up its tendering process for nurse degree education programmes/places for which all educational organisations will be invited to submit bids. If successful in its bid the University plans to invite applications from students for its nurse degree programmes in September 2021 with the successful students to commence their studies in September 2022.

5. Mid Wales Joint Committee's Priorities 2020/21

Following a review of the priorities and delivery plan for 2019/20 and emerging areas of work during 2019/20 a set of proposed set of priority areas for which there will be collaboration across Mid Wales for the 2020/21 has been identified. Work is currently in progress with planning leads on the assessment and agreement of the proposed priorities for 2020/21 and the development of the delivery plan outlining the actions and milestones to support their delivery.

The proposed priorities and delivery plan for 2020/21 will be considered at the meeting of the Mid Wales (PDEG) arranged for 3rd December 2019 before being formally signed off at the group's next meeting on 4th February and presented to the next meeting of the Joint Committee planned for 23rd March 2020.

6. Regional working and Strategic service change programmes

There are a number of regional working and strategic change programmes that have an impact on Mid Wales and key developments of importance to Mid Wales are as follows:

6.1 A Healthier Wales: Our Plan for Health and Social Care - Transformation Funds

Bids for Welsh Government Transformation funding have been co-ordinated by Regional Partnership Boards across Wales on behalf of the health and care sector. For Mid Wales there are three Regional Partnership Boards which cover the Mid Wales area as follows:

- North Wales Regional Partnership Board (South Meirionnydd)
- Powys Regional Partnership Board (Powys)
- West Wales Care Partnership (Ceredigion)

A number of announcements have been made by the Welsh Government regarding funding streams across Wales which will be funded through the Transformation Fund. A summary of the projects for the Mid Wales Health Board areas and the funding levels are detailed overleaf.

Project	Value (£)
North Wales (Betsi Cadwaladr UHB footprint)	
Community service transformation	6,004,000
Integrated early intervention and intensive support for children and young people	3,000,000
Together for mental health in North Wales	2,320,000
North Wales Together: Seamless services for people with learning disabilities	1,690,000
West Wales (Hywel Dda UHB footprint)	
Proactive Technology-Enabled Care	7,400,000
Fast tracked consistent integration	3,200,000
Creating Connections for All	1,200,000
North Powys (Powys THB)	
North Powys Wellbeing programme	2,554,000
TOTAL	27,368,000

Further details on these projects and the specific impact for Mid Wales are detailed in the full report at:

<http://www.midwalesjointcommittee.wales.nhs.uk/board-meeting-21st-november-2019>

6.2 Trauma services (Hywel Dda University Health Board)

The Hywel Dda University Health Board (UHB) Developing Trauma Services engagement exercise was held from June to August 2019 on the proposals within its discussion document 'Developing Trauma Services in Hywel Dda UHB' for Glangwili General Hospital to be the designated Trauma Unit on an interim basis, in the years leading up to the building of the new Urgent and Planned Care Hospital. This is a component of HDdUHB's wider Transforming Clinical Services programme.

All current acute and emergency services will remain at Bronglais Hospital, Aberystwyth and Withybush Hospital, Haverfordwest and these sites will continue to deal with less severe traumatic injury. This work is being progressed alongside work by the national Major Trauma Network to locate a Major Trauma Centre for South Wales at the University Hospital of Wales in Cardiff, which is being taken forward following public consultation last year.

North Powys and North Wales is already covered by the North West Midlands and North Wales Major Trauma Network, with a designated Major Trauma Centre in Stoke.

As part of the engagement exercise public events took place at locations across the HDdUHB area including Aberystwyth. In addition Powys Teaching Health Board (THB) invited their communities to share their views at two events as part of their engagement programme at Llanwrtyd Wells Medical Practice and Rhayader Livestock Market. The key points noted from the public engagement events held at locations in Mid Wales were concerns regarding:

- The future role of Bronglais General Hospital within the new proposed arrangements.
- The expectation amongst communities made following the “Our Big NHS Change” consultation to deliver on the commitments made to maintain and strengthen Bronglais General Hospital.
- The need for clear pathways and decision making for those who live on the borders of the two trauma networks serving Wales whilst recognising that patients also accessed services across the border into England.
- Travel and access are significant issues for very rural and remote communities in Powys.
- Follow up and rehabilitation services should be as close to home as possible.

The engagement feedback document on the trauma service engagement exercise was presented to the HDdUHB Board at its meeting on 26th September 2019 as part of a suite of papers providing an update on the South, West and Mid Wales Major Trauma Network (MTN) since the commencement of the implementation programme in April 2019. Work is now in progress on the key actions required, including the resource requirements to meet national standards, to establish Glangwili General Hospital as the interim Trauma Unit.

6.3 NHS Future Fit Programme (The Shrewsbury & Telford NHS Trust)

The NHS Future Fit is the major change programme relating to the hospital services provided at Royal Shrewsbury Hospital and Princess Royal Hospital, Telford. The formal public consultation, proposing a new model for one hospital to become an Emergency Care site and the other to become a Planned Care site, with 24 hour urgent care at both sites, concluded on 11th September 2018.

The NHS Future Fit Joint Committee of Shropshire CCG and Telford & Wrekin CCG met on 29th January 2019 and members unanimously approved NHS Future Fit Option 1 which would see the Emergency Care site at the Royal Shrewsbury Hospital and Planned Care at Princess Royal Hospital, Telford.

Following this decision Telford & Wrekin Council referred the NHS Future Fit decision to the Secretary of State for Health in England. An Independent Reconfiguration Panel (IRP) was appointed to review the Future Fit decision and advise the Secretary of State for Health and Social Care. In early October 2019 it was confirmed that the Secretary of State for Health has accepted the advice of the IRP who concluded that:

1. The new model of care should be implemented, and that the emergency care centre is better located at Royal Shrewsbury Hospital.
2. The urgent care model should enable as much clinically appropriate care to be delivered at the Princess Royal Hospital as possible.

The NHS Future Fit programme is now working on implementing the IRP's recommendations in conjunction with its partner organisations.

7. Rural Health and Care Wales

Rural Health and Care Wales was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that a centre be developed to focus on research, development and dissemination of evidence in health service research that addresses the particular challenges of Mid Wales.

