Bundle Strategy and Delivery Committee 3 September 2019

Agenda attachments

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1	Welcome & Introductions
1.2	Apologies for Absence
1.3	Declarations of Interest
1.4	Minutes of the Strategy & Delivery Meeting held on 25th June 2019
	1.4_June Minutes_S&D0919.docx
1.5	Action Log of the Strategy & Delivery Meeting held on 25th June 2019
	1.5_Action Log_S&D0919 - v2.docx
2	Shaping our Future Wellbeing Strategy
2.1	Having an unplanned care system that provides the right care, in the right place first time
2.2	Strategic Clinical Plan – Update
	2.2_Strategic Clinical Plan Update_S&D0919.docx
	2.2_Strategic Clinical Plan Update Appendix 1_S&D0919.pdf
	2.2_Strategic Clinical Plan Update Appendix 2_S&D0919.docx
3	National Strategies
3.1	No items to report
4	Integrated Medium Term Plan (IMTP)
4.1	Scrutiny of the Capital Plan
	4.1_Scruitny of the Capital Plan_S&D0919.docx
	4.1_Scrutiny of the Capital Plan Appendix_S&D0919.docx
4.2	Summary on Integrated Care Fund
	4.2_Summary on Integrated Care Fund Report_S&D0919.docx
	4.2_Summary on Integrated Care Fund 1_S&D0919.doc
	4.2_Summary on Integrated Care Fund 2_S&D0919.pptx
	4.2_Summary on Integrated Care Fund 3_S&D0919.doc
5	Other Significant Plans
5.1	Amplify 2025
	5.1_Amplify 2025_S&D0919.docx
5.2	Infrastructure / Estates Update
	5.2_Infrastructure, Estates Update_S&D0919.docx
	5.2_Infrastructure, Estates Update Appendix 1_S&D0919.pdf
	5.2_Infrastructure, Estates Update Appendix 2_S&D0919.pdf
	5.2_Infrastructure, Estates Update Appendix 3_S&D0919.pdf
6	Performance Reports
6.1	Research and Development Update
	6.1_Research and Development Update_S&D0919.docx
6.2	Update on the Independent review of the CAMH Service and Delivery Unit Report
6.3	Key Organisational Performance Indicators
	6.3_Key Organisational Performance Indicators_S&D0919.docx
6.4	Primary Care Out of Hours Service – Peer Review and Public Accounts Committee Report
	6.4_Primary care out-of-hours_S&D0919.pdf
	6.4_OOH Peer Review Follow Up Letter for Len Richards Final_S&D0919.docx
	6.4_Peer Review Action Plan -Update August 2019_S&D0919.docx
6.5	Workforce Key Performance Indicators

6.5_Workforce Key Performance Indicators_S&D0919.docx

6.5_Workforce Key Performance Indicators_S&D0919.xlsx

6.6 Welsh Language Scheme

6.6_Welsh Language Scheme_S&D0919.docx

6.7 Appraisal Rates – Deep Dive

6.7_Appraisal Rates - Deep Dive_S&D0919.docx

6.8 Board Assurance Framework – Capital Assets

6.8_Board Assurance Framework - Capital Assests_S&D0919.docx

6.8_Board Assurance Framework - Capital Assests Appendix_S&D0919.docx

7 Items for Ratification

7.1 Employment Policies

7.1_Employment Policies_S&D0919.docx

8 Any Other Business

9 Date & Time of Next Meeting: Tuesday 29th October, 9:00am - 12:00pm, Nant Fawr 1 & 2, Woodland House

Strategy & Delivery Committee
Tuesday 3rd September 2019
9.00am – 12.00pm
Nant Fawr 2 & 3, Ground Floor, Woodland House

1	**Welcome & Introductions**	Charles Janczewski
1.2	**Apologies for Absence**	Charles Janczewski
1.3	**Declarations of Interest**	Charles Janczewski
1.4	**Minutes of the Strategy & Delivery Meeting held on 25th June 2019**	Charles Janczewski
1.5	**Action Log of the Strategy & Delivery Meeting held on 25th June 2019**	Charles Janczewski
1.6	Chairs Actions Taken since Last Meeting	Charles Janczewski
2	**Shaping our Future Wellbeing Strategy**	
2.1	Having an unplanned care system that provides the right care, in the right place first time	Steve Curry - Presentation
2.2	Strategic Clinical Plan – Update	Abigail Harris
3	**National Strategies**	
3.1	No items to report	
4	**Integrated Medium Term Plan (IMTP)**	
4.1	Scrutiny of the Capital Plan	Abigail Harris
4.2	Summary on Integrated Care Fund	Abigail Harris
5	**Other Significant Plans**	
5.1	Amplify 2025	Martin Driscoll
5.2	Infrastructure / Estates Update	Abigail Harris
6	**Performance Reports**	
6.1	Research and Development Update	Stuart Walker
6.2	Update on the Independent review of the CAMH Service and Delivery Unit Report	Steve Curry – Verbal
6.3	Key Organisational Performance Indicators	Steve Curry
6.4	Primary Care Out of Hours Service – Peer Review and Public Accounts Committee Report	Steve Curry - Verbal
6.5	Workforce Key Performance Indicators	Martin Driscoll
6.6	Welsh Language Scheme	Martin Driscoll
6.7	Appraisal Rates – Deep Dive	Martin Driscoll
6.8	Board Assurance Framework – Capital Assets	Nicola Foreman
7.	**Items for Ratification**	
7.1	Employment Policies a) NHS Wales Special Leave Policy b) Maternity Policy	Martin Driscoll
8	**Any Other Business**	Charles Janczewski
9	Date & Time of Next Meeting:	Charles Janczewski

	29th October 2019, Nant Fawr 1 & 2, Ground Floor, Woodland House	

UNCONFIRMED MINUTES OF THE STRATEGY AND DELIVERY COMMITTEE HELD ON TUESDAY, 25 JUNE 2019 EXECUTIVE MEETING ROOM, WOODLAND HOUSE

Present:

Charles Janczewski	CJ	UHB Vice Chair

In Attendance:

Abigail Harris	AH	Executive Director of Planning
Robert Chadwick	RC	Executive Finance Director
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director
Keithley Wilkinson	KW	Equality Manager

Secretariat:

Glynis Mulford	GM	Corporate Governance Officer

Apologies:

John Antoniazzi	JA	Independent Member - Capital
Sara Moseley	SM	Independent Member – Third Sector
Fiona Jenkins	FJ	Executive Director Therapies and Health Sciences

SD: 19/06/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the Strategy & Delivery meeting.	**ACTION**
SD: 19/06/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	
SD: 19/06/003	**DECLARATIONS OF INTEREST** Charles Janczewski declared his interest as Chair of the Quality and Patient Safety Committee at WHSCC.	
SD: 19/06/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 30 APRIL 2019** The Committee reviewed the minutes held on 30 April 2019. Subject to a few amendments the minutes of the meeting were agreed as a true and accurate record: **SD: 19/04/008: Scrutiny of the Capital Plan** – *Item to read as*: Work was underway to deliver a major trauma centre service by April 2020. In regard to the courtyard, plans were being developed and a business case was in progress to provide a dedicated trauma theatre. This would be co-joined with a hybrid theatre in the courtyard and would not be in place by 2020. Plans were underway to utilise our	

	main theatres to provide the dedicated trauma theatre required to meet the standards. **SD: 19/04/010: A Healthier Wales Implementation Update -** *Item to read as:* Collectively with Cardiff & Vale local authorities the spend in joint local community services was in the region of £200m. Alastair Rose was one of the team of three identified by Welsh Government to lead on the development of a national clinical services plan. Page 11 Change word to from enforce to *reinforce*. **Resolved – that:** (a) Subject to the agreed amendments the Committee approved the minutes of the meeting held on 30 April 2019.	
SD: 19/06/005	**ACTION LOG FOLLOWING THE LAST MEETING** **SD: 19/04/013: Digital Healthcare Update:** In the Director of Transformation absence, items would be covered by the rest of the executive team. **Resolved – that:** The Committee **REVIEWED** the Action Log from the April meeting.	
SD: 19/06/006	**CHAIRS ACTION TAKEN SINCE LAST MEETING** There had been no Chairs actions taken since the last meeting.	
SD: 19/06/007	**SUMMARY ON INTEGRATED CARE FUND** The Executive Director of Planning provided a verbal update on the Integrated Care Fund. The following comments were made: • This item was on agenda for the Regional Partnership Board but as yet the plan had not been finalised. Further proposals were being awaited which were overcommitted against the allocation. More work was needed to be undertaken on this with the two local authorities. • The Vale Local Authority had a large programme on developing an "older persons' village" for Penarth with an investment circa £20-30m. The Vale Local Authority was looking for a more investment next year towards the programme. • Cardiff also had a list of projects on a smaller scale which they would want to progress with equal importance. Therefore further discussions were needed between the three organisations. • As a Health Board funding would be needed to make our health and wellbeing hubs operate and for them to be integrated with the local authority. More capital would be invested to complete the chapel at CRI. • The Intermediate Care Fund considered other aspects other than housing and it was aimed that that the business cases which had	

	been submitted would be considered. • A more detailed report will be brought to the September meeting. **Resolved that:** (a) The Committee noted the verbal update	AH
SD: 19/06/008	**PERFORMANCE AGAINST STRATEGIC OBJECTIVES** **Childhood Immunisation Annual Update:** The Executive Director for Public Health provided an update on the above paper stating the target for immunisation was to reach 95% in the community. The following comments were made: • Work was being undertaken to address the issues with the uptake of vaccinations as they were declining in children under one-years. Low uptake was also seen amongst preschoolers. Data provided by Public Health Wales identified a mixed picture with the uptake of some vaccinations declining. The challenge would to manage this area and to identify why this had occurred. The report also highlighted that teenage vaccinations were the lowest in Wales. • Some of the immunisation challenges being faced related to a highly mobile population. Also amongst the black minority ethnic group, a significant lower uptake was shown. • In line with Welsh Government policy, new vaccinations and changes would be introduced to the immunisation programme being undertaken in 2019/20 and flu vaccination for children was key on the agenda. • The newly established Child Health Information System did not currently link into GP practice systems. The aim was to achieve a 'read only' captured on their systems. • A number of actions had been agreed by the Immunisation Steering Group and currently being explored was to immunise teenagers in school for their booster vaccination rather than GP practices. This work would have to be scoped as there would be a requirement for the funding to shift. Discussions would be undertaken with PCIC for approval. • There were good actions outlined in the report but recognised that the outcomes wanting to be achieved could not be visualised at present. • An update on the communications plan would be presented at a future meeting. **Resolved that:** a) The Committee noted the current uptake of immunisations; forthcoming changes to the immunisation programme and the implementation of actions to deliver changes to the programme to improve uptake in childhood vaccination rates.	FK

	MAXIMISING PREVENTION IN THE UHB The Executive Director of Public health informed members that the aim was to further strengthen our approach in maximising prevention and coordinating efforts in a stronger way. • A number of projects were being undertaken across the Health Board relating to keeping people well such as *'Me, My Home and My Community'.* This linked in with the objectives of the Strategy and the transformation work. It also aligned to the work being delivered by the Public Service Board Wellbeing Plans. • The UHB was smoke free and the report outlined some of the concerted actions to take things further. • The Health Foundation was looking at strengthening the way the NHS could make a difference on health and wellbeing. • The Faculty of Public Health and the Health Foundation was interested and actively investigating the role of healthcare in prevention. • This could be achieved in multiple ways such as Amplified 2025 and engaging with Clinical Champions to support the agenda. • There were five actions proposed to deliver the plan such as the Healthy Travel Charter. The aim was to encourage and support staff to demonstrate that everyone had the ability to do something in regard to prevention. • It could be demonstrated that a lot of good work had been undertaken. This was shown with a suite of indicators which was fed into the report. In addition, a set of measures and trends was available in how actions were monitored and delivered. This would be brought to the September meeting. • A communications post had been advertised and the prevention plan would be followed through once the person was in place. **Resolved that:** a) Noted the proposed approach, with each Clinical Board playing a leadership role with their teams and services b) Individually role model healthy living **HAVING A PLANNED CARE SYSTEM WHERE DEMAND AND CAPACITY ARE IN BALANCE** • The Operational Planning Director provided a presentation which gave a baseline on the above. This was a multi-year programme of work designed to move in the position to be achieved. The following comments were made: • The planned care system was one of the objectives in the 10 year Strategy. These were natural phases of work which blended in together toward the overall objective. The focus	FK

	was to be in a place of control with the planned care system. • In previous years the UHB encountered very long waiting times across a number of areas which were both deteriorating and increasing. There was unpredictability on how long patients were waiting. This was replicated across Wales. • The aim was to reach a point of delivering a standard of care and services deemed acceptable and was working with Welsh Government national standards as a benchmark. In addition, this would be blended into a transformational piece of work by changing the nature of the services by providing what patients wanted and needed. The use of digital technology was also under consideration. • This was a positive year for 2019/20 and was on track to deliver the key milestones and objectives in line with IMTP commitments and there was significant progress in key services. • Although success had been achieved in dealing with long waiting lists, the numbers of patients waiting overall increased as demand escalated. The longest waiting lists had been condensed through better management and tighter control but was not achieving a balanced system between demand and capacity. • **36 week profile:** From January 2015 there had been a steady and sustained improvement over the period of time. One of the objectives achieved from last year was moving from a quarterly to a monthly approach to deliver the profile. This resulted with the fewest number of patients over a 36 week period in Wales. • **Diagnostic and Therapies:** The number of patients over an 8 and 14 week period had been eliminated. A few challenging areas remained such as cardiology and complex endoscopy services but overall the volumes had disappeared. • The Chief Operating Officer stated in general the waiting list volume had stabilised and was moving in a different direction. Previously, the back of the list was dealt with but it did not reduce the overall size of the waiting list with around 80k patients. Regarding therapies, it had been 9 years since there was a clear therapy list. The clinical teams were commended for delivering this piece of work. • The Chair said that when the Health Minister met with the vice chairs he recognised the impact that Cardiff and Vale had on the all Wales position. • **Neurosurgery and paediatric surgery:** A rapid improvement had been seen in this area especially in paediatrics as it had been on a declining position for three years. The turning point had been securing additional resource from Welsh Government to retain a locum to provide extra work and made large improvements by repatriating services. It was also recognised that nurse practitioners had worked hard to get to this position. • **Outpatient Waiting List:** There had been growth in the outpatient waiting list fluctuating with between 40-50k patients which had been steadily increasing from January 2015 to	