Following on-going work to discuss the future arrangements for RHCW confirmation has been received that the three Health Boards and WAST will fund RHCW up until 31st March 2020. Work is in progress on exploring the available options for the future funding and hosting arrangements for Rural Health and Care Wales. A paper outlining the options for the future arrangements for Rural Health and Care Wales will be presented to the next meeting of the Mid Wales Planning & Delivery Executive Group on 3rd December 2019.

The two day RHCW Annual Conference was held in November 2019 for which the theme was “Rural Resilience in Health and Care, communities and individuals”. The event was well attended with approximately 240 delegates attending the event over the two days.

8. Scrutiny

The meeting Mid Wales Scrutiny Group planned for 21st November 2019 was cancelled by the Local Authorities. The next meeting has been arranged to follow on from the Mid Wales Joint Committee meeting arranged for 23rd March 2020.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Health, Wellbeing and Prevention – Social and Green Solutions for Health				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Support the population of Mid Wales to take greater control of their own health and wellbeing through the development of a more co-ordinated, coherent and proactive approach to Social and Green Solutions for Health across Mid Wales.	HDdUHB Ros Jervis	Jan 20	Co-ordinate the implementation of a Mid Wales Social and Green Prescribing model and supporting frameworks.	Increase in the number of Social and Green projects/activities available across Mid Wales.	Following a regional workshop for Public Service Boards (PSB) and Regional Partnership Boards (RPB) covering the Hywel Dda (Ceredigion, Carmarthenshire and Pembrokeshire) and Powys areas held in June 2019 a proposal for those areas of work which could be progressed through regional collaboration was developed. One of the areas proposed for collaboration is Social and Green Solutions in Health and the three PSBs and the RPB from the Hywel Dda UHB area have agreed to the proposal for a regional approach. There has been engagement with key representatives from the PSBs and RPBs covering the Powys and South Gwynedd areas to ensure that they are a part of this collaborative arrangement. The next step will be a conference of key stakeholders across the PSBs and RPBs covering Mid Wales, as well as any other known interested parties to undertake the co-design. A conference has been arranged for 21 st January 2020 with a pre-conference planning workshop on 10 th December 2019. Running in parallel is the Mid Wales Green Health in Practice Network, for which administrative support is provided by Rural Health and Care Wales, which establishes links with key stakeholders across Mid Wales.
		Mar 20	An agreed Strategic Framework for Social and Green Solutions for Health for implementation by the Mid Wales Strategic Forum.	<p><i>Minimal research but what has been found suggests the following could also be measured:</i></p> <p><i>Reductions in use of NHS resources:</i></p> <ul style="list-style-type: none"> • Accident and emergency (A&E) attendance • Outpatient appointments • Inpatient admissions • General practice attendance rates for people who have received the social prescription 	

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Ophthalmology				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Develop an integrated community focused Ophthalmic approach across Mid Wales with a co-ordinated approach across primary, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.	MWJC Peter Skitt	Mar 20	a) Develop and agree a Mid Wales Eye Care Plan outlining the service model for the provision of Ophthalmology services across Mid Wales which includes the establishment of a Mid Wales Centre for Excellence for Ophthalmology which will focus on: 1. Increased provision of cataract services across Mid Wales. 2. Development of an efficient Wet AMD service across Mid Wales. 3. Increased use of Optometrists in the Glaucoma pathway. 4. Development of an integrated emergency eye care service in Mid Wales. 5. Establishment of joint posts.	Increased use of the National eye care pathways across Mid Wales. Improved Referral to Treatment waiting time position. Increase in the number of patients accessing outreach clinics. Increase in the number of cataract operations undertaken in Mid Wales. Reduction in referrals to out of area services. Reduced travelling time / distance travelled for residents of Mid Wales.	The development of the Mid Wales Eye Care Plan is being led by the MWJC Programme Director supported by a dedicated working group whose membership comprises planners, commissioners and operational leads from HDdUHB, BCUHB and PTHB. The plan will provide a framework for a regional approach to the development of integrated care pathways for long term eye conditions - glaucoma, cataract and macular degeneration. Iterations of the plan have been considered at meetings of the working group, Clinical Advisory Group and the Planning and Delivery Executive Group. The Planning and Delivery Executive Group have agreed that the final draft of the plan should be presented to the Executive Teams of the three Health Boards prior to presenting the MWJC for approval. Running alongside this work is being progressed in implementing two early actions to support delivery of the plan as follows: <ul style="list-style-type: none">Establishment of a joint clinical lead Ophthalmology role, which has been agreed by the three Mid Wales Health Boards, for which the specification and job description is under development in order to commence the recruitment process in early 2020.Joint work on exploring the available options for addressing the gaps in Optometry service provision across the South Meirionnydd area.
		Apr 20	Commence implementation of the Mid Wales Ophthalmology Plan.		
		Mar 20	Improved Ophthalmology services at Tywyn Hospital.		

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:		Community Dental Service			
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Improved access to community dental services and enhanced community dental provision across Mid Wales.	PTHB New lead to be confirmed	Nov 19	<p>Phase 2 Expand the Newtown-based Community Dental Service to accept referrals appropriate to the specialty of Oral and Maxillofacial surgery and Endodontic services for Ceredigion and Powys patients.</p> <p>(NOTE – Phase 1 has focused on the Newtown-based Community Dental Service accepting patients from HDdUHB for treatment within the PTHB Community Dental Service.)</p>	<p>Reduction in referrals to out of area services.</p> <p>Improved Referral to Treatment waiting time position.</p> <p>Increase in the number of referrals to the Newtown-based Community Dental Service.</p> <p>Reduced travelling time / distance travelled for residents of Mid Wales.</p>	<p>Phase 1 Phase 1 of the project has been operational since January 2017 with patients from Hywel Dda (Ceredigion) referred to the Newtown service on an on-going basis.</p> <p>Phase 2 Following a review of the current challenges regarding anomalies in HDdUHB data it has been agreed that work will now be undertaken to explore progressing Phase 2 of the project as a pilot for Powys patients only. Work is in progress on developing the pilot with a start date to be confirmed. The outcomes of this pilot will be reviewed at the three month stage to explore the feasibility of expanding this service to Ceredigion residents.</p>

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Community Dental Service				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
		Sept 20	Phase 3 Implement a Community led Sedation/General Anaesthetic service at Bronglais General Hospital for Ceredigion and Powys patients.	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increased utilisation of theatres and related services at Bronglais General Hospital. Reduced travelling time / distance travelled for residents of Mid Wales.	Phase 3 It has been agreed that phase 2 will start alongside phase 3 rather than adopting a staged approach to this priority as originally planned. As such work is in progress on validating the analysis and scoping work and identifying the resource requirements.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Oncology				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Improved access to community based oncology services, along with the repatriation of work back to Mid Wales as appropriate.	HDdUHB Dr Elin Jones (pending Consultant Oncologist appointment)	Nov 19	Review existing pathways in place for community based oncology services and identify opportunities for increasing provision across Mid Wales.	Reduction in referrals to out of area services.	This priority area is looking at the whole cancer pathway with a focus on therapy and outpatients being provided as close to home as possible. The work is being supported by the Mid Wales Cancer group. At the meeting of the group on 13/11/19 the group agreed those areas which will be focused on first as follows: <ul style="list-style-type: none"> • Upper Gastrointestinal (GI) • Urology Chemotherapy in the Community The site for the Chemotherapy Day Unit at Bronglais General Hospital has been agreed which will provide a Mid Wales approach with outreach to community settings as appropriate.
		Jul 19	Ensure accurate data with regards to Mid Wales patients attending Shrewsbury and Telford Hospital NHS Trust (SaTH) and develop plans for repatriation.	Increase in the number of patients treated through the Bronglais General Hospital service.	
		Sep 19	Agree a site for a Mid Wales approach to the creation of a Chemotherapy Day Unit at Bronglais General Hospital with outreach in community settings as appropriate.	Reduction in the number of patients travelling to SaTH and beyond for chemotherapy services. Patient satisfaction surveys.	

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:		Welsh Community Care Information System (WCCIS)			
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Fully integrated WCCIS system across Mid Wales in order to support an integrated service delivery model which allows cross border assessment and care planning across Mid Wales.	PTHB Kara Price	Dec 19	<p>Co-ordinate the development of a solution to the cross border issues related to WCCIS to allow the sharing of information across county borders of Mid Wales in particular for Community staff working in the Dyfi valley and surrounding areas.</p> <p>NOTE: Objective is dependent on the timescale for the full deployment of WCCIS across those county health services covering Mid Wales where WCCIS has not yet been deployed – South Meirionnydd (Betsi Cadwaladr University Health Board) and Ceredigion (Hywel Dda University Health Board).</p>	<p>Reduction in missed appointments and wasted visits.</p> <p>Decrease in duplication of processes and record keeping.</p> <p>Reduction in unnecessary hospital admissions.</p> <p>Quicker discharge process.</p> <p>Support for integrated and shared assessments between Health and Social Care staff.</p>	<p>The latest position regarding WCCIS deployment for Mid Wales organisations:</p> <p>Hywel Dda area Ceredigion Council - Deployed HDdUHB(Ceredigion) - Deployment Dec 19</p> <p>Betsi Cadwaladr area Gwynedd / Anglesey Councils - Deployed BCUHB - Can't commit to a timescale.</p> <p>Powys Powys Council - Deployed PTHB - Deployed</p> <p>Issues identified regarding WCCIS interoperability issues with access across border organisations within Wales and into England have been raised at a national level with the NHS Wales Informatics service (NWIS). NWIS have confirmed they will support this piece of work.</p> <p>Draft proposal devised for submission to NWIS/Careworks to allow them to propose a plan around the requirements to allow information sharing abilities for all Welsh organisations utilising WCCIS.</p>

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority: Respiratory					
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Integrated community focused respiratory approach across Mid Wales with co-ordinated services across primary care, community and hospital care services in order to ensure early diagnosis of respiratory conditions and improved provision of chronic disease management through enhanced support from specialists within the community to optimise treatment and support for patients.	PTHB Hayley Thomas and Claire Lines	Sep 19	Develop and agree a Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales which will focus on: <ul style="list-style-type: none"> An aligned approach across the Mid Wales area with a networked team delivering care closer to home. Development of a cross Health Board MDT approach including Primary and Secondary care. Establishment of joint posts. 	Reduction in referrals to out of area services. Reduced travelling time / distance travelled for residents of Mid Wales. Increase in the number of community clinics by appropriate specialists. Increased use of videoconference and technological solutions e.g. VIPAR.	<p>The PTHB Breathe Well Steering Group has been established whose membership includes representation from HDdUHB, MWJC and Wye Valley NHS Trust. A proposed service model with overarching principles has been developed which will be presented to the three Health Boards for consideration in early 2020. Two pieces of work which will be reported to the group are:</p> <ul style="list-style-type: none"> The current multi-disciplinary approach being taken between PTHB and WAST around respiratory. HDdUHB VIPaR (Virtual pulmonary rehabilitation) work for which there has also been discussions with Welsh Government regarding the development of a network. <p>Medical Directors for PTHB and HDdUHB have been in discussion regarding the possibility of establishing a joint clinical respiratory lead post for Mid Wales.</p>
		Dec 19	Creation of a networked pathway across secondary and tertiary services.		

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Telemedicine				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Innovative use of telehealth and other technologies that build upon the work undertaken by the Telehealth and Innovation sub-group of the former Mid Wales Healthcare Collaborative in particular the Mid Wales Telemedicine Strategy and the four telehealth projects.	HDdUHB Hazel Davies	Dec 19	a) Ensure that the four telehealth projects of the former MWHC are implemented and operationally sustainable, revisit the outcomes and consider the feasibility of rolling out across a wider area. 1. Home Monitoring and Follow Up for Patients with Pacemakers and Implantable cardiac monitors. 2. Utilising mobile telemedicine to access foetal cardiac specialist opinion. 3. Home UV-Phototherapy for Chronic Skin Disease in Rural Wales. 4. Hub & Spoke Technology Enabled Care Outpatient Department Clinics.	Increase in the number of community settings including GP surgeries and community hospitals which are used as telemedicine centres. Reduced travelling times / distance travelled for patients. Reduced travelling times for clinicians thereby releasing additional capacity. Increase in the number of telemedicine clinics across Mid Wales. Patient satisfaction surveys.	a) Latest position regarding the 4 Telehealth projects as follows: 1. Remote pacing: Fully implemented and fully operational. 2. Phototherapy: Issues regarding capital costs for the enabling works at Dolgellau Hospital to house the UV Booth continue to be explored by the BCUHB planning lead. Other alternative sites are also being explored. 3. Mobile Foetal and Paediatric Cardiac imaging: Work is continuing to confirm the current location of the equipment at BGH, whether it is being used for its intended purposes and to review the service need on site. 4. Hub and Spoke: All kit is now accounted for and location known. Work now underway to scope possible service areas where kit can be used in order to utilise clinics. (ref Telemedicine Objective b))