	October 2017. Numbers stabilised last year however, the figures were still too high but regarded the current status as sustainable. Although this was a substantial change there were challenges across different specialties. Some areas were volatile and unplanned events could cause difficulties in managing services. • More outpatients were being dealt with than in previous years with growth at around 1% per year. It was recognised that accumulatively this added to the impact on the waiting list. • **Treatment Waiting List:** Stepped improvements had been seen during this period stating these were more difficult to deliver and more expensive. • **Phase 2:** Compliance was being delivered against national standards and were transitioning into phase 3. This was a more transformational view of the way services were delivered. Therefore, there was a need to reduce waiting lists to zero this year for 36 and 52 weeks profiles. • The targets for Welsh Government had reduced the treatment waiting list from 36 to 26 weeks and recognised there was a need for the organisation to have higher expectations and for some of the specialties to drive the figure down further. • Two broad approaches were being taken to achieve the targets with a suite of operational efficiency actions. Work was being undertaken with the transformation team to look at reducing theatre cancellations and improving endoscopy efficiency. A 16 week project saw improvements through the output by a piece of work being undertaken on reducing outpatients DNAs. Work was also being assessed on reducing bed efficiency. • This would transition into a transformational programme with key projects being undertaken such as a piece of work reviewing what the outpatient offering would look like in 5-6 years' time. The HealthPathways assessed how we were redesigning services and the methods of working between primary and secondary care. • The aim for treatment was to optimise patient care prior to surgery to obtain better outcomes with the prehab and rehab work and to gain shorter length of stay. • **Programme risks:** In achieving our objectives demand patterns were identified due to changes in standards such as NICE guidelines and modifications in the way services were managed. Other issues needed to be considered as this would drive more demand in key diagnostic services. • The growth population would continue to impact on services as there would be a sustained increase in demand. • **Workforce theatres:** A number of vacancies were still outstanding but good progress had been made in recruitment. Other initiatives which were ongoing drew on resources. Highlighted were infrastructure constraints and theatres in Llandough had to close down. To mitigate the risks, two theatres in Llandough would be operational from next month. The Chair appreciated and commended the approach and style of the presentation. A request was made for the presentation to be	

	uploaded onto IBabs. **Resolved – that:** a) Noted the presentation on A Planned Care System Where Demand and Capacity are in Balance	
SD: 19/06/009	**MENTAL HEALTH MEASURES: BASELINE INFORMATION** The Chief Operating Officer presented the report which set out specialist CAMHS service which was provided through a network hosted by Cwm Taf. In 2017 it was agreed for the service to be repatriated back to the Health Board because of growing concerns about performance. The following comments were made: • The service was repatriated back to the Health Board in April 2019. There was an enormous undertaking to bring back the service to Cardiff and Vale and thanked the team for the huge task achieved. • The move provided the team to examine the needs of the service and to look at the scale of the challenge they faced with the inherited position. • The waiting list had grown and this was despite waiting list initiatives. • The backlog of 100 patients was too high and the weekly capacity for assessments was well below what the demand was. It was recognised that the current position going forward would worsen. • The paper sets out the immediate action to mitigate the deterioration and realised there was a need to review the service. • Expert advice would be provided and over the next 28 days a review of the service would be considered looking at the demand of current practices. From these actions the productivity and redesign work needed to be undertaken would be realised and how and when the work could be achieved. • Additional funding for health services would come through the Mental Partnership Board. Some of the services were non health services and was working with third sector on this. There would also be investment for a digital platform. • Welsh Government had provided an extra £2m funding for Mental Health Services with investment across a range of services and a significant proportion would be spent on CAMHS. The review would be completed by 1 September and an update would be provided at the next meeting. • The Chair stated the Committee had been allocated by the Board to monitor CAMHS performance and would be on agenda as a regular feature. **Resolved – that:** a) The Committee noted the status of the Specialist CAMHS service inherited by the UHB and the implications for performance	SC

	b) Noted that a definitive trajectory for improvement cannot be developed until the work on service redesign, productivity and recruitment has progressed further c) Noted the plans to review the service models and recruit to the existing vacancies in a context of scarce skills	
SD: 19/06/010	**COMMERCIAL DEVELOPMENTS** The Executive Director of Planning presented the report which provided an overview of Commercial Developments. The following comments were made: • Overall the Health Board had made good progress by making a surplus from the outlets. There had been staffing issues with Y Cegin and also moving staff across from Starbucks to Aroma. • The Y Cegin accounts had moved into the black. This had been achieved with 75% healthy eating options. • The Trade Union had asked through the Health and Safety Committee to support a healthy eating menu at a lower cost in order to provide reasonably priced food for all employees. Members were informed that employees food was slightly reduced and emphasised this was not a subsidy but the restaurant had to remain competitive. • It was recognised that there was a proportion of lower paid staff and could look at providing one cheaper healthier meal. **Resolved – that:** a) The Committee noted the contents of the report	
SD: 19/06/011	**KEY ORGANISATIONAL PERFORMANCE INDICATORS** The Chief Operating Officer presented a general update on high level measures which looked at planned care and general trends. The following comments were made: • **Planned care:** Although planned care showed we were off our IMTP trajectory for this year, there was good news with the transition to monthly delivery reports. This showed that extreme deteriorations had largely been eliminated between the performance points of the quarters. • At the end of last year there was a 'bounce back' in terms of the 36 week position with over 1500 patients this had reduced to 300 patients. Ophthalmology and orthopaedics still posed a challenge. Orthopaedics moved from a volume issue to a specialty issue as there were a significant number of spinal patients with complex procedures. • The variations to plan were not extreme and were liaising with Welsh Government about the cause and the action taken to manage these services. There was confidence the targets could be delivered. • **Diagnostics:** A big change during the year occurred where 300 other diagnostics were brought into the position. The expectation	

	was to reach a zero position by July. • **Cancer:** The current position was at the mid-80s. A defined piece of work needed to be undertaken as the 62 day urgent suspect cancer was more challenging than previously anticipated. • Significant increases in demand had been seen across the board last year with 16% for urology cases and 24% for GI. In addition, 40% of our consultant capacity was lost over a short period of time. A neurologist would be brought in this year and work would be undertaken on multiple diagnostics in GI. The number of patients being treated had not significantly increased. • **Follow up outpatient:** this had improved this year and C&V had a particular issue over systems and data and there were large movements in this area. Improvements on systems had to be made to avoid unnecessary additions to the list. • **Unscheduled Care:** Last year had seen good progress and this continued for the first two months of this year. June had been challenging and saw very high numbers. The expectation was no improvements would be made compared to last June. Work was continuing with Lightfoot to improve length of stay. • The Executive Director of Nursing commented that the work undertaken made a difference to patients. Although there had been an increase in the number of patients complaining this was not in regard to patients waiting in the complaints process. There was a trend showing in orthopaedics this was in relation to expectations not being met. It was stated the more we use patient outcome measures discussions could take place on whether surgery could achieve expected outcomes. The Chair questioned the downward trend in Mental Health measures, in response it was stated that part 1a measure in adult Mental Health saw a rise of referrals to 1,350 in November. This number had now reduced to 1,100. This was still above the reset figure by 200. Also encountered were issues with short term vacancies. This caused problems as a Mental Health Primary Care Service had been developed which drew resources away from other areas. The aim was to be fully recovered by July. The other pressure was influenced by the CAMHS position. **Resolved – that:** a) The Committee noted year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)	
	Workforce indicators The Executive Director of Workforce and Organisational Development provided a high level view of key areas and looked at the changes in metrics. The following comments were made:	

	• It was pleasing to see the total number of grievances stood at 10. • Work had been undertaken to move the cases out of the formal arena and for more informal discussions to take place in the first instance. • A query was raised regarding 89% of job plans being recorded and 32% having a 12 month review. The Committee was assured that clinicians were working to job plans but they had not reviewed in 12 months. A piece of work is being undertaking with 1:1 interventions to seek out the problem. **Resolved that:** b) The Committee noted the report	
SD: 19/06/012	**EMPLOYMENT POLICIES** The Executive Director of Workforce and Organisational Development presented the employment policies, stating over the past few months the team had undertaken work to simplify and streamline a large number of employment policies. These had been placed under policy headline groups and alongside these were procedures and guidelines. The new policies had been well been received and other directorates were looking to do similar work in managing the policy process. **Resolved – that:** The Committee approved the following policies: a) Approved the following Policies: a. Learning, Education and Development (LED) Policy b. Adaptable Workforce Policy c. Employee Health and Wellbeing Policy d. Recruitment and Selection Policy b) Approved the extended review date of March 2020 for the Equality, Diversity and Human Rights Policy c) Considered and comment on the Welsh Language Policy d) Rescinded the Supplementary Statement of Terms of Conditions of Service on the basis that it is no longer used or fit for purpose and the Health and Wellbeing Policy as this is being replaced by the new Employee Health and Wellbeing Policy e) Adopted the amended NHS Wales Disciplinary Policy and Procedure *f)* Approved the full publication of these documents in accordance with the UHB Publication Scheme	
SD: 19/06/013	**ANNUAL EQUALITY PLAN** The Equality Manager presented the report. The following comments were made: • The Health Board (HB) had a legal obligation to produce an	

	equality plan and the report outlined its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP). It was acknowledged that progress to date had been good. There were two ordinances for the report which were the Health Board and the public and was an attempt to balance the information in the report. • Progress this year had been good and a number of colleagues worked on the equality agenda and it was important to note and recognise staff involved. • It was commended that it was good to see the work on a number of areas including patient reported outcomes in the system and the link in with the organisations' values. • It was suggested for the Wellbeing of Future Generations Act to be incorporated in the plan as there were a number of areas where this linked in. The Committee was assured this would be attended to and also would ensure the report would be in alignment with the 10 year Strategy and Healthcare Standards. • Over the next six months work would continue on consultation of the next strategy and was collaborating with Public Health Wales and Velindre. A public consultation had been arranged for 16 October 2019. • The Equality Manager was would be going on tour with Investor Stakeholders to meet individuals and groups to relay the intentions around the consultation plan. **Resolved – that:** • The Committee commented on the Annual Equality Statement and Report • The Annual Equality Statement and Report be noted	KW
SD: 19/06/014	**BOARD ASSURANCE FRAMEWORK: SUSTAINABLE CULTURE CHANGE** The Director of Corporate Governance presented the report which was updated at the last Board meeting. The following comments were made: • The paper was presented to the Committee for members to undertake any checks and challenge. The risk had been discussed with Management Executive to ensure the correct controls were in place. • The Executive Director of Workforce and Organisational Development stated when reviewing the risk with team the priority was to mitigate the risk and the team met regularly to review the status. Progress was noted with a reduction in the risk from 12 to 8. **Resolved – that:** a) The Committee reviewed the attached risk in relation to Sustainable Culture Change to enable the Committee to provide further assurance to the Board when the Board	

	Assurance Framework is reviewed in its entirety.	
SD: 19/06/015	**FEEDBACK ON COMMITTEE EFFECTIVENESS REVIEW** The Director of Corporate Governance presented the report. The following comments were made: • The results from the survey and appendix 1 and 2 provided the outcome of questions. • Four key points were taken out and put into an action plan. Common themes were identified and looked at the elements where the committee was adequate, the information presented to the committee and the follow up work against this. • The Chair appreciated the busyness of teams and was happy if papers could not be delivered to provide a verbal update and a paper to follow at the next meeting. • To improve the flow of the committee a meeting would be arranged with the Chair, Executive Lead and Director of Corporate governance. **Resolved – that:** a) The Committee noted the results of the Committee Effectiveness Review for 2019. b) Approved the action plan for improvement to be completed by M 2020 in preparation for the next Effectiveness Review	CJ, AH, NF
SD: 19/06/016	**THE FOLLOWING ITEMS FOR NOTING AND INFORMATION WERE PRESENTED:** **Joint Commissioning Strategy for Adults with Learning Disabilities -** The Executive Director provided a summary and highlighted the following points: • This item would be on the agenda at the Regional Partnership Board in terms of co-production and engagement. The Strategy was significantly informed by learning disabled people regarding outcomes that matters. • Progress was needed on how to utilise resources. • To consider long term residential placements and enable people to live closer to home. • An opportunity was available to unlock the model by Swansea Bay.	
SD: 19/04/017	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE** There were no items to bring to the attention of the Board / Committee.	
SD: 19/04/018	**REVIEW OF THE MEETING**	

SD: 19/04/025	**ANY OTHER URGENT BUSINESS** There was no other business to raise	
SD: 19/04/026	**DATE OF THE NEXT MEETING OF THE COMMITTEE** Tuesday, 3 September 2019, 9.00am – 12.00pm Woodland House, HQ	

ACTION LOG

FOLLOWING STRATEGY AND DELIVERY COMMITTEE MEETING

25 JUNE 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
SD: 19/06/008	Having a Planned Care System where Capacity and Demand are in Balance	To upload presentation onto IBabs	2/07/19	Glynis Mulford	**COMPLETED**
Actions In Progress					
SD: 19/06/007	Summary on Integrated Care Fund	For a more detailed report to be presented to Committee	3/09/19	Abigail Harris	Report on agenda of September meeting *(see agenda item 4.2)*
SD: 19/06/008	Childhood Immunisation Annual Update	A communications plan to be shared at a future meeting	29/10/19	Fiona Kinghorn	To be agreed
SD: 19/06/008	Maximising Prevention in the UHB	A summary of trend data to be brought to the December meeting	3/09/19	Fiona Kinghorn	Report on agenda for December meeting *(*
SD: 19/06/009	Mental Health Measures: Baseline Information	To provide a report on the review of the CAMH Service	3/09/19 29/10/19	Steve Curry	Oral update for September meeting *(see agenda item 6.2)* Full report on Independent Review and Delivery Unit to be presented at October meeting.
SD: 19/06/013	Annual Equality Plan	To ensure the Wellbeing Future Generations Act be incorporated in the plan.		Keithley Wilkinson	The gathering of information and requirement of the SEP 2020-24 has begun. A draft statement re: Wellbeing Future Generations Act has been incorporated in the first

					iteration.
SD: 19/06/015	Feedback on Effectiveness Review	To arrange a meeting with the Chair, Executive Lead and Director of Corporate Governance to discuss improvement on the flow of committee	09/09/19	Charles Janczewski, Abigail Harris, Nicola Foreman	Completed – To be discussed at 1:1
SD: 19/04/013	Digital Healthcare Update	The strategic outline case to be presented at the June meeting. A further report to be provided at a future meeting.	15/08/19 03/09/19	David Thomas David Thomas	The strategic outline case will be considered by the Digital Healthcare and Information Committee in August 2019. On agenda for October Meeting
SD: 19/04/014	Developing A Performance Framework	A report be presented detailing the performance measures agreed	03/09/19	David Thomas	An overview document is being prepared in readiness for the October meeting of the S&D Committee.
Actions referred to committees of the Board					

Report Title:	**Strategic Clinical Services Plan - Update**								
Meeting:	**Strategy & Delivery Committee**						**Meeting Date:**	**03.09.19**	
Status:	**For Discussion**	√	**For Assurance**		**For Approval**		**For Information**		
Lead Executive:	**Executive Director of Strategic Planning**								
Report Author (Title):	**Deputy Director of Strategy & Planning**								

SITUATION

As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach that will underpin the strategy and which services are delivered where.