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Telemedicine				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Innovative use of telehealth and other technologies that build upon the work undertaken by the Telehealth and Innovation sub-group of the former Mid Wales Healthcare Collaborative in particular the Mid Wales Telemedicine Strategy and the four telehealth projects.	HDdUHB Hazel Davies	Dec 19	b) Implementation of priority 1 and priority 2 of the Telemedicine Strategy and Implementation Plan. i) Priority 1 Development of specialist consultant in-reach services to Bronglais General Hospital. ii) Priority 1 Further development of clinician outreach into rural communities.	Increase in the number of community settings including GP surgeries and community hospitals which are used as telemedicine centres. Reduced travelling times / distance travelled for patients. Reduced travelling times for clinicians thereby releasing additional capacity.	b) and c) Telehealth Planning group established whose membership includes clinical representatives from the three Mid Wales Health Boards. <ul style="list-style-type: none"> • Data exercise completed to ascertain Emergency Department attenders including casemix and postcode in order to map trends and where services are required out in the community to avoid hospital attenders. • Work completed on identifying clinics provided across Mid Wales with gaps and potential opportunities identified. • Work underway on establishing a formal arrangement for Bronglais A&E senior staff to provide support to Community MIU's via videoconference/telephone.
		Mar 20	c) Creation of 4 more additional telemedicine clinics. <ol style="list-style-type: none"> 1. Respiratory 2. Cardiology 3. Mental Health 4. Cancer 	Increase in the number of telemedicine clinics across Mid Wales. Patient satisfaction surveys.	

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Integrated care hubs				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Creation of integrated care hubs as local health 'hubs' for services in communities across Mid Wales, enabling outreach facilities from acute hospitals in order to improve access to health and social care, well-being, prevention and health promotion services.	PTHB Hayley Thomas	Oct 19	a) Develop the Aberaeron Integrated Care Centre in order to improve access to health and social care, well-being, prevention and health promotion services.	Reduced travelling times for patients. Reduced travelling times for clinicians thereby releasing additional capacity.	a) The new Aberaeron Integrated Care centre opened on 21/10/19, bringing joined-up health and social care to local communities for the first time. The centre provides a Primary Care GP service, clinical services, and is home to the district nursing and social care teams, third sector organisations and the Porth Gofal multi-disciplinary team.
		Mar 22	b) Support the work on the development of the Bro Ddyfi Integrated Health and Care facility in order to improve access to health and social care, well-being, prevention and health promotion services.	Increase in the number of outreach facilities between Bronglais General Hospital and the Bro Ddyfi site. Reduced travelling times for patients. Reduced travelling times for clinicians thereby releasing additional capacity.	b) As a result of contractor issues the scheme has been delayed and as such it has been necessary to resubmit the Full Business Case to Welsh Government.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Integrated care hubs				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
		Mar 20	c) Support the work on the development of the North Powys Wellbeing programme in order to improve access to health and social care, well-being, prevention and health promotion services.	<p>Increase in the number of outreach facilities between Bronglais General Hospital and the proposed Newtown facility.</p> <p>Reduced travelling times for patients.</p> <p>Reduced travelling times for clinicians thereby releasing additional capacity.</p>	<p>c) The Mid Wales Joint Committee have facilitated a further three workshops with colleagues from PTHB, HDdUHB and Shrewsbury and Telford NHS Trust to explore which services/specialities could in-reach into North Powys. The three workshops focused on surgical sub-specialities (19/09/19), paediatric services (22/10/19) and surgical services (22/10/19).</p> <p>A proposed service model is currently under development which will be presented to the three Health Boards for consideration in early 2020.</p>

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Workforce plan for Mid Wales				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
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.	HDdUHB Lisa Gostling and PTHB Julie Rowles	Jul 19	a) Develop and extend new/ enhanced roles including Physician Associates, assistant practitioners, nurse specialists and consultant nurses which will work across primary, community and secondary care.	Increase in number of substantive appointments across Mid Wales. Increase in the number of new roles created. Workforce job satisfaction.	Mid Wales workforce group established with regular meetings in place. Work is in progress on engaging with BCUHB as only information from PTHB and HDdUHB is available. a) Baseline information for existing roles for each individual organisation has been produced. Work in progress on collating this information to explore opportunities for sharing roles. Toolkit to support managers to understand different roles under development.
		Oct 19	b) Develop a programme to facilitate joint training opportunities for all health staff across the three Health Boards and where possible integrate with other care providers.		b) Joint workshop held in October 2019 to share what training is currently offered, what the need is for joint training and what training could be offered jointly with the outcomes to inform proposed recommendations for Health Boards.
		Oct 19	c) Develop joint Healthcare support worker development programmes which span all sectors.		c) First joint induction programmes for Healthcare support worker roles arranged for January/February 2020.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Workforce plan for Mid Wales				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
		Jan 20	d) Develop workforce plan to scope and understand configuration of existing workforce across health and care sectors and which considers the rurality of Mid Wales.		d) Work in progress on scoping the existing workforce at HDdUHB and PTHB.
		Dec 19	e) Develop recruitment campaign to support sustainability of workforce within Mid Wales.		e) New nurse recruitment film 'Train, Work, Live in Mid Wales' produced in May 2019 as a joint venture between BCUHB, PTHB and HDdUHB with support from RHCW. Organisational webpages to be reviewed to ensure consistency of information.