The executive and clinical leads have worked together to develop a high level clinical services plan to identify the core clinical service models in terms of service redesign and infrastructure and other enablers required to implement the vision articulated in Shaping Our Future Wellbeing. Once the high level plan is finalised, the UHB will undertake engagement on the emerging models influencing the role and function of UHW and UHL in particular.

BACKGROUND

Caring for People; Keeping People Well' is why we exist as a UHB, with a vision *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. The UHB Shaping our Future Wellbeing Strategy 2015 -2025 sets out how we intend to deliver our strategic objectives and achieve this vision. As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach which will underpin the strategy and which services are delivered where – UHW, UHL, Health & Wellbeing Centres and Wellbeing Hubs. Aligned to this is the need to replace the UHW building to ensure it is fit for purpose. Therefore the clinical models at both UHW and UHL need to be clarified and confirmed in order to provide direction and context for the UHB infrastructure and inform the Programme Business Case.

Two executive and clinical leadership workshops were held in 2018 to agree the approach to the development of the clinical services plan, building on previous strategic clinical planning work. A further corporate workshop with broader clinical representation was held in October 2018. From these events and using the outputs from other programmes of work notably but not exclusively, Shaping Our Future Wellbeing in the Community, Cardiff & Vale of Glamorgan RPB Area Plan, UHB Estates Strategy and the UHB transformation programme, a high level draft UHB strategic clinical services plan document was produced and presented to the UHB Board in December 2018.

The clinically led workshops identified:

- UHW as the hyper acute site (tertiary centre, high acuity, complex medical/surgical); and

- UHL as the ambulatory care/low acute site (ill but stable – not dependent on critical care or 24/7 acute medical care).

To further develop the high level clinical services plan to a point where more extensive engagement can be undertaken, additional work to determine the clinical models has been required to define and scope sustainable future configuration for three areas:

1. Tertiary service provision across the UHB;
2. Urgent unscheduled care model (initial focus UHL); and
3. Elective surgery (initial focus UHL).

These planning outputs have been prioritised as they are key to inform the design and functionality of the new hospital building for the replacement of UHW and to provide strategic clinical direction and context for the ongoing development of services and infrastructure across the UHB particularly at UHL and St David's hospitals as well as the evolving locality-based Health & Wellbeing Centres.

Over time, the UHB's services will be increasingly based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres or specialist diagnostic or medical equipment provided in one of the two acute hospitals (UHW/UHL).

It is important to note that the complementary work in developing the primary and community services and supporting health & social care infrastructure to support the increased capacity in the community to deliver more care at home and in the community is being driven through:

- The UHB's partnership Transformation work with Local Authority, Public Health and wider stakeholders developing integrated and jointly commissioned services in the community focussing on prevention, early intervention and home delivered care through the Regional Partnership Board.
- The UHB's internal Transformation programme focussing on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and redeploy resources to deliver value based healthcare.
- The UHB's Shaping Our Future Wellbeing in the Community programme and the Primary Care Estates programme to develop effective and integrated infrastructure solutions in the community to support redesigned models of care.

Clinical audit and specialist informatics analysis support is required to test the deliverability and impact of the secondary care component of the service model options on future patient flows and transfers.

ASSESSMENT

Work Undertaken to Date

1. Tertiary Services

This work is proceeding in parallel and is aligned with the broader strategic, clinical service planning. A baseline assessment of current service delivery has been completed, identifying 100+ services provided at either regional, supra-regional, All Wales or UK level. The Project Initiation Document and an outline stakeholder engagement plan were agreed at the Strategic

Clinical Reference Group on 12th August. An internal vision planning workshop with representation from each clinical board and directorate providing tertiary services took place on Friday 26th July 2019. The outcome was a SWOT analysis and draft vision statement which will be used for wider communication and stakeholder engagement. It is expected that the project will be complete with an agreed Tertiary Services Strategic Plan published early in 2020.

2. Urgent Unscheduled Care Model (initial focus UHL)

A planning event was held on Wednesday 22nd May 2019. The aim was firstly, to provide clinicians with the opportunity to discuss the three options for urgent unscheduled medicine determined through the earlier work and test if there was a favoured option. Secondly, to use those discussions to test and shape the thinking underway to describe how services at Barry Hospital may evolve in line with the health and social care community transformation agenda. This will see the development of the Barry hospital site into a more integrated Barry Health & Wellbeing Centre.

Work on which services should be provided at Barry Hospital is being led by the Vale Locality with the aim for a coherent strategy for the building aligned to the urgent unscheduled care medicine model and vision for Health & Wellbeing Centres whilst meeting the overarching vision for the Vale Locality*: 'to plan, deliver and enhance integrated accessible, community based health and social care services that keep you as independent, well and content as possible'.*

The outcome of the discussions were as follows:

- There was strong support for a model which combined no front door medical admission at UHL with pathways for rapid assessment, diagnostics and monitoring in primary care/community.

- There will be a need to provide 24/7 cover for all patients on UHL site (MH, surgery, palliative care, medicine). The elective surgical services model, general medical model and the rehabilitation model will influence how this is provided.

- There is a commitment to support the development of a Health & Wellbeing Centre at Barry. In addition a willingness to improve the facility in the shorter term in relation to identity and coordinating services accommodated/provided from Barry Hospital to ensure that there is a coherent vision to develop a facility the community is proud of.

- It was acknowledged that there is an exciting opportunity to determine our models, and how we provide effective, high quality services closer to the person's home, congruent with Welsh Government Policy and aims of the Parliamentary Review.

To take this work forward a planning event, with a smaller number of key individuals focusing on the GP 24/7 non-admission medicine model took place on Wednesday 24th July. The outcome from these discussions was the development of an action plan and a subgroup to shape a longer-term, integrated, community-based model for 24/7 unscheduled care as well as identifying some early quick wins (for this winter if at all possible) and to look at the opportunities for optimising the Barry Health & Wellbeing Centre capacity and potential, alongside the work that the Vale Locality are leading. The proposed GP 24/7 non-admission model will be subject to an engagement programme.

To further develop the specification on the Barry Health & Wellbeing Centre, the outcomes from the workshop discussions will be used to facilitate local engagement sessions to define a clear plan for the Barry Health & Wellbeing Centre.

Alongside this, Fiona Jenkins, Director of Therapies and Health Sciences is leading work on developing the UHB model for rehabilitation. This is important in not only shaping the future model but also supporting the clinical models across hospital and community sites. A workshop was held on Wednesday 3rd July and the resultant model tested initially with the Stakeholder Reference Group.

3. Elective Surgery (initial focus UHL)

The provision of elective surgical services is already well-developed at UHL and the vision for the future described at a high level. The sustainability of existing and further development of additional elective, surgical services is being tested through the development of a surgical service model specification. This defines the service model in the context of the key clinical standards alongside the service, workforce and infrastructure dependencies to deliver a sustainable service model across the elective surgical specialties.

These models are being developed with key clinical leads. Engagement conversations are currently taking place on the non-complex planned surgery model for UHL, using ENT surgery as the initial service area to move some adult day-case and 23 hour stay patients to UHL. General surgery and orthopaedics are the next priorities building on the experience of ENT and also the existing services models in place e.g. CAVOC.

The outcome from the urgent unscheduled care model discussions were tested with the emerging surgical model for UHL at a surgical services model planning event held on Friday 2nd August 2019. There was general support for the proposed model with UHL as a Surgical Centre of Excellence for non-complex routine planned surgery. It was acknowledged that the H&WB Centres and Hubs were a necessary component of the whole system e.g. to support diagnostics and pre-surgery work-up/rehabilitation closer to home.

ASSURANCE

Is provided by involvement of Clinical Boards to develop and agree the clinical models with oversight and direction from the Strategic Clinical Reference Group (SCRG). A draft Clinical Services Plan was taken to SCRG on Monday 15th July and Monday 12th August, Health System Management Board (HSMB) on Thursday 1st August (verbal update), Management Executive on Thursday 8th August and will be discussed at HSMB on Thursday 5th September (Appendix 1). An updated version will be reviewed by Management Executive on Thursday 12th September, following which it will be submitted for approval at the UHB Board meeting due to be held on Thursday 26th September. It will be published for wider engagement throughout the autumn.

A separate engagement plan has been developed (Appendix 2). The programme of engagement will focus on exploring views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy. It will be undertaken with our staff, partners and stakeholders.

The aim will be to share our vision for how we see hospital services developing over the next decade as part of a transformed system and test our thinking, particularly in relation to how we

see key service areas develop including emergency and acute care, planned surgery and tertiary services.

A range of engagement materials will be developed to enable effective engagement with key stakeholders.

RECOMMENDATION
The Strategy and Delivery Committee is asked to:

- **NOTE** – progress to date in the development of the UHB's strategic clinical services plan and the emerging clinical models for UHW and UHL.
- **COMMENT** – on the draft Clinical Services Plan (by Friday 6th September 2019 to Anne.Wei@wales.nhs.uk).
- **COMMENT** – on the draft engagement plan, particularly in relation to the engagement questions and whether the right issues are being tested during engagement (by Friday 6th September 2019 to Anne.Wei@wales.nhs.uk).

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	√
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	√
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	√	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	√	Long term	√	Integration	√	Collaboration	√	Involvement	√

Equality and Health Impact Assessment Completed:	Not Applicable (at this point of development)

Cardiff and Vale UHB Strategic Clinical Services Plan 2019 – 2029

Foreword

To be completed Chief Executive/Chair/Medical Director

Strategic Clinical Services Plan - Introduction

Caring for People; Keeping People Well is why we exist as a health board, and our vision is *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. Our *Shaping our Future Wellbeing Strategy 2015 - 2025* sets out how we intend to achieve this vision through delivery of ten strategic objectives. Our strategy was developed with four core principles at its heart, which are set out below, and these remain key guiding principles as we set out how we see our clinical services developing over the next decade.

Shaping Our Future Wellbeing is very much in line with the aspiration set out in the Welsh Government's ten year plan for health and social care services, *A Healthier Wales*, and commits us to increasing the focus on prevention and earlier intervention, reducing the amount of provision delivered on our main hospital sites through increasing what we do in local communities, closer to peoples' homes.

To achieve this, we will need to work with the wide range of partners who make up our health and care system to transform, over time, how we support people to live well in their local communities. We have acknowledged that our model for primary care in particular will need to change over time, and the Welsh Government's emerging model for primary care signals the changes we need to make over the next decade. Our primary care clusters are already developing plans for how cluster and locality models of care could be delivered in the future, and with our partners, we are working on setting out our integrated model for local-placed models of health and care which reflect the needs of the local populations.

As we reach the mid-point in the delivery of our strategy, we are reviewing our progress so far, and are refocusing our efforts in the areas where we need to make more rapid progress over the next five years and beyond. We have introduced 'Wyn' a character who represents our patients and the populations we serve. Learning from other healthcare systems that have transformed the way they deliver care has confirmed the importance of putting the patient and the person at the centre of our planning and delivery of services. Providing a face and name to our patient provides a very real focus to our discussions so that we are always considering 'what is in the best interests of Wyn?', and 'how can we improve things for Wyn?

In addition to providing cradle to grave, whole system services for our local Cardiff and Vale population, we are the largest provider of tertiary services in Wales and we treat patients with very complex specialised needs from around Wales. This means that we are often at the forefront of cutting edge and new and innovative treatments and therapies. This, coupled with our extensive research activities, enables our patients to have access to many of the new treatments and therapies available, some of which are only accessible through participation in drug trials.

Our research activity forms a key strand of our partnership with Cardiff University, and enables us to collaborate with partners across Europe for the benefit of patients. Clinical innovation and teaching the next generation of clinicians (doctors, nurses, health scientists and therapists) form the other key parts of our relationship with Cardiff University, University of South Wales and Cardiff Metropolitan University. We have numerous clinicians who undertake a dual role as academics involved in research and teaching, and deliver front line patient care services.

This clinical services plan focuses on how we see hospital services developing over the next decade as part of a transformed system, providing the necessary support to primary care to enable people to remain living independently at home, and to provide timely access to specialist hospital treatment, whether this is as an acute emergency, or as planned treatment that can only be provided in hospital. We know that the way our hospital system is designed is not delivering the best experience or outcomes for Wyn. We know that compared with the best healthcare systems in the world, we provide too much of our care in hospital settings. Wyn can sometimes wait too long to access the advice, diagnosis or treatment he needs, and often the system makes it difficult for Wyn to return home quickly if a spell in a hospital was needed. It is important to recognise that overall our outcomes benchmark well with other NHS providers across the United Kingdom, and our patient experience feedback is very positive overall. But we know that there is a lot more we need to do to deliver the services required into the future. Over the next decade we will see an exponential growth in the number of older people living in our communities, in line with the national trend. We will also see the whole population in Cardiff and Vale growing rapidly as a result of Cardiff being the fastest growing core city outside of London. We also know that unhealthy lifestyles are contributing significantly to what is known as 'the burden of disease' – people being diagnosed with chronic conditions, such as diabetes and heart disease or cancer where an unhealthy lifestyle was likely to have been a contributory factor.

We want to provide value based healthcare so that we can deliver outcomes that matter to Wyn. This care will be delivered as close to home as possible and where applicable, supported by social care provided by Local Authorities, the Third Sector and other partners. Our hospitals should only provide assessment or care that cannot be provided in the community. When care is needed in a hospital environment, it will be high quality, safe and compassionate.

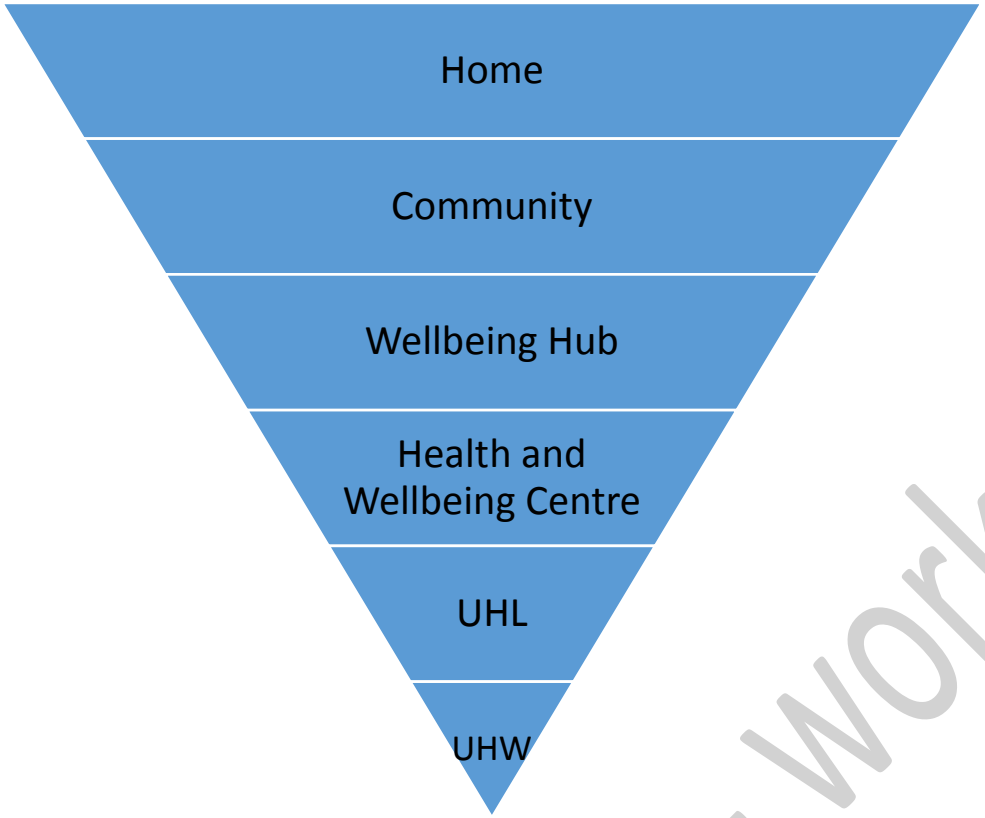
We know that the facilities we will need to provide transformed services will need to be very different. In 2018 we developed an estates strategy which set out the condition, utilisation and functional suitability of our current infrastructure, and the outline plans for developing our estate over the next decade. The detailed plans will be informed by this clinical services plan, and the detailed service models that will follow. We know that we will need significant investment in our infrastructure, including replacing the University Hospital of Wales (UHW) which is no longer fit for purpose, and our business cases to secure the resources needed will need to clearly demonstrate the added value and benefit to patients and communities locally and across Wales.

UHW is not only a hospital for our local population but also a specialist facility serving the whole of Wales. A redeveloped facility will provide the opportunity to create a flagship of international standing. As the needs of the local, regional, supra-regional and national populations increase, our estate needs to react accordingly.

This clinical services plan does not attempt to describe how we see each individual service will develop over the next decade - it gives an overview of how we see the key service areas develop – for example, emergency/acute care, planned surgery and tertiary services. The plan also

outlines how we see therapies and treatments develop over the next decade informed by advances in technology and innovations in treatment.

How we see our future health care model



All services orientated to keeping people well at home Long term management, accessing advice and support, rehabilitation and intervention all at home
Community Centre, pharmacy, GP practice, optician, dentist
Cluster Based services- wellbeing and first contact urgent care services
Diagnostic and locality based services best served at larger population size
Rehabilitation, surgery and mental health centre. Ambulatory care for stable non-complex patients. Tertiary centre providing national and supra-regional neurological and spinal rehabilitation services.
Tertiary Centre providing a range of specialised services at a regional, supra-regional and national level, co-located with Cardiff University. Major Trauma Centre, site for hyper acutely ill, critical care

CONTENTS

Background

About the health board

Cardiff and Vale University Health Board (UHB) was established in October 2009 and is one of the largest NHS organisations in the UK, and provides services at a local, regional, supra-regional and national level.

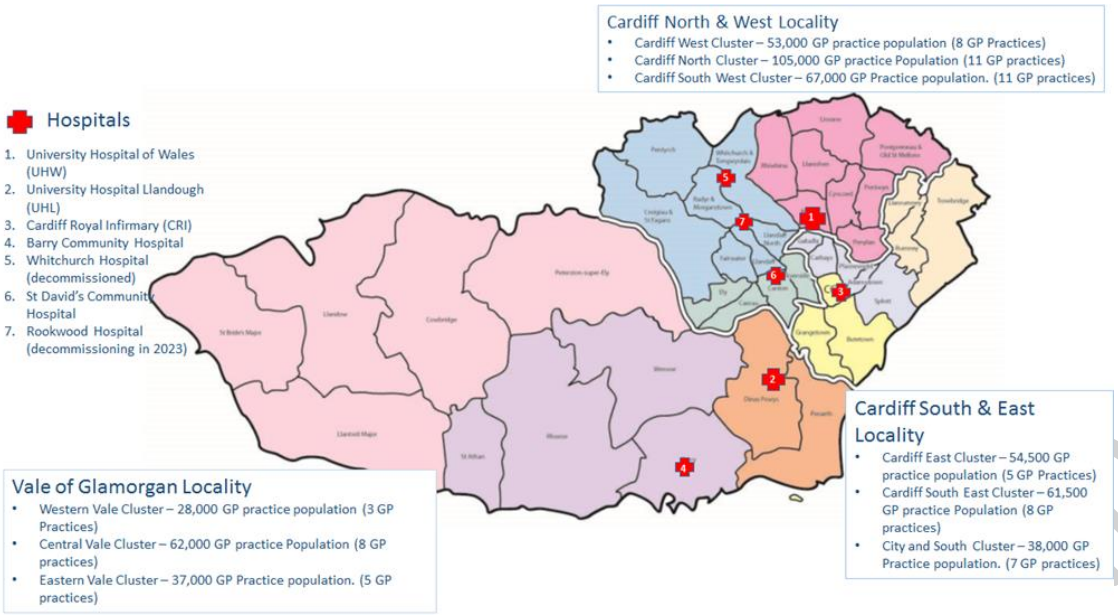
As a Health Board, we have a responsibility for planning, commissioning and providing services for around 500,000 people living in Cardiff and the Vale of Glamorgan (from Trowbridge/St Mellons in the east to Llantwit Major/St Bride's Major in the west). This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. Together, these provide a full range of health services for our local residents.

As a provider of 100+ specialised tertiary services we have a responsibility to deliver care at a regional, supra-regional and national level, for around 3,200,000 people, for example:

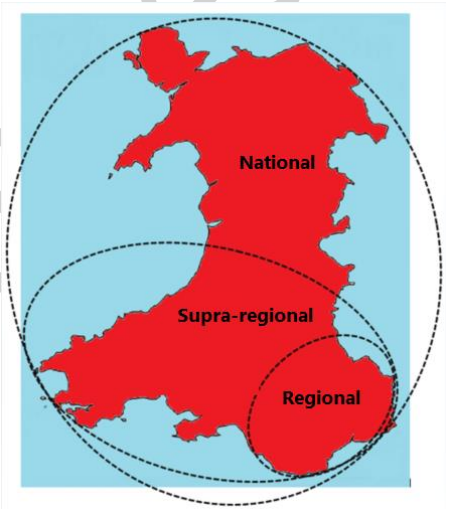
Regional (South East Wales)	**Supra-Regional (South and West Wales, and South Powys)**	**National (All Wales)**
Cardiac surgery	Clinical immunology	All Wales Medical Genetics Clinical Service
Specialised neurology	Cystic fibrosis	Orbital prosthetics
Vascular surgery	Neurosurgery	Neuropsychiatry

The cost of delivering this extensive range of services is around £1.4 billion annually and we employ around 14,000 staff who work across a range of sites, and delivering care in people's homes.

Map of our services



Map of the reach of our tertiary services provision



Final version to cross check figures with page 12

N&W = 30 practices; 225,000

S&E = 20 practices; 154,000

Vale = 16 practices; 127,000

About the local population we serve

The Population We Serve

Understanding the needs of our population is essential for robust and effective planning. Our Population Needs Assessment developed with our regional partners provides a collective view of the population challenges on which we must build our plans. It is important we look beyond simply understanding the health needs of our citizens, but look at the wellbeing of our population which encompasses environmental, social, economic, and cultural wellbeing. We acknowledge that our needs assessment is for Cardiff and Vale of Glamorgan populations only and it does not cover all the regions from which patients come to access our services as a tertiary provider.

Population growth: The population of Cardiff is growing rapidly at nearly 1% per year, or around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale is expected to exceed 500,000 for the first time in 2020.

Ageing population: The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years. The ageing population in other areas across Wales will also have an impact and is equally important for our tertiary services e.g. cardiac surgery.

Health inequalities: There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 34% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

Changing patterns of disease: There are an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. The number of people with more than one long-term illness is increasing.

Tobacco: One in six adults (15%) in our area smoke. While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.

Food: Over two thirds of people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. In some disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages.

Physical activity: Over 40% of adults in our area don't undertake regular physical activity, including a quarter (27%) who are considered inactive.

Social isolation and loneliness: Around a quarter of vulnerable people in our area report being lonely some or all of the time. Social isolation is associated with reduced mental well-being and life expectancy.

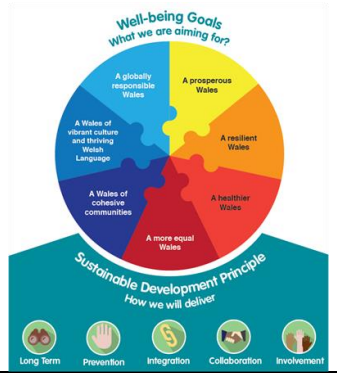
Welsh language: The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).

Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

National Planning Context

Planning within the health board is influenced by national policies, underpinned by speciality/professional standards and regulatory requirements.

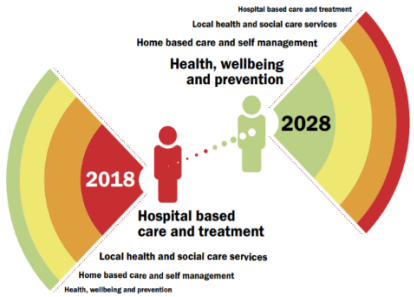
We have been working on the practical implementation of **prudent healthcare** principles since spring 2014. Our approach has also encompassed the findings from the Parliamentary Review endorsing the **"**one system" vision with four aims – the Quadruple Aim – that health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and well-being, a cared for workforce, and better value for money, describe the foundation blocks on which we have developed our approach to prudent healthcare planning and delivery. The prudent principles are strongly reflected in our Shaping our Future Wellbeing strategy, which has at its core '*caring for people, keeping people well'* and are at the heart of our Transformation and Improvement Programmes**.**



Well-being of Future Generations (Wales) Act 2015.
Our Plan must align with the seven goals within the Well-being of Future Generations (Wales) Act 2015, to improve the social, economic, environmental and cultural well-being of Wales

The **Wellbeing of Future Generations (Wales) Act 2015** came into force on 1st April 2016. It requires public bodies to set and publish wellbeing objectives that are designed to maximise its contribution to achieving each of the seven national wellbeing goals, through the five ways of working (prevention, collaboration, involvement, integration and long-term). We have a webpage describing our contribution to achieving the Act's goals. Our ten year Shaping Our Future Wellbeing strategy was developed through co-production with our citizens and patients, placing a strong emphasis on prevention and care closer to home.

The Social Services and Wellbeing (Wales) Act came into force on 6th April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. This means that we must work with our Local Authority colleagues through the Regional Partnership Board to drive integration, innovation and service change. We are doing this though our Integrating Health and Social Care Programme.



Social Services & Wellbeing (Wales) Act 2014
Our plan must contribute to the delivery of improved wellbeing outcomes and shift the focus of care from hospital to community.

The long-term aim is to build a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected.
Our Plan needs to contribute to the overall Healthy and Active aim to improve health and well-being in Wales and in particular in Cardiff and the Vale of Glamorgan, for individuals, families and communities, with significant steps to shift our approach from treatment to prevention.

This strategy provides a joined-up framework to enable all organisations in Wales to work across boundaries, putting the citizen at the heart of our collaborative planning and service delivery. It provides a clear context within which Shaping Our Future Wellbeing directly fits. The five priorities that have emerged from this strategy as having the greatest potential contribution to long term prosperity and wellbeing provide a helpful focus for the UHB and partner stakeholders. The four themes within the strategy align with Shaping Our Future Wellbeing and our Public Service Board Wellbeing Plans.

The **Parliamentary Review of Health and Social Care** was launched in September 2016 to consider the sustainability of health and social care in Wales. The review makes 10 recommendations with a focus on developing 'One system of seamless health and care for Wales'. These recommendations supported the direction of travel which the health board has already started to take, to deliver more sustainable and integrated services for our population underpinned by a focus on prevention, self-care and the principle of 'home first'. Recommendations around the implementation of the Quadruple aim, new models of seamless care and putting people in control of their own health support the principles of Shaping Our Future Wellbeing and our perfect locality model. We will continue to work with our regional and national partners to strengthen planning arrangements to support seamless models of care.

A Healthier Wales 2018 confirms our direction of travel but challenges us to increase the pace in our transformation journey particularly working with our partners and be bold in our ambition for our communities. Our plan must support the national vision and values to enable our population to live longer healthier and happier lives.

A Healthier Wales sets out a long term future vision of a whole system approach to health and social care, focused on health and wellbeing, and on preventing illness. It emphasises the creation of a 'wellness system' over the next 10 years, with prevention increasing in importance; and describes the quadruple aim for NHS Wales – specifically, improved population health and wellbeing, better quality and more accessible services, higher value health and social care, and a motivated and sustainable workforce.

Our current service provision

As a health board we are responsible for ensuring that our Cardiff and Vale of Glamorgan citizens have access to high quality primary care services, which include: General Medical Services (GPs) General Dental Services, Community Optometry Services (Opticians) and Community Pharmacy Services to support the delivery of high quality, responsive and sustainable services to meet local need. Based within the heart of the community, they work with hospitals and other community-based healthcare staff to provide health advice, assessment, treatment and care. We have recently launched Primary Choice to help people choose the right health advice, care and treatment for their needs, so that they see the right person, first time in their local communities. Services are provided across the whole of Cardiff and Vale of Glamorgan within three **Localities: Cardiff North and West**, **Cardiff South and East, and the Vale of Glamorgan**. Each Locality has three Primary Care **Clusters,** where services work together in planning and delivering services for local communities, responsive to their local health and well-being needs.