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Clinical Strategy for Hospital Based Care and Treatment				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Sustainable and accessible Hospital Based Care and Treatment services for the population of Mid Wales with robust outreach services and clinical networks	HDdUHB Peter Skitt	Nov 19	a) Develop and agree a clinical strategy for Bronglais General Hospital which provides a clear vision of how services could be provided through networks crossing organisational boundaries, through better use of new staff groups and through using technology enabled healthcare.	Reduction in referrals to out of area services. Improved Referral to Treatment waiting time position. Increased utilisation of services at Bronglais General Hospital.	a) During September 2019 the strategy document was subject to the HDdUHB 'check and challenge' process, which is the Board-approved approach, to provide assurance that the delivery of any projects, service changes and pathway re-design meets the Health Board's priorities and is consistent with the principles set out within the HDdUHB health and care strategy. The check and challenge process provided assurance to the HDdUHB Health and Care Strategy Delivery Group that the strategy document is ready to be submitted to the Board meeting on 28/11/19. Following formal approval by HDdUHB the strategy will be formally considered by PTHB and BCUHB as commissioners of services and implementation of the strategy will commence.
		Dec 19	b) Develop and agree a delivery plan for the implementation of the clinical strategy for Bronglais General Hospital.	Reduction in travel time / distance travelled for patients. Increase in the number of outreach services across the Care Hubs in Mid Wales.	
		Dec 19	c) Commence implementation of the delivery plan for the Bronglais General Hospital clinical strategy.	Increased public satisfaction with the facilities available across Mid Wales. Further availability of clinical space for the population of Mid Wales through commissioning intentions.	

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Clinical networks				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Effective clinical networks across those secondary care services which provide services to the population of Mid Wales in order to ensure the provision of effective care for the Mid Wales population.	PTHB Wyn Parry	Mar 20	a) Develop and establish clinical networks across those secondary care services which provide services to the population of Mid Wales in particular: <ul style="list-style-type: none">• Ophthalmology• Oncology• Colorectal• Respiratory	<p>Increase in the number of networked services providing care for the people of Mid Wales with partners in Hywel Dda, Powys, Betsi and English providers.</p> <p>Reduction in travel time / distance travelled for patients.</p>	a) Action on the development of clinical networks is on-going and being progressed via the Mid Wales Clinical Advisory Group (MWCAG).
		Mar 20	b) Establish links with and support the work being undertaken on the development of the North Powys Wellbeing Programme.	<p>Increase in the number of outreach services across the Care Hubs in Mid Wales.</p> <p>Cross organisational clinical workshop between SaTH, PTHB, HDdUHB (BGH) regarding pathways and on-going working patterns.</p>	<p>b) The Mid Wales Joint Committee have facilitated a further three workshops with colleagues from PTHB, HDdUHB and Shrewsbury and Telford NHS Trust to explore which services/specialities could in-reach into North Powys. The three workshops focused on surgical sub-specialities (19/09/19), paediatric services (22/10/19) and surgical services (22/10/19).</p> <p>A proposed service model is currently under development which will be presented to the three Health Boards for consideration in early 2020.</p>

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Colorectal Surgical Pathway				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Establish a sustainable Colorectal surgical pathway at Bronglais General Hospital, which ensures a Mid Wales focus on service delivery and creates opportunities for outreach services across the Care Hubs in Mid Wales.	HDdUHB Peter Skitt	Sept 20	Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales.	Reduction in referrals to out of area secondary care services.	Plan in place to cover colorectal services due to the departure of Consultant colorectal surgeon in late Summer 2019 as follows. <ul style="list-style-type: none">Interim support to be provided via Withybush General Hospital pathway as previously. Inpatients to be seen at Withybush General Hospital with outpatients seen at Cardigan Hospital.Recruitment for a replacement commenced in July 2019 with closing date of 01/09/19. Due to no applications being suitable for shortlisting in the first round the post was readvertised for a second time in mid-September with a closing date of 13/10/19. Consideration of applicants is on-going and consultant surgeons from Bronglais General Hospital are involved in the recruitment process
		Dec 20	Implement the colorectal service model: a) Phase 1 - Reintroduction of elective colorectal surgery at Bronglais General Hospital. b) Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.	Improved Referral to Treatment waiting time position. Reduced travelling times for patients Increased utilisation of services at Bronglais General Hospital. Increase in the number of outreach services across the Care Hubs in Mid Wales. Increase in the commissioning numbers for HDdUHB BGH colorectal services from neighbouring Health Boards via the commissioning process.	

MID WALES JOINT COMMITTEE – DELIVERY PLAN (As at 22/11/19)

Priority:	Engagement and Involvement				
Overall Goal	Lead	Deadline	Objective 2019/20	How success will be measured	Update
Support and manage on-going engagement, involvement and communication with the public and staff on the work being undertaken across Mid Wales	WAST Estelle Hitchon	<p>Mar 20</p> <p>Mar 20</p> <p>Jun 19</p>	<p>Implement the Mid Wales Joint Committee agreed approach for engagement, involvement and communication through:</p> <p>a) Mid Wales Public and Patient Engagement and Involvement Forum.</p> <p>b) Use of existing engagement, involvement and communication frameworks of the partner organisations.</p> <p>c) Development and implementation of a programme of specific Mid Wales Joint Committee engagement and involvement events, which complement existing organisational frameworks.</p>	<p>Assessment against the National Principles for Public Engagement in Wales through feedback from the public and staff.</p> <p>Patient satisfaction surveys</p> <p>Patient/public involvement in planning of Mid Wales services.</p> <p>Reduction in the number of complaints / ad-hoc issues.</p>	<p>Mid Wales Public and Patient Engagement and Involvement (PPEI) Forum operates as a virtual group whose membership comprises members of the public who have shown an interest in the work of the MWJC.</p> <p>a) Mid Wales PPEI Steering Group in place to co-ordinate and support the delivery of the MWJC's approach to engagement, involvement and communication.</p> <p>b) Rolling programme of individual organisational engagement and involvement mechanisms collated on an on-going basis in order to identify those opportunities where the MWJC can engage and involve the public and patients in its work.</p> <p>c) A review of the three specific MWJC spring 2019 engagement events has been undertaken by the PPEI Steering Group and whilst acknowledging the feedback received was invaluable, the group agreed that no further specific MWJC events would be arranged with existing organisational engagement events used by the MWJC.</p> <p>d) Mid Wales PPEI Steering Group also share best practice and sight each other on any other upcoming developments both regionally and nationally.</p>



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 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 25th November 2019. During the meeting a presentation was made jointly by the Director of Partnerships and Corporate Services on the visit to Bromley by Bow and this stimulated discussion and interest in how a similar approach could be implemented locally and how similar work to support community asset transfer is already ongoing within the County. Members agreed that the “place-based” evaluation process used in Bromley by

Bow would be worth further review and consideration.

Mike Bull from Carmarthenshire County Council made a presentation on the 10 Rural Towns Programme which will set out the long term strategic vision for employment and economic growth performance. 10 rural towns have been identified as a focus for this work; Whitland, St Clears, Laugharne, Llandovery, Llandeilo, Cwmamman, Newcastle Emlyn, Llanybydder, Kidwelly and Crosshands. Initial workshops to gain feedback about what local residents think of their towns will be undertaken by March 2020 and will feed the development of Vitality Reports and the subsequent launch of the plan is anticipated in July 2020. PSB members were invited to provide input into the work.

An update on the regional Strategic Asset Review was also provided by Jonathan Fearn, Carmarthenshire County Council, together with brief updates on the work of the project groups. It was noted that the Health Board, through the Director of Public Health, is leading the co-ordination of a regional Social and Green Solutions for Health workshop which is planned for 21st January 2020.

The PSB Team reported that the Minister for Health and Social Services formally launched the Carmarthenshire Public Sector Food Procurement project work on 7th November 2019. This is part of the Foundational Economy Challenge Fund which seeks to take forward new procurement methodologies focused on supporting local/community wealth from public sector spend.

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 2nd December 2019. During the meeting members received three key presentations: Arwyn Davies provided an overview on the development of the Ceredigion Economic Strategy which highlighted the important link to health and social care workforce developments which play a part in local economic prosperity. Chief Inspector Sweeney presented an overview of the Dyfed Powys Neighbourhood Policing Model which highlighted the local investment in strengthening targeted community presence. Anna Prytherch from Rural Health and Care Wales presented an overview of research undertaken to Review the Well-being Plans of Ceredigion, Gwynedd & Anglesey and Powys Public Services Boards.

Members noted that Ceredigion County Council had recently won an award for their work with local community groups to support the Syrian Vulnerable Person's Resettlement Programme.

Iwan Cray, Mid and West Wales Fire and Rescue Service, was appointed as the new Vice-Chair of the PSB.

A link to the agenda and papers of Ceredigion PSB is provided below:

<https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/>

Pembrokeshire Public Services Board (PSB)

The PSB met on 19th November 2019 and was hosted by PLANED. An initial workshop discussion took place to review feedback from a recent meeting with Pembrokeshire Youth Parliament and to take stock of current progress with PSB priorities. The PSB agreed to

formally invite representation from the Youth Parliament to future meetings and are keen to ensure that the voice of young people is contributing to the development of long term plans for Pembrokeshire.

One of the specific projects which has been led by the Health Board addresses the priority area of “Doing things Differently”. Elaine Lorton, County Director (Pembrokeshire), and Claire George, Locality Manager, provided a report on the work which has been undertaken to develop new models of service delivery, and the engagement activity to scope five integrated community networks to address the challenges of delivering accessible services in rural communities.

The PSB reviewed the recent Wales Audit Office Report: Review of Public Service Boards and agreed to provide a written response to the recommendations to clarify the positive action which is already being taken. It was noted that Pembrokeshire County Council have amended their scrutiny arrangements and a Partnership Panel is being established which will meet for the first time in January 2020 and involve the chairs and vice-chairs of all Local Authority Scrutiny Committees.

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

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

An initial planning session has taken place on social and green solutions for health, led by the Director of Public Health, and this will be followed up by more detailed programme planning in early 2020.

Discussions are advanced on the acquisition of digital platforms which will facilitate engagement with key population groups on a range of issues relating to health and wellbeing and analysis of findings. Further demonstrations of potential systems will be taking place early in 2020 with the aim of purchasing systems for use by the three PSBs, RPB and constituent partners as a key strand of a shared approach to continuous engagement.

Regional Partnership Board update

The next meeting of the RPB will take place on 23rd January 2020 in Haverfordwest. Agenda items will include updates on delivery of the Healthier West Wales and Integrated Care Fund (ICF) programmes, and discussion with the Children’s Commissioner for Wales regarding arrangements in West Wales for providing multi-agency care and support to children with complex needs and related challenges and opportunities. This follows on from a meeting between the commissioner with key representatives from Hywel Dda UHB and the three local authorities which took place on 13th December 2019. A further verbal update will be provided at the meeting.

Implementation of a revised regional governance structure underneath the RPB is continuing, aimed at improving oversight of delivery against the partnership’s priorities and facilitate the development of future programmes. Changes include streamlined governance

for learning disabilities and mental health and the creation of a new regional children's group, the inaugural meeting of which took place on 13th November 2019. Priorities for this group will include consideration of how existing programmes and funding streams can be brought together to optimise outcomes for children and young people as well as overseeing regional arrangements for statutory care and support for this population group. The new governance structure will also strengthen links between the partnership, the UHB's Health and Care Strategy Delivery Group and its constituent programme groups to ensure an integrated approach to transformation.

A meeting between the Deputy Minister for Health and Social Services, senior Welsh Government Officials and RPB Chairs from across Wales will take place in Cardiff on 16th January 2020. Items for discussion will include the growing role of RPBs and how this needs to be supported at all levels, recent revisions to statutory guidance for Part 9 of the Social Services and Wellbeing (Wales) Act, winter pressures funding and programmes and the future of regional working, including funding beyond the current Transformation Fund and ICF streams which end in March 2021. Future funding will also be a focus at an all-Wales RPB learning event on 12th February 2020, which will be addressed by the Minister for Health and Social Services.

Delivery of the three programmes within a Healthier West Wales, funded by the Transformation Fund continues, with Programmes 1 (Proactive, technology-enabled care) and 3 (Fast-tracked consistent integration) having moved to the delivery phase.

Programme 1:

- Key staff have been recruited in both Carmarthenshire and Pembrokeshire.
- Suitability assessments for the service are being conducted in Carmarthenshire during January 2020, with full delivery of the model (including 24/7 welfare response units) in place by the last week of the month.
- Extra capacity in community-based pathways has been commissioned.
- The App designed to alleviate loneliness based on the 'vincles' work in Spain, provisionally called 'link' in West Wales, has been built and is ready for roll-out.
- A bespoke assessment, planning and evaluation tool has been designed, which is being used as the standard tool to evaluate personal impact of programmes. This tool is called 'The Wheel of Wellbeing' and a bespoke App is being built to roll-out across the whole county – with a paper-based version being used until the app is fully operational.

Programme 3 (Carmarthenshire only)

- The Crisis Response Service has been fully recruited – the service builds on the good practice of the Acute Response Team (ART) and Transformation Fund monies have more than doubled capacity of the team. The service has also successfully recruited 2 clinical leads (GPs) to the service, who will be in post by February 2020.
- Crisis Response Service has been operational since the second week of November 2019 – with a significant escalation in activity to support winter pressures. Focus is currently on reducing Length of Stay in the acute sector with efficient pull into the community.