Cross check population figures to ensure alignment p7

Also cross match the colours.

Area	Current Population	Main GP Surgery Premises	GP Branch Surgery Premises located in cluster	Community Health Premises	Dental practices	Opticians	Pharmacies
NORTH & WEST LOCALITY							
Cardiff North Cluster	103,221	10	3	Llanishen Health Centre	18	11	18
				Pentwyn Health Centre			
				Rhiwbina Health Centre			
Cardiff West Cluster	56,515	8	2	Radyr Health Centre	7	8	18
				200 Fairwater Road			
Cardiff South West	66,445	11	1	St David's Hospital	9	5	9
				Riverside Health Centre			
				Parkview Clinic (not operational due to storm damage)			
NORTH & WEST LOCALITY TOTALS	226,181	29	6	8	34	24	45
SOUTH & EAST LOCALITY							
City and South Cluster	40,985	7	1	Grangetown Health Centre	8	9	10
				Wellbeing Hub @ Loudoun			
Cardiff East Cluster	57,493	4	1	Rumney Medical Centre	6	3	10
				Llanederyn Health Centre			
				Llanrumney CELT Cardiff East Locality Team			
				Llanrumney Medical Centre			
Cardiff South East Cluster	63,559	8	4 (including branch sites of Practices based in other clusters)	Cardiff Royal Infirmary	5	9	16
				Roath Clinic			
				HMP Cardiff Health Centre			
SOUTH & EAST LOCALITY TOTALS	162,037	19	6	9	19	21	36
VALE OF GLAMORGAN							
Central Vale Cluster	64,297	7	7 (including 3 branches from Western Vale practices)	Barry Hospital	10	8	14
				Broad Street Clinic			
Eastern Vale Cluster	36,677	4	0	Penarth Health Centre	5	5	9
				Dinas Powys Medical Centre			
				Avon House			
Western Vale Cluster	28,785	3	1	Llantwit Major Health Centre	6	6	6
				Cowbridge Health Centre			
VALE OF GLAMORGAN TOTALS	129,759	14	8	7	21	19	29
HEALTH BOARD TOTAL	517,977	62	20	24	74	64	110

As a tertiary service centre we are responsible for providing services of a specialised nature or for rare conditions to the people of Wales, as mentioned previously. These services are typically provided on an inpatient basis following referral from their local GP or hospital consultant. The full detail of these services will be outlined in our Tertiary Services Plan.

Our hospital services are currently provided from five sites across Cardiff and the Vale of Glamorgan: the University Hospital of Wales (UHW– for Cardiff & Vale and Wales)/ Noah's Ark Children's Hospital for Wales (CHfW – for Cardiff & Vale and South Wales), University Hospital Llandough (UHL – for Cardiff & Vale and South Wales), St David's Hospital (SDH – for Cardiff & Vale), Barry Community Hospital (for Vale) and Rookwood Hospital (for Cardiff & Vale and South East Wales).

University Hospital of Wales (UHW)

The University Hospital of Wales is the largest hospital in Wales. It is also the largest provider of specialist tertiary services in Wales. It opened in 1971, had remedial work undertaken in 1978 and has been subject to a number of redesign and changes over the years as additional and more complex and specialised services have been provided and other hospitals have closed. Due to the changes and advances in medical care it is no longer fit for purpose nor has the right infrastructure or capacity within its buildings. It delivers a range of highly specialised and complex inpatient, outpatient and day-case services such as Cardiac surgery, a major Emergency Department, 26 Operating Theatres, Level 3 Critical Care, organ transplantation, acute oncology and birthing for mothers and babies at high risk. Complex investigations and tests using the full range of diagnostic facilities such as all types of blood and tissue tests, CT and MRI scanning are available 24 hours a day, 365 days a year. It has 934 beds across a full range of specialities and is co-located with the Noah's Ark Children's Hospital for Wales, University Dental Hospital and Cardiff University School of Health Sciences.

Noah's Ark Children's Hospital for Wales (CHfW)

Phase One of the Children's Hospital for Wales opened in 2005 as a purpose designed and built facility with a separate entrance for children's medical and cancer services. In 2015, Phase Two opened with the full spectrum of paediatric services including purpose designed wards, Paediatric Intensive Care Unit, Neonatal Intensive Care, operating theatres, radiology department (MRI and x-ray), hydrotherapy pool, therapy and play areas. It has 137 beds. It will remain on the same site as UHW and no additional changes are envisaged.

University Dental Hospital (UDH)

The University Dental Hospital (UDH) is a stand-alone building on the main University Hospital of Wales site. It has strong links with Cardiff University School of Dentistry and provides dental care for patients who are screened as suitable for treatment by undergraduate dental students. The School of Dentistry is

the only dental school in Wales and provides unique and important leadership in dental research, training the next generation of dentists and dental therapists, and patient care.

University Hospital Llandough (UHL)

The University Hospital Llandough was originally built in 1933 as an infectious disease hospital and with significant refurbishment and development over time has developed into a district general hospital. It has 661 beds across a range of specialities including the Hafan y Coed Mental Health Unit, Older People's services, the Breast Unit and regional specialist Cystic Fibrosis Unit. It has the full range of diagnostic facilities such as blood tests, CT and MRI scanning, but these are available 24/7 for existing inpatients and during routine working hours for outpatients and clinics. Work is underway in preparation for the relocation of spinal and neuro-rehabilitation services from Rookwood Hospital, which will be completed in 2023, following a significant investment of Welsh Government capital funding.

Rookwood Hospital

Rookwood Hospital, orginally a home for gentry, became a convalescent home for Welsh papaplegic pensioners in 1918 and subsequently a hospital for people with spinal and neurological injuries and their rehabilitation, a site for elderly care assessment and Day Hospital and the Artifical Limb and Appliance Service (ALAS). It currently has 48 beds which will transfer to UHL in 2023. Elderly care services will relocate to St David's Hospital in 2019/20. This hospital will close in 2023 although there are currently no plans to relocate ALAS from its current location.

St David's Hospital (SDH)

St David's Hospital opened in 2002 and was one of only a few hospitals in Wales to be funded via the Private Finance Initiative (PFI) programme. It provides inpatient reablement and rehabilitation elderly care services, a range of outpatient services including dental clinics, therapies, the Children and Adolescent Mental Health Service, a children's centre and the Gender Identity Clinic/Service. There are no diagnostic facilities on this site.

Barry Community Hospital

Barry Community Hospital opened in 1995 and provides a range of primary and secondary care services, including an Eldery Care rehabilitation ward, outpatient clinics including blood tests, Minor injuries unit (08:30 – 15:30 Monday to Friday), Radiology Department (plain x-rays only), outpatient therapies, GP Out of Hours service, dental clinics and a Young Onset Dementia Ward. It has 39 beds. As part of Shaping our Future Wellbeing: In Our Community programme it will become a Health and Wellbeing Centre for the Vale Locality.

Inpatient bed profile

Hospital Beds	UHW/CHfW	UHL	Rookwood	SDH	Barry	Total
Surgical	315	97	0	0	0	412
Medical	249	330	0	72	23	674
Specialist	271	6	48	0	0	325
Obstetrics & Maternity	99	0	0	0	0	99
Paediatrics	137	0	0	0	0	137
Mental Health	0	228	0	0	16	244
Total	1071	661	48	72	39	1891

As we change our local healthcare system to a fully integrated whole system seamless service model, work through the finer details of our urgent unscheduled care and surgical service models and deliver on our transformation programme, we expect the number of beds and how each of our hospital sites function as a part of that system to change. The configuration at UHW in particular, will also be influenced by the tertiary services plan and the highly complex and specialised services that it provides for the rest of Wales. The development of Health and Wellbeing Centres and Wellbeing Hubs will enable more Cardiff and Vale citizens to access assessment and treatment in the community, closer to home.

A year in the life of the health board as a local and tertiary services provider

134,971 A&E visits

1.4b annual budget

Took part in 2,003,260 patient contacts

Performed 292,116 X Rays

Performed 46,212 operations in hospital theatres

Took part in 547,215 patient contacts with community staff

Helped 122,622 people to access out of hours services

Dispensed 10,037,645 prescription items

22 year difference in health life expectancy

9 primary care clusters, with 509,171 people registered with a GP

Employ 12,177 FTE staff members

Carried out 5,615,159 blood and urine tests

Cardiff – fastest growing city in UK

Helped 16,667 people access mental health services

Is there anything else we would like to add?

Improvement and Implementation

We have established an internal Transformation Enabler Programme to create the right organisational environment and conditions to create a step change in the way we undertake our activities, and continue to deliver the best services for Wyn and all our patients. Our five Enabler Programmes focus on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and use our resources in the best possible way to deliver value based healthcare and align with the quadruple aim. They have been carefully selected to make big improvements in four key priorities of reducing length of stay (better outcomes for patients), reducing outpatient appointments (better patient satisfaction, better staff satisfaction), improving theatre productivity (better value) and lastly reducing waste, harm and variation (better value, better patient outcomes, better staff satisfaction). We are monitoring these against quality, resources and activity.

HealthPathways	Designed by clinicians for clinicians, HealthPathways is a digital repository of pathway information. Launched on 14th February 2019 the system now has 40 live pathways with a further 20 expected to become available soon. Since launch, HealthPathways pages have been visited over 10,000 times.
Digitally Enabled Organisation	This programme of activity aims to improve efficiency through greater digital support and best practice, reducing duplication and increasing accuracy of patient records. The three elements of the programme include embracing technology, enabling our workforce and implementing a digital change model to deliver a refreshed digital vision.
Leadership and Culture	The UHB are introducing a new Leadership and Development Programme looking at our top 80 leaders and their preferred leadership styles whilst observing the climate they produce in the health system. Significant planning alongside knowledge from our Learning Alliance Partnership has resulted in a comprehensive programme of activity being rolled out from July 2019 onwards, beginning with Amplify 2025.
Accessible Information	The ability to use data and information to improve decision making is a key part of the UHB's Transformation approach. Data from Lightfoot, Signals from Noise has already enabled a reduction in Length of Stay over the winter period. Plans for the National Data Resource (NDR) and the business case for Clinical Data Repository (CDR) are progressing well and the team are in an excellent position for effective local implementation of this National Programme to provide accurate clinical information in a usable format.
Alliancing	Working in a multi-agency environment initially focussing on Falls Prevention, the Alliancing Programme has made excellent progress. Funding from The Health Foundation has been secured, a number of productive sessions have been undertaken and proposals have been agreed with CEDAR (Research Organisation) to support the evaluation of the approach.

Alongside these programmes, many other initiatives and activities are being undertaken throughout the organisation that are increasingly aligned to Shaping our Future Wellbeing and designed to achieve our key priorities. Some examples of which are: Valuing our Patient's Time (Outpatients), Virtual Fracture Clinic, Patient Knows Best, Hunchbuzz, Sepsis, and the Cardiff and Vale Way for Transformation and Improvement.

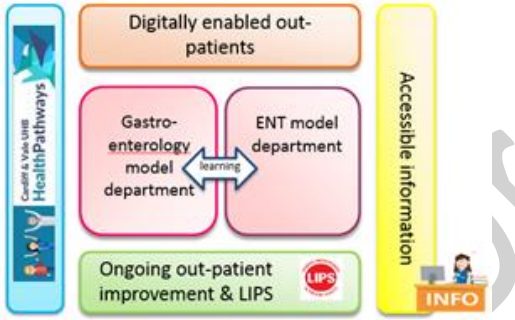
Patient Knows Best

Enabling patients to have access to their electronic health record is a key part of empowering our patients about their health and wellbeing. A roll-out in ENT as part of the 'Valuing our Patient's Time' programme has demonstrated that the time saved via unnecessary appointments and improved processes has allowed specialist nurses to target elderly and isolated patients for treatment.

Improvement and Implementation: The Cardiff and Vale Way

A new approach to Transformation is being developed to support the widespread change that the organisation is currently undertaking. A focus on benefits is key, along with a streamlined and accessible change methodology supported by a restructured team, and the development of a Visual Management System. Procurement of a Collaboration Hub will bring all transformation and Improvement information into one central place for improved governance and decision making.

Valuing our Patient's Time



Outpatient transformation is being undertaken through the lens of valuing our patient's time. Service changes focus on two model departments of Gastroenterology and ENT, embracing an approach that wraps many of the enabling projects around the departments to support the changes.

The programme will help to support patients in a primary care setting, whilst specialist services are accessed according to appropriate clinical prioritisation.

Shaping our Future Wellbeing Strategy 2015 – 2025

In 2015 the Health Board set out its direction of travel in ***Shaping Our Future Wellbeing*****,** our 10-year strategy. The strategy is based on our belief that everyone should have the opportunity to lead longer, healthier and happier lives. But with an ageing population and changing lifestyle habits, our health and care systems are experiencing increasing demand. We need to rapidly evolve to best serve the needs of the public and ensure that we are able to offer sustainable health services for everyone, no matter their circumstance. We want to achieve joined-up care based upon a 'home first' approach, empowering Cardiff and Vale citizens to feel responsible for their own health. We want to avoid harm, waste and variation in our services to make them more efficient and sustainable for the future. We want to deliver outcomes that really matter to patients and the public, ensuring that we all work together to create a health system that we are proud of.

In developing our strategy we worked with staff, people who use our services and partner organisations to shape our strategic direction. The strategy sets out how we intend to deliver our strategic objectives. It describes the challenges we face, the principles which underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for **our population**, **our service priorities**, **our sustainability** and **our culture**. At its heart are the key principles of 'Home First' and 'Empower the Person', to help people live well in their communities.

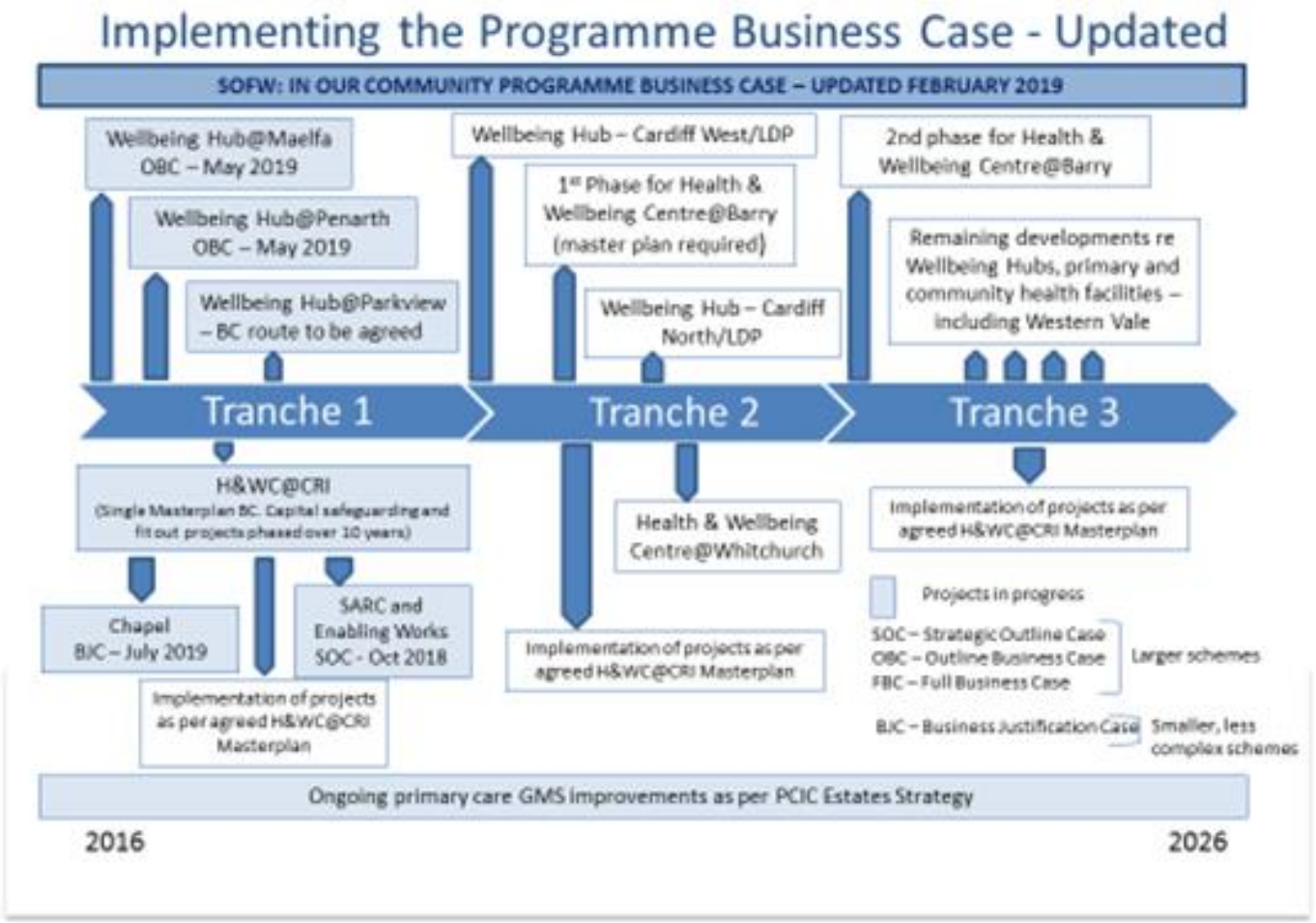
As part of delivering the strategy we have already set out a whole system service model which was developed with our partners and our Perfect Locality specification sets out how we see services in the community developing and how we make best use of the wide range of public, independent and third sector community assets and resources that are available to support health and wellbeing.

The whole system model describes how services will integrate with local authority, third and independent sectors in relation to caring for people in the community. As technology continues to develop access to services will be available from other sites than the main hospital bases. This includes outpatient appointments and reviews being undertaken over skype (or similar systems), test results and monitoring via Apps or smartphone technology. Services will integrate across the traditional primary/secondary care interface to ensure that a prudent approach to healthcare is delivered by the most appropriate person/team. Health pathways for the majority of conditions, developed collaboratively by GPs and hospital based clinicians, will set out how patients will access information, diagnosis and treatment, ensuring that, where possible, care is provided at or as close to home as possible. Over time, services will increasingly be based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres or specialist diagnostic or medical equipment provided in one of our two acute hospitals.

Shaping our Future Wellbeing: In Our Community is the next phase of this work with a series of new community facilities (buildings) to give easier access to health and wellbeing services closer to home. Our plan is to develop a Health and Wellbeing Centre in each of the three localities (Cardiff Royal Infirmary, Barry and North Cardiff) and a Wellbeing Hub in each of the Primary Care Clusters (nine in total).

Outline vision for services within a Health and Wellbeing Centre (add colour)

The Programme will be rolled out in three phases over the coming 10 years. Phase 1 is underway. In July 2018, Welsh Government received the overarching Programme Business Case which describes our local needs, what services should change and how we want to go about doing it. In August 2019 this was formally endorsed by Welsh Government allowing us to move forward with our plans.



Why is healthcare changing?

Future Demand for Healthcare

We have already briefly described how the population is expected to change over the next decade and what this will mean in terms of demand for healthcare.

- The growth of our local population and the changing demographic requires a very different model of service delivery and supporting physical and digital infrastructure. It is clear that the current shape and way we provide services is not fit for purpose to meet the future demand.
- The main increases in **local** demands for health care services will be from the increasingly older population who will continue to require support to manage one or a combination of chronic conditions and to reduce and manage the risks associated with increasing frailty, including dementia. Local demand for palliative care support will also increase due to this changing demographic.
- There are currently almost 65,500 children under the age of 15 living in Cardiff and 23,600 living in the Vale – 89,100 in total. 74% live in Cardiff and 26% are in the Vale. By 2029, this total population will increase by 20% to 107,200. This compares to a Wales average of 0.2% increase over the same period. The demand will arise from the increased incidence and diagnosis of mental ill health in young people, and advancements in the early diagnosis and personalised treatment regimes for rare diseases. Major trauma experienced by children is also showing an upward trajectory.
- In adults, the main causes of premature death and disability remain cancer and circulatory diseases, areas where unhealthy lifestyle behaviours have a significant contributory factor. Survival rates for cancer in Wales remain amongst the worst in Europe due to a number of factors, and our clinical services plan reflects the need to ensure our system is able to support earlier cancer identification and intervention, alongside the work we are doing to support healthy lifestyle choices and delivery of care pathways that optimise people's chances of recovery following a cancer (or other disease) diagnosis and treatment.
- Health Inequality and the gap in healthy life expectancy is worsening, the focus must be on eliminating this gap such that a person's chances for a healthy lifestyle are the same wherever they live.
- The UHB's ambition is to develop whole system pathways for all services in order to optimise the provision of care at home or within the community. The demand for local secondary care should be at least partially if not wholly offset by the provision of more care and support in the community.
- For those patients who live outside of the UHB's resident catchment population the demand for care will be very different. All community and local secondary care will be provided by the patients' host health board. However, for the wider **population** of the south central and south east regions it is anticipated that the UHB will play an increasing role in the provision of specialist emergency or complex services that can only be provided from one geographical central place due to the relatively low volume of patients requiring a critical service mass in one centre, or where there is a requirement for very specialist clinical skills or equipment. We will increasing work in networks, where clinicians may work in a regional networked service, with clinicians

forming part of a regional workforce for particular specialist services, where patients are seen locally for all pre and post-operative care, and the specialist intervention being provided in the tertiary/regional specialist centre.

- The UHB will continue to deliver and develop its tertiary services to meet the health needs of the regional, supra-regional and national populations. This includes the establishment of new services, such as the Major Trauma Centre and the Gender Identity Service, as well as progressing ongoing and future developments, such as Advanced Therapeutic Medicinal Products and the Genomics Strategy for Wales.

New treatments and technology

Healthcare is a rapidly developing and evolving industry with huge investments worldwide in health care research and innovation. Our research and innovation activities, and tertiary services, keep us at the forefront of these developments. In the last year, novel cell and gene therapy treatments have been introduced, with the health board being one of the first accredited centres for new CAR-T therapies (chimeric antigen receptor T-cell), where therapy is specifically developed for each individual patient and involves reprogramming the patient's own immune system cells which are then used to target their cancer. It is a highly complex and potentially risky treatment but it has been shown in trials to cure some patients, even those with quite advanced cancers and where other available treatments have failed. These treatments will increasing present the possibility of curing patients with a cancer or rare genetic disease diagnosis, or providing therapies that significantly slow the rate at which a disease progresses.

Precision and personalised medicine and point of care testing and diagnosis will challenge the traditional way services are delivered.

Medical IT (information technology) is evolving quickly with a single electronic patient record, where a single, one system view of the patient's details and medical information will shortly be easily accessible by all clinicians involved with their care and treatment. Modernisation of our information technology infrastructure is needed to provide an appropriate digital platform to support service transformation and enable clinicians to work in very different ways. Situated in the right environment allows clinicians to network, share practice, share research and avoid professional isolation.

Technology is also developing at a rapid rate with a significant proportion of the population now using smart phones to conduct many aspects of their daily lives. There are already many healthcare systems taking advantage of this technology to support patient initiated contact with services, as we are doing through the introduction of Patient Knows Best, and introduction of virtual on-line consultations, though Skype type contacts. The Kaiser Permanente healthcare system now provides more than 50% of its outpatient appointments via this mode of delivery. Many homes now have Amazon Echo type devices which connect to the voice-controlled intelligent personal assistant service such as Alexa. There are many trials being undertaken about the role these devices can play in supporting people to remain living well and independently in their own homes.

Modern hospital building standards dictate access to natural light, privacy, quietness, access to fresh air, minimal environmental impact and the right facilities to ensure modern infection control requirements with sufficient space to allow people to be active and speed up recovery or prepare better for surgery (prehabilitation/rehabilitation).

Workforce changes

Our workforce is also key to transforming our system as we apply the 'only do what only you can do' Prudent health care philosophy. We will see the continued expansion of multi-disciplinary and multi-agency teams where the most appropriate professional takes the lead in the co-ordination and delivery of care, with the necessary inputs from all team members.

The changing demographics of our workforce and scarce skills will also influence how we deliver services, supported by increasing opportunities presented by artificial intelligence. The newly introduced FIT testing (faecal immunochemical test, a screening test for bowel cancer) is using automatic analysis process – artificial intelligence (a machine analyser) to review samples as this demonstrated to be more reliable than human review, with lower error rates in the measurement/interpretation of a result.

The life science sector is a key contributor to the economy in Wales, and has the potential to grow significantly over the next decade, linked to the work of the Welsh Government's Life Science Hub and the two City Regional Deals (Cardiff and South East Wales and Swansea and South West Wales). As a health board providing a significant contribution to the research, teaching and innovation activity in Wales, we will have a key role to play in realising this potential. In the medium term, this will bring better jobs and more wealth to Wales.

Our vision for services

Our vision as determined in our *Shaping Our Future Wellbeing* Strategy is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach through an integrated seamless service model. The majority of care will be provided based on standardised clinical health pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home. This will ensure the acute intervention is focused on providing those services that can only be delivered in a hospital environment. Key to our clinical services plan will be our need to provide safe and sustainable services that deliver the best possible patient outcomes and patient experience – really putting Wyn at the heart of our services.

Within each of the three Localities (*Cardiff North & West / Cardiff South & East / Vale of Glamorgan*) we are developing a **Health and Well-being Centre**.

Within each of the nine clusters/neighbourhoods we are creating **Well-being Hubs** with partners.

Tertiary Services Vision

In recognition of the unique challenges and opportunities associated with providing tertiary services, the UHB is in the process of developing a vision for tertiary services with our partners across Wales.

The vision will:

- Describe the Health Board's ambition for tertiary services;
- Reference the UHB's unique role as a tertiary service provider in NHS Wales; and
- Explain the impact of the vision for patients and carers.

Following a workshop with representatives from the Clinical Boards that host tertiary services, further work is underway to develop a clear vision for tertiary services, which can be used as the basis of a compact between the UHB and each of its partners involved in the delivery and commissioning of tertiary services – including Local Health Boards, NHS Trusts, WHSSC, Academic Institutions, and Welsh Government.

Our Planning & Design Principles

To make this vision a reality we have been working with clinicians and wider stakeholders to develop this strategic clinical services plan and describe the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population. This includes the redesign of our hospital based services around a very different model of care and the need to rebuild the University Hospital of Wales. The majority of care will be provided based on standardised clinical pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home or closer to home. The focus for the acute intervention element of care and treatment will be on providing those services that can only be delivered in a hospital environment.

Our Design Principles

- We will work collaboratively with our neighbouring UHBs, Local Authority and other public and third sector partners to provide care through a connected health and social care system to improve health and wellbeing.
- Citizens should receive care at home or as close to home as possible – hospitals should only provide assessment or care that cannot be provided in the community.
- Patients requiring hospital admission should receive high quality, high value, evidence-driven, safe and compassionate care
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focussed on improving outcomes.
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care.
- Redesigned clinical pathways and services driven by the UHB's Transformation programme will deliver improved outcomes and value-based healthcare.

What will be delivered where and how will they be delivered? The future configuration of healthcare services

As outlined previously our population is changing. To meet the changing needs of our population we need to change how our services are provided. Where possible our services will be delivered predominantly in patients' homes or from facilities in the community.

- In citizens' **homes** – either accessed online through developing e-services on new digital platforms or delivered by increasingly integrated locality and cluster-based health and social care community teams to maintain citizens' independence and wellbeing at home.

- In **primary care and community facilities** such as GP practices, community pharmacies, optometrists and dental practices. General medical services (GP primary care services) are currently delivered by 62 independent practices. Increasingly services are being planned and delivered on a primary care cluster or locality basis, in line with the emerging primary care model. Increasingly multi-disciplinary and multi-agency teams will provide a greater range of services in local communities.

- In **Wellbeing Hubs**. These will be focused on delivering a social model of health, either through the development of existing assets e.g. health centres, leisure centres, and local authority community hubs or through new builds in areas of extensive new residential development or in newly developed facilities such as those under development at Maelfa and the Cogan Centre in Penarth. There will be at least one Wellbeing Hub per cluster.

Core Services Proposed for Each Wellbeing Hub

- ✓ GP services
- ✓ Community midwifery services
- ✓ Health Visiting
- ✓ Primary Mental Health Services
- ✓ Community Children's services
- ✓ Some specific outpatient services to meet cluster health priorities
- ✓ There will be a range of additional services that will be developed with cluster leads and stakeholders to provide a tailored service model to respond to individual cluster needs

In each of our three localities there will be a **Health and Wellbeing Centre (H&WBC)**. These will provide the infrastructure to support the services for the locality that cannot be provided in the wellbeing hubs due to the dependence of service on equipment, facilities or critical mass. These services will include:

- diagnostic and clinical support for ambulatory patients
- point of care testing
- plain film x-ray
- outpatient services
- a range of integrated health and social care services that will be tailored to reflect the specific needs of the locality.

- *Cardiff Royal Infirmary* (CRI) – will become the Health and Wellbeing Centre for the South and East Locality
- *Barry Hospital* – will become the Health and Wellbeing Centre for the Vale Locality
- *North Cardiff* – a small part of the Whitchurch Hospital site is proposed for redevelopment to provide the Health and Wellbeing Centre for the North and West Locality.

Core Services Proposed for Each H&WBC

- Ambulatory care for rapid assessment of patients with specific conditions without the need for emergency admission
- Range of point of care testing services and plain film x-ray
- Enhanced enablement services
- Range of outpatient services
- Community Mental Health Teams
- Community Childrens Services

There will be a range of additional services that will be developed with locality leads and stakeholders to provide tailored service models to respond to individual locality needs or enhance/develop existing regional service e.g. Sexual Assault Referral Centre (at CRI) Younger Onset Dementia Centre (Barry)

Phase 1:

- Health & Wellbeing Centre @ CRI
- Wellbeing Hub @ Parkview
- Wellbeing Hub @ Maelfa
- Wellbeing Hub @ Penarth

Phase 2:

- Health & Wellbeing Centre @ Barry

Phase 3:

- Health & Wellbeing Centre @ North & West Cardiff

This work is being taken forward via the Shaping Our Future Wellbeing: In Our Community programme. We are currently in Phase 1 with a full separate engagement programme.

Our hospital based services need to be reshaped to support the future healthcare service needs of our local, regional and tertiary population within modern and fit-for-purpose infrastructure. The redesign of clinical pathways and development of cluster and locality based integrated care capacity will enable the capacity for hospital delivered care to be right-sized. The ambition for the two major acute hospital sites in Cardiff and Vale UHB is to clearly define their future roles in ensuring that patients are admitted for the shortest time for the provision of care that can only be delivered in a hospital environment. Our clinical services plan will require these two hospitals to operate differently in the longer term.

Working with our clinicians we have agreed the outline model for our two major hospital sites:

- UHW will be the hyper acute site (tertiary centre, high acuity, complex medical/surgical patients); and
- UHL will be the ambulatory care/low acute site (ill but stable – not dependent on critical care or 24/7 acute medical care).

In order to develop these models fully and to inform the design and functionality of the new hospital to replace UHW and provide the strategic clinical direction and context for the ongoing development of services and infrastructure across the other UHB sites, including the Health and Wellbeing Centres, work is ongoing to clarify the future configuration of:

1. Tertiary service provision across the UHB;
2. Urgent unscheduled care model (front door emergency admissions at UHW and GP 24/7 non-admission model); and
3. Elective surgery (Surgical Centre of Excellence at UHL for non-complex surgery).

Barry Community Hospital

There is a commitment to support the development of a Health and Wellbeing Centre in Barry for the Vale of Glamorgan Locality to support more care to be delivered by primary care through cluster working, and integrated health pathways. The current plans are to develop Barry Hospital into the Health and Wellbeing Centre which will mean changing the focus of the services provided there. In addition a willingness to improve the facility in the shorter term in relation to identity and coordinating services accommodated/provided from Barry Hospital to ensure that there is a coherent vision to develop a facility the community is proud of and is aligned to the urgent unscheduled care medicine model and vision for Health and Wellbeing Centres. This work is being led by the Joint UHB and Local Authority Vale Locality Team and forms part of the *Shaping Our Future Wellbeing: In Our Community* programme.

St David's Hospital

We want to develop St David's Hospital as a centre of excellence for rehabilitation, aimed at supporting people not quite ready to go home but who do not need to be in an acute hospital. As part of this we have already created an additional rehabilitation ward, freeing up resources at UHW. Our plan is to provide all community hospital rehabilitation services following an acute episode of care at St David's Hospital with the full range of specialist rehabilitation staff and all members of the multi-agency disciplinary team present on site. This will include assessment, day hospital, therapies and inpatient services.

University Hospital Llandough (UHL)/Llandough Campus – Our low acuity site for ill but stable patients

Clinical Approach for UHL

- ✓ Site for ill but stable individuals (post-acute/step down, rehabilitation)
- ✓ Surgical Centre of Excellence - non-complex planned surgery
- ✓ Specialist services that are not dependant on critical care or 24/7 on-site acute medical admissions

Assessment/short term intervention

- Daytime imaging services – x-ray, Ultrasound, CT, MRI.
- Hot pathology/diagnostic daytime service.
- Routine endoscopy – screening, planned and follow up.
- Where patients in the community become unwell and unstable and require a specific clinical assessment, diagnostic investigation or short-term clinical intervention that is not deliverable within the community services, then the ambulatory acute medicine pathway will support the referral of triaged patients to a daytime Acute Ambulatory Medicine (AAM) service. The pathways for this service are under development and will necessarily require clear links into the community based and specialist based service provision to ensure that care can be quickly stepped up or down based on the patients' clinical needs. The opportunity to provide this AAM support within the H&WB centres will be tested to optimise local access to community based care.
- An Urgent Unscheduled Care model workshop with representation from a broad spectrum of professionals and colleagues across specialities and organisations yielded strong support for a no front door acute medical admission model at UHL, with pathways for rapid assessment, diagnostics and monitoring in primary care/community, recognising that there will be a need to provide 24/7 cover for all patients on UHL site (Mental Health, surgery, palliative care, medicine). This is subject to further work to define the GP 24/7 non-admission medicine model.

Medicine/Mental Health

- Inpatient and hospital based mental health services (as currently provided).
- Services to support the step-up and step-down care for patients that are not well enough to be cared for in the community but do not require immediate or 24/7 access to critical care or specialist clinical services or who require intensive specialist rehabilitation. This care will be delivered based on condition specific pathways and include Day Hospital and an Elderly Care Assessment Service.
- General rehabilitation and ongoing medical inpatient care – stepped down from UHW or local residents repatriated from other regional acute hospitals.

Surgery

- Elective Treatment Centre service (Surgical Centre of Excellence) – Clinical colleagues have been involved in the development of an expanded elective surgery service to optimise the capacity for non-complex elective surgical care for high volume, low risk short stay surgery based on the successful CAVOC model. This will be supported through the development of additional theatre and Post Anaesthetic Care Unit, anaesthetic daytime capacity and a comprehensive pre-assessment model including prehabilitation/ rehabilitation.

Tertiary Services

- Specialist neuro and spinal rehabilitation services (transfer in 2023) and Cystic Fibrosis will be delivered from new purpose built facilities.

Other

- Partnership *palliative care model.*

New University Hospital of Wales – our hyper acute site tertiary centre for complex medical/surgical patients (24/7, 365 days dependency on critical care)

Clinical Approach for UHW

- ✓ Site for acutely ill and complex medical/surgical patients
- ✓ Regional, Supra-regional and national Tertiary services
- ✓ Acute services dependant on co-location with 24/7 specialist services e.g. Critical Care (L3)
- ✓ People supported back to the appropriate care location when no longer requiring high intensity/ specialist care

The new hospital will provide a modern and fit-for-purpose facility that will be right-sized to provide the capacity and capability for the range and volume of high acuity and specialist services. Ward and service configuration will be aligned to reflect clinical independencies. It will be developed collaboratively with Cardiff University to support their medical and life sciences hub and to enhance the innovation, research and development opportunities with wider stakeholders. There will be immediate access to all essential diagnostic, critical care and specialist clinical services on a 24/7 basis for acutely unwell patients requiring an emergency admission or a complex, specialist or high risk elective procedure.

- Those acute services currently provided at UHL that would deliver a benefit to patients from co-location with critical care, specialist clinical support services or those services that are not clinically safely sustainable in the long term will transfer to the new UHW e.g. 24/7 urgent unscheduled care medical intake, critical care services.
- Major Trauma Centre for South Wales.
- Emergency Department (A&E) for Cardiff and the Vale of Glamorgan catchment.
- Full 24/7 diagnostics – all imaging, interventional radiology, full regional pathology laboratory services, radio-pharmacy, endoscopy and cardiac catheter laboratory services.
- All levels of critical care.
- Unselected acute medical intake for Cardiff and the Vale of Glamorgan catchment.
- 24/7 emergency theatre capacity including dedicated major trauma theatre.
- All acute emergency care and inpatient beds for all specialty emergencies – e.g. acute medicine, surgical specialties, acute oncology, cardiology, respiratory, acute stroke (HASU), acute gerontology and gastrointestinal.
- Complex elective surgery – including cancers, spinal, maxillofacial, vascular, robotic surgery.
- A co-located consultant and midwifery-led birthing centre.
- Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy, advanced gene and cell therapies and All Wales Genomics service.
- Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services.
- Neonatal intensive care – all levels.

It will provide this level of care for some regional patients and South Wales patients for new services either:

- commissioned through Welsh Health Specialised Services Committee and planned collaboratively with Swansea Bay UHB, or through
- regional collaboration with partner UHBs in South Central and South East Wales i.e. Cwm Taf Morgannwg and Aneurin Bevan UHBs.

Next Steps

Tertiary Services

The planning work on developing the strategic plan for tertiary services has commenced, with a baseline assessment of current service delivery. The aim is to develop a clear, compelling, and coherent vision for tertiary services with our partners across Wales, including Local Health Boards, Local Government, Universities, and Welsh Government. This work is proceeding in parallel and is aligned with the broader strategic, clinical service planning such that it informs the Programme Business Case for the reprovision of UHW. There will be a full engagement programme on the model. It is expected that an agreed Tertiary Services Strategic Plan will be published early in 2020.

Urgent Unscheduled Care Model

There is strong support for an urgent unscheduled care model which combines no front door medical admission at UHL with pathways for rapid assessment, diagnostics and monitoring in primary care/community, recognising that there will be a need to provide 24/7 cover for all patients on UHL site (Mental Health, surgery, palliative care, medicine). The elective surgical services model, general medical model and the rehabilitation model will influence how this is provided. There is ongoing work to develop the GP 24/7 non-admission medicine model recognising that sometimes it is social care support which will prevent people from being admitted to hospital; we will need to look at how this can be provided. Once outlined, the model will be tested with our stakeholders.

Elective Surgery @ UHL – Surgical Centre of Excellence (non-complex surgery)

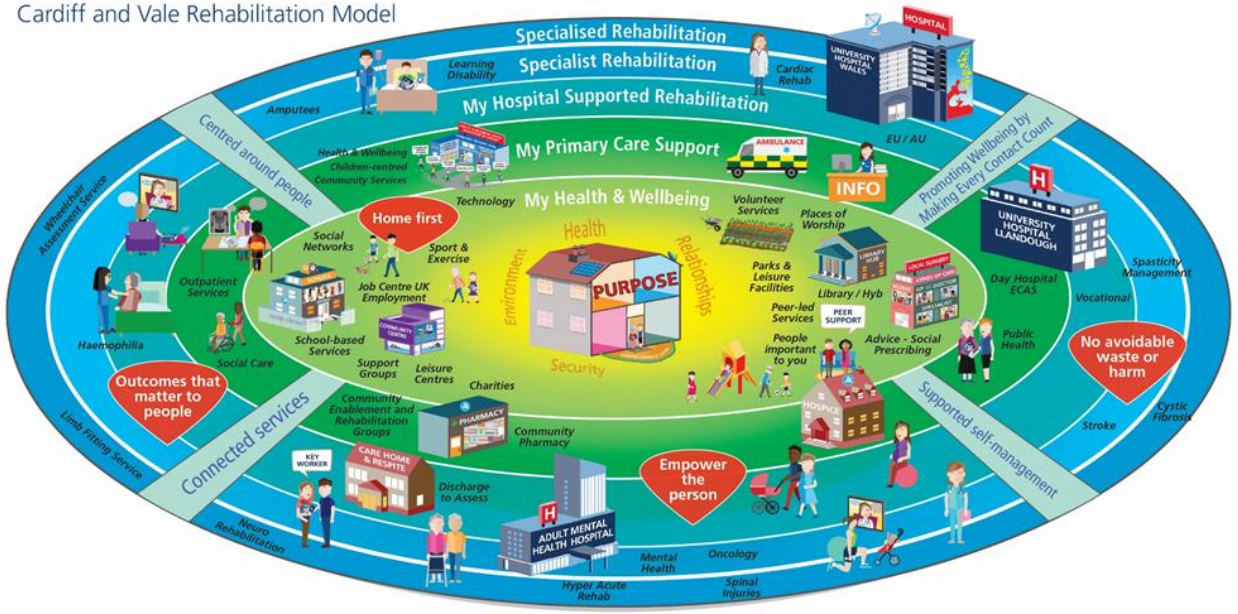
The provision of elective surgical services is already well-developed at UHL and the vision for the future described at a high level. The sustainability of existing and further development of additional elective, surgical services is being tested through the development of a surgical service model specification. This defines the service model in the context of the key clinical standards alongside the service, workforce and infrastructure dependencies to deliver a sustainable service model across the elective surgical specialties. The initial focus is to move planned day case and 23 hour surgery to UHL for non-complex patients building on the surgical models already established at UHL. Engagement is already taking place on this proposal and will shape how it progresses through the full spectrum of specialities.

Rehabilitation Strategy

A rehabilitation strategy is in development with full clinical and local authority involvement, led by the Director of Therapies and Health Scientists, with the overarching aim of 'helping people to live longer, healthier lives'. This will support the clinical models at each of our sites, including within the community. The draft model as outlined in the diagram on page x has been tested in the first instance with the Stakeholder Reference Group.

Helping People to Live Well *or* Helping People to Live Longer, Healthier Lives

Cardiff and Vale Rehabilitation Model



Principles of Rehabilitation

- Optimise physical, mental and social wellbeing
- Timely access to care
- Individual goals based approach that focuses on peoples' roles in society
- Supporting self management
- Seamless transition
- Supporting hope and ambition to maximise independence
- Balancing risk to maximise outcome and independence
- Delivering the right level and intensity of rehabilitation
- Evidence based practice
- Evaluation, audit and research
- Technology - using technology to support high quality sustainable services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

So what does this mean for the new UHW and UHL/Llandough Campus?

University Hospital of Wales 2 (UHW2)

The new University Hospital of Wales (UHW 2) will be the site for the hyper acutely ill patient for Cardiff and the Vale of Glamorgan and the largest provider of tertiary services in Wales. It will be built with and have, the latest design and technology for the full spectrum of specialities available 24/7 for local, regional, supra-regional and national services.

To complement the service change described in this document, a new UHW is required to provide modern healthcare in line with clinical pathways, service models, standards and regulations. In undertaking such a major investment, the following results must be achieved:

Add in picture

- *Better Patient Outcomes:*
    - World leading health outcomes for high acuity patients delivered from the new UHW but which is part of a system that empowers people to live healthy lives
    - Reduction in health inequalities within Cardiff & Vale
    - Reduced length of stay through pathway management and latest prehab and rehab techniques, and strong repatriation agreements when patients come from other HBs.
    - Reduced admissions as care delivered closer to home

- *Better Patient Satisfaction*
    - A highly accessible site
    - A healing environment with the latest medical techniques, better adjacencies

- *Better Staff Satisfaction*
    - Right sized capacity meeting the need of Cardiff, Vale of Glamorgan, South Wales and Wales
    - Benefitting from closer relationships with Cardiff University where innovation is shared.

- More Sustainable
    - Reducing carbon consumption
    - Sustainable transport options

- Green space
- Wider benefits for the local communities
- A design for the local community to enjoy
- Flexible to react and anticipate the changes seen in 21st Century healthcare
- Create high value local employment

- *Better Value*
  - Lower running costs.
  - Increased income from commercial activity.
  - R&D activity directly benefitting patients though more clinical trials

- *Wider macro benefits*: additional years of employment for a healthier population, social value of healthy life years gained, etc.

University Hospital Llandough/Llandough Campus

UHL will be a thriving and active fit for purpose local hospital site for ill but stable individuals who are not dependent on critical care for their admission or inpatient stay. A range of services based on condition specific pathways, will support earlier assessment, treatment and rehabilitation such that length of stay is as short as possible and as much assessment, treatment and care as possible is provided in the community at H&WB Centres, primary care or Wellbeing Hubs. It will be a Surgical Centre of Excellence for non-complex planned surgery providing day case and 23 hour stays for a range of specialities. In 2023 the specialist neuro and spinal rehabilitation services will transfer from Rookwood Hospital into new purpose built facilities. It will remain the prime site for inpatient Mental Health Services for the UHB.

So what will these changes mean for Wyn?

Vignettes to be added.

Engagement and Consultation

A programme of engagement with a focus on exploring views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy will be undertaken with our staff, partners and stakeholders.

We want to share our vision on how we see hospital services developing over the next decade as part of a transformed system and test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services.

A range of engagement materials have been developed to enable effective engagement with our patients, staff and key stakeholders. We will be holding a workshop in each Local Authority area. All details and documents are available on our website: insert details

Engagement Questions

We are seeking comments on the following questions:

- What are your views on our ideas for a whole-system model based on joined up care that enables people to maintain or recover their health in or as close to home as possible?
- What are your views on our vision for how we see hospital services developing over the next decade, in particular our ambitions for the future roles of UHW and UHL?
- What needs to be in place to deliver this vision?
- What challenges or barriers will we need to address?
- How would you like to be involved in this work going forward?
- What action can you take, or have taken, to support us in delivering this vision?
- Any other comments?

You can reply to the engagement via the online form on the website (insert link), or download a copy of the form and submit by email (dedicated SOFW email address to be created).

You can send a hard copy of the downloaded form to the following address.

Insert address.

You can also contact the South Glamorgan Community Health Council for more information:

Email: CAVOG.Chiefofficer@waleschc.org.uk

Postal address:

Pro Copy Business Centre

Parc Ty Glas

Llanishen

Cardiff

CF14 5DU

Clinical Services Plan – Clinical Models at UHW and UHL
Engagement Plan – September 2019

1. Purpose

To present a plan to undertake an eight week engagement on the emerging clinical models for UHW and UHL as part of the development of the UHB's Clinical Services Plan and implementation of Shaping Our Future Wellbeing.

2. Context

Caring for People; Keeping People Well' is why we exist as a UHB, with a vision *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. The UHB Shaping our Future Wellbeing Strategy 2015 -2025 sets out how we intend to deliver our strategic objectives and achieve this vision. As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach which will underpin the strategy and which services are delivered where – UHW, UHL, Health & Wellbeing Centres and Wellbeing Hubs. Aligned to this is the need to replace the UHW building to ensure it is fit for purpose and therefore the clinical models at both UHW and UHL need to be clarified.

A number of executive and clinical lead workshops were held in 2018 to start to develop a clinical services plan. A high level Plan was presented and discussed at a number of key strategic meetings in December 2018 including the UHB Board, the Community Health Council Service Planning Committee, the UHB Stakeholder Reference Group and the Cardiff and Vale of Glamorgan Public Services Boards. Further engagement with clinical leads in the first half of 2019 has resulted in the development and testing of a number of options for Urgent Unscheduled Care and Elective Surgery service models, the output of which now need to be discussed more widely with stakeholders, staff and the public.

The aim will be to share our vision for how we see hospital services developing over the next decade as part of a transformed system. We want to test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services. Whilst it may take years to fully realise our clinical model, we are already starting to make changes to support the delivery of Shaping Our Future Wellbeing. The clinical services plan provides the framework for changes which have already begun and decisions which will be taken in the short, medium and long term.

3. Objectives of the engagement

- **Remind** people of the ambitions and direction expressed in the UHB's Shaping Our Future Wellbeing Strategy
- **Describe** the context regarding future demand for healthcare and the challenges

- **Set out** the high level Clinical Services Plan vision for an integrated network of care
- **Share** the work undertaken to define and scope sustainable core clinical service models
- **Explain** our ambitions for the two major acute hospital sites, providing a high level description of their future roles
- **Invite** feedback on the vision for how we see hospital services developing over the next decade as part of a transformed system
- **Seek** views on what will be needed to make this vision a reality and what barriers and challenges we will need to overcome
- **Describe** next steps and how the outcome of the engagement will be used

4. Scope of the Engagement

This engagement will focus on exploring views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's SOFW strategy.

5. Key Audiences

The engagement process will seek the views of the following:

- General public
- Staff
- Primary Care Practitioners
- AMs and MPs
- Local elected members
- Town and Community Councils
- Community Health Councils
- Public Services Boards
- Regional Partnership Board
- Third Sector
- Carers
- Over 50s (via 50+ Forums)
- Children and Young People
- Local Partnership Forum
- Stakeholder Reference Group
- Healthcare Professionals' Forum
- UHB Volunteers
- Residents living in the vicinity of the two hospital sites
- Local Medical Committee
- NHS Wales organisations including Health Boards and Trusts

6. Engagement materials

A range of engagement materials will be developed to enable effective engagement with key stakeholders. These will include:

- The bilingual Clinical Services Plan which will act as an engagement document and will include questions and details on how people can share their views

- A bilingual response form
- A presentation pack to be used at a range of internal and external meetings (presentation with script to allow cascading within the UHB)
- A short video with key messages on our ideas
- An Equality and Health Impact Assessment
- A social media guide to support online engagement

7. Engagement Questions

We will seek people's views on the following questions:

- What are your views on our ideas for a whole-system model based on joined up care that enables people to maintain or recover their health in or as close to home as possible?
- What are your views on our vision for how we see hospital services developing over the next decade, in particular our ambitions for the future roles of UHW and UHL?
- What needs to be in place to deliver this vision?
- What challenges or barriers will we need to address?
- How would you like to be involved in this work going forward?
- What action can you take, or have taken, to support us in delivering this vision?
- Any other comments?

8. Engagement Methods

- Launch of the eight week engagement on 4 November 2019 with accompanying press release and social media campaign
- Electronic distribution of the engagement documentation to the identified stakeholders with a request for onward circulation and promotion
- Electronic communication using the Health Board and CHC websites, UHB intranet and social media
- Dedicated section of the Shaping Our Future Wellbeing webpages to include all the engagement materials. It will include the ability to submit a response to the engagement questions via an online bilingual form
- Two formal staff engagement sessions, one in UHW and one in UHL, involving Executive Team in a presentation and Q&A
- Two public and stakeholder engagement workshops in collaboration with the CHC (one in each local authority area). Introduction from Chief Exec and Chair; hosted by two Executives (one clinical, one non-clinical). Table discussions hosted by clinical leaders and a facilitator
- Two hour 'drop-in' sessions in UHW and UHL concourses, Barry Hospital, Penarth Leisure Centre, CRI, St David's Hospital. The 'pop-up' stands, aimed at staff and the pubic, will be hosted by a range of UHB staff including Amplify 2025 Thought Leaders
- Internal staff cascade process championed by Amplify 2025 Thought Leaders, using engagement materials and presentation pack

- Social media conversations - AQA with Clinical Leaders, Facebook Live with Chief Executive
- Regular internal updates to UHB staff on CAV You Heard and Chief Exec Connects

9. Responding to the Engagement

Respondents will be able to reply to the engagement via online form on the website, or they can download a copy of the form and submit by email (dedicated SOFW email address to be created). Respondents will also be able to send hard copies of the downloaded form to a postal address.

Details of how to contact the Community Health Council will be included in the Engagement Documentation for information.

10. Media Relations

All media relations during the engagement will be planned and co-ordinated by the UHB Communications Team.

11. Post Engagement

All engagement responses will be shared with the CHC.

A report on the response to the engagement will be prepared immediately following the end of engagement to be shared for discussion with the UHB Management Executive and the Community Health Council, to inform decision-making on the next steps.

12. Timescales and Next Steps

Engagement will run for eight weeks from 4 November to 31 December 2019.

Report Title:	**Scruitiny of the Capital Plan - Capital Programme Progress**								
Meeting:	**Strategy & Delivery Committee**						**Meeting Date:**	**03.09.2019**	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Executive Director of Strategic Planning**								
Report Author (Title):	**Director of Capital, Estates and Facilities**								

SITUATION

The purpose of this paper is to provide the committee with an update on the Health Board's Capital Programme. The paper together with the attached Capital Management Group (CMG) Report, appendix 1, provides details of the current status of all schemes that are being progressed by the Capital, Estates and Facilities Service Board, and the Strategic Service Planning team.

The attached report is the August Capital report which was considered at the Capital Management Group (CMG) on 12th August 2019 and includes a report on Medical Equipment and IM&T, which receive funding support from the Discretionary Capital funding allocation.

BACKGROUND

The UHB received a Discretionary Capital funding allocation for 2019/20 of £14.428m, which was allocated to projects identified in the respective Clinical and Service Boards IMTPs, estate, IM&T & Medical Equipment backlog maintenance and Statutory Compliance works. The programme funded from the discretionary capital budget and prioritised balancing the needs to address problems with the existing estate, and invest in developments required to deliver the IMTP priorities.

The draft discretionary capital programme is agreed by the CMG and issued for approval to the UHB Management Executive and the Board at the beginning of each financial year.

In addition to the discretionary funding received from Welsh Government (WG), the UHB also receive all Wales capital funding for schemes that have been approved by Welsh Government or are progressing through the business cases process.

Funding to support the capital programme can also be made available from the receipt realised from property disposals during the financial year. The UHB has to seek approval from WG to dispose of any estate and to retain any income over £500k.

The CMG report identifies all income that is anticipated from the disposal of assets and any further income sources.

ASSESSMENT

The WG Capital Resource Limit (CRL) and the UHB Discretionary Capital Programme are included in the appendices. The table below identifies schemes within the approved Discretionary Capital programme where the planned costs has been adjusted as a result of variations during construction, tender returns exceeding pre tender estimates or where funding from WG for business case development is lower than actual cost. In addition the table identifies schemes which have been added to the programme due to urgent estates issues being identified.

Capital Programme 2019-20			
	Plann'd Costs	**Variat'n to Plan**	**Comments**
	£k	**£k**	
Wellbeing Hub Cogan	0	**126**	**Difference between allocated WG funding and 3 months projected fees for FBC development**
Wellbeing Hub Maelfa	0	**30**	**Difference between allocated WG funding and 3 months projected fees for FBC development**
UHB Revenue to Capital	715	500	**Original planned spend £1.8m on WEQAS which could not be delivered. Transfer is where CBs have purchased equipment etc from revenue resource which are capital in nature.**
Tesco House Refurbishment	1,000	448	**New chiller plant required following vandalism damage being worse that originally identified. In addition tender for last phase of work return higher that Pre tender estimate**
WEQAS Building	1,800	-1,800	**Unable to progress due to inability to transfer revenue to capital**
CRI Block 11 2nd Floor (Fees)	42	200	**Estate rationalisation to vacate Global Link staff – in line with plans for CRI health and wellbeing centre**
CRI Block 11 1st floor (Links)		343	**To vacate Links building due to Health & safety issues.**
Brecknock Hse		50	**Estate rationalisation to vacate Global Link staff to a temporary location**
Service Link Building		60	**Estate rationalisation to vacate Global Link staff**
ISH Block CRI		50	**Estate rationalization**
UHL New Substation and Upgrade Med Gases	185	26	**Tendered costs higher than estimated**
Hybrid/MTC Theatres	0	411	**Development of OBC funding will be received when BC approved**
Major Trauma (interim plan)		220	**Development of OBC funding will be received when BC is approved**
Haematology Day Unit	806	362	**Tender value higher than estimate no contingency included**
Ward Upgrade (2 wards)	1,100	476	**C5 fire damage and ward B4H refurbishment not included in original programme**
Lift Upgrade (3 lifts)	300	-84	**Tender price less than anticipated costs**

	5,948	**1,418**	

In respect of the All Wales (Major) Capital projects, within the CMG report attached Appendix 1, the Capital Development Matrix identifies all schemes currently in various stages of development, feasibility, Business Case or in construction. The matrix includes key dates, budget costs, progress and issues /risks affecting delivery.

The UHB currently has 5 Business Cases submitted to WG for consideration including:

- Strategic Outline Case for CRI Sexual Health Referral Centre
- Strategic Outline Case for UHW Academic Avenue development (Theatres/Haematology Ward and Day Unit/Polytrauma Unit)
- Outline Business Case for Maelfa Wellbeing Hub
- Outline Business Case for Penarth Wellbeing Hub
- Business Justification Unit for Cystic Fibrosis Unit at UHL

The CMG report (Appendix 1) section 2.0, Major Capital Projects, highlights a number of key issues related to several of the schemes including:

- Neonatal Unit
- Rookwood relocation
- UHW Haematology Day