Programme 7:

- These include consideration of a series of bids against a regional investment fund to support inter-generational working.
- West Wales is Kind steering group established, with review of materials and an engagement and marketing campaign planned to coincide with national and international

events such as National Kindness Day and Loneliness Awareness Week.

- Appointment to regional and local Community Connector Plus posts.
- Appointment of local Volunteering Officers by County Voluntary Councils to take forward a programme of promotion and support within selected communities.

A mid-point evaluation report on the Healthier West Wales programme is being produced by our external evaluators FutureGov, which will form part of a composite national report on progress due to be presented to the Minister for Health and Social Services in March 2020. The West Wales report will provide background on the strategic case and objectives of our funded programmes and their intended outcomes, as well as setting out our approach to evaluation, which will include assessment against a regional outcomes and benefits framework. Further updates will be provided as this work progresses.

Job descriptions for posts within the regional Research, Innovation and Improvement Coordination Hub have been drafted and are currently undergoing evaluation. The aim is to move to delivery phase early in the new financial year.

The third Healthier Wales roadshow in West Wales will now take place in Aberystwyth on 9th January 2020. Following on from events in Carmarthen in September 2019 and Haverfordwest in October 2019, these Welsh Government-led sessions provide an opportunity for sharing learning and raising awareness among managers and front-line staff of the Transformation Fund and the programmes it supports.

A composite winter plan was developed by the RPB in response to the announcement from Welsh Government that £2.062m would be provided regionally to support integrated approaches, alongside the £1.2m made available to the UHB. Progress on both elements is being monitored jointly across partner agencies. The formulation of joint approaches to address systems pressures remains a top priority for the Integrated Executive Group sitting under the RPB. An integrated workshop was held on 16th December 2019 identified a series of immediate actions which could be taken forward alongside those within the formal winter plans to reduce the impact of pressures on the system. These are being progressed and will be reviewed alongside the actions included in the formal plans.

Cross-agency calls take place locally on a weekly basis to review actions across the HDdUHB and RPB plans; and to identify where projects may need to be refocused and funding reallocated. Monthly progress returns are also being compiled and submitted to Welsh Government. In relation to the RPB plan, these returns include information on successes and benefits realised to date, barriers and lessons learnt, as well as a spend profile. The RPB will be further required to produce an end of year return (post-March 2020) confirming where funding has been invested and key impacts.

Monthly updates will be considered by the Integrated Executive Group (IEG). An interim progress report will be brought to the RPB for consideration at its March 2020 meeting and the end of year report will be shared in June 2020. The monitoring and reporting process provides a mechanism for sharing learning from funded initiatives, which will inform collective discussions on schemes which might be deployed in winter 2020-21. This will help ensure that projects commence immediately once next year's funding is confirmed.

These reports will be shared with the Board through the routine Statutory Partnerships paper and future Winter Plan reports from the Director of Operations.

Additional allocation of Transformation Fund

On 14th January 2020, the Minister for Health and Social Services confirmed additional

tentative allocations to regional partnership boards from the Transformation Fund, on the basis of which proposals are invited by 9th March. These need to reflect existing criteria for the Fund and will also be required to support upscaling of transformation by:

- Involving more than one region or having a national scope
- Pooling regional allocations to maximise impact
- Implementing trans-regional partnership arrangements
- Building on, learning from and complementing existing transformational approaches

The indicative allocation to West Wales is £1.419m.

Proposals are being developed on this basis; these will also draw from redrafts of the original Healthier West Wales proposals which were submitted to Welsh Government in April 2019 and in respect of which responses were not received. Sign-off will be via the RPB and the Board will be further updated as the work progresses.

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 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
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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 EqlA screening has been undertaken.



HYWEL DDA UNIVERSITY HEALTH BOARD – WORK PLAN MARCH 2019 – MARCH 2020

The Board meets in public bi-monthly. The following table sets out the Board's business for 2019/20, including standing agenda items (denoted by *); items denoted by ** are those that are reported to the Board as and when required.

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
GOVERNANCE										
Public Forum Questions*	Chair	JW	✓		✓	✓	✓	✓	✓	✓
Patient/Staff Story *	MR	LO'C	✓		✓	✓	✓	✓	✓	✓
Apologies*	Chair	CM	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests*	Chair	All	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CM	✓		✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	Chair	CM	✓		✓	✓	✓	✓	✓	✓
Report of the Chair* • Thoracic Surgery • Chair's Action • Revised Corporate Governance Structure/ Arrangements • HDdUHB Self-Assessment of Current Quality Governance Arrangements	Chair	JW	✓		✓	✓	✓ ✓	✓ ✓	✓ ✓	✓
Report of the Chief Executive* • Register of Sealings • Consultations Update • Brexit • Apprenticeship Update • Thoracic Surgery • Major Trauma • Health & Care Strategy	SM	SMJ	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
<ul style="list-style-type: none"> Llanelli Wellness Village QI Framework Winter Pressures Paediatric Care Task & Finish Group – Progress Update 							✓ ✓		✓	✓
Committee Annual Reports <ul style="list-style-type: none"> 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		✓		✓ MHLAC				
Governance, Leadership & Accountability Standard	SM	JW		✓						
Annual Governance Statement	SM	JW		✓						
Accountability Report	SM	JW		✓						
Final Accounts for 2018/19	HT	HT		✓						
Letter of Representation	HT	HT		✓						
Wales Audit Office ISA 260	WAO	HT		✓						
Approval of Charitable Funds Annual Report & Accounts	SJ	NLI		✓						
HDdUHB Annual Quality Statement	MR	SM		✓						
Standing Orders/Standing Financial Instructions	SM	JW			✓		✓	✓		

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
HDdUHB Annual Report 2018/19	Chair	SJ				✓				
Minutes from Annual General Meeting	Chair	CM					✓			
WAO Annual Audit Report	WAO	JW							✓	
WAO Structured Assessment	WAO	JW							✓	
International Health Partnerships Governance Framework	RJ	RF								✓
Committee Terms of Reference	SM	JW	✓ ARAC BPPAC QSEAC SRG		✓ CFC Fin C PCAC HPF	✓ RTSC HCSDG	✓ SRG			✓
STRATEGIC ISSUES/FOR DECISION										
Ceredigion Community Equipment Services: Section 33 Agreement	SJ	SMJ			✓					
Annual & Financial Plan 2019/20	KM/HT		✓							
Annual & Financial Plan 2020/21	KM/HT									✓
Transforming Clinical Services/ Future Health & Care Strategy: A Healthier Mid and West Wales	PK/RJ	PK/RJ	✓		✓	✓	✓	✓		✓
Bronglais General Hospital (BGH) Strategy	PK					✓		✓		
Strengthening Regional Partnership Board Governance	SJ		✓							
Pathology Strategic Outline Case	KM		✓							
Implementing the Welsh Language Standards	SJ		✓							
Thoracic Surgery Consultation	SM				✓					
Pooled Budgets/Funding Arrangements	JP/SJ				✓					
Major Trauma Network	SM/KM				✓		✓	✓		
Sexual Assault Referral Centre (SARC)	SM						✓			

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Bronglais Chemotherapy Day Unit Capital Scheme	JT	PS					✓			
Inpatient Malnutrition Business Care	AS						✓			
HDdUHB Major Incident Plan 2019/20	RJ	SH					✓			
HDdUHB Seasonal Influenza Plan 2019/20	RJ						✓			
Strategic Equality Plan Annual Report 2018/19	SJ	JH					✓			
Winter Planning 2019/20	JT/AC							✓	✓	
Charter for Improving Patient Experience	MR	LO'C							✓	
Carmarthenshire Section 33 Agreement	SJ	SMJ								✓
Performance Management Assurance Framework	KM									✓
Strategic Equality Plan and Objectives 2020-2024	SJ	JH								✓
QUALITY, SAFETY & PERFORMANCE/DELIVERING THE HERE AND NOW										
Focus on Hospital & Community Services*	JT/AC	County Director	✓ Cere		✓ Carms	✓ Pembs	✓ Cere	✓ Carms		
Integrated Performance Assurance Report (to include)* <ul style="list-style-type: none"> • Performance • Finance • Workforce & OD (including AAC) • Concerns • Six Monthly Individual Patient Funding Request (IPFR) Data • CHC Quarterly Performance 	SM	KM	✓		✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Board Assurance Framework	SM	JW			✓				✓	
Corporate Risk Register	SM	JW			✓				✓	
Finance and Turnaround Update	HT/AC		✓		✓	✓	✓	✓	✓	✓
Dental Plan Progress Update	JP		✓			✓				
Update on Nurse Staffing Levels (Wales) Act	MR				✓			✓		
Winter Planning 2018/19 – Evaluation	JT				✓					
Health & Care Standards Fundamentals of Care Audit 2018	MR	CH			✓					
Presentation of Learning Disabilities Charter	JT					✓				
Transforming Learning Disabilities Project	JT					✓				
Internal Assurance Review of Quality and Safety of Maternity Services following Recent Independent Review of Maternity Services at the former Cwm Taf UHB	JT					✓				
Bi-Annual Improving Experience Report	MR	LO'C				✓				✓
Fragility of Mental Health Services	JT	LC					✓			
HDdUHB Director of Public Health Annual Report	RJ						✓			
NHS Delivery Unit (DU) Audit on Primary Mental Health Services for Children and Adolescent Mental Health Services (SCAMHS)	JT	LC						✓		
Mid Year Review of Annual Plan	KM	PW						✓		
Working to improve the Health of Vulnerable Groups	SJ							✓		
Ombudsman Annual Letter	MR	LO'C						✓		

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Funded Nursing Care	JP							✓		
Well-being Objectives Annual Report 2018/19	SJ	AB						✓		
Ombudsman Reports**	MR	LO'C								
COMMITTEE UPDATE REPORTS										
HDdUHB Board Level Committees Update Report (to include)* <ul style="list-style-type: none"> • Audit & Risk Assurance Committee • Business, Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee • Mental Health Legislation Assurance Committee • Primary Care Applications Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board 	Chairs	JW	✓		✓	✓	✓	✓	✓	✓
In-Committee Board Update Report	Chair	JW	✓		✓	✓	✓	✓	✓	✓
HDdUHB Advisory Groups Update Reports (to include)* <ul style="list-style-type: none"> • Stakeholder Reference Group • Healthcare Professionals Forum • Local Partnership Forum 	Chairs	JW	✓		✓	✓	✓	✓	✓	✓
HDdUHB Joint Committees & Collaboratives Update Report (to include)* <ul style="list-style-type: none"> • EASC 	Chairs	RF	✓		✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
<ul style="list-style-type: none"> NWSSP WHSSC JRPDC MWJC Collaborative Leadership Forum 										
Update Report from Public Services Boards	SJ	AB	✓							
Statutory Partnerships Update (incl Public Services Boards)	SJ	AB			✓	✓	✓	✓	✓	✓
FOR INFORMATION										
Board Annual Workplan	JW	CM	✓		✓	✓	✓	✓	✓	✓
Head of Internal Audit Opinion	JW			✓						
Healthcare Inspectorate Wales (HIW) Annual Report 2018/19						✓	✓			
HDdUHB Primary Care Annual Report 2018/19	JP					✓				
Medical Revalidation and Appraisal Annual Report 2018/19	PK	HW				✓				
NHS Wales Fighting Fraud Strategy						✓				
Organ Donation Annual Report	JT							✓		
Community Health Council (CHC) Annual Report	CHC							✓		

Initials

AB – Anna Bird AC – Andrew Carruthers AG – Alison Gittins AS – Alison Shakeshaft CH – Chris Hayes CHC – Community Health Council CM – Clare Moorcroft ED's – Executive Directors EL – Elaine Lorton	JH – Jackie Hooper JP – Jill Paterson JPJ – Jenny Pugh-Jones JT – Joe Teape JW – Joanne Wilson KJ – Keith Jones KM – Karen Miles LC – Liz Carroll LO'C – Louise O'Connor	NLI – Nicola Llewellyn PS – Peter Skitt PW – Paul Williams RE – Rob Elliott RF – Rosie Frewin RJ – Ros Jervis SH – Sam Hussell SJ – Sarah Jennings SM – Steve Moore
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GM – Gareth Morgan HT – Huw Thomas HW – Helen Williams PK – Philip Kloer	LG – Lisa Gostling LRD – Libby Ryan-Davies MR – Mandy Rayani	SMJ – Sian-Marie James SP – Sian Passey WAO – Wales Audit Office
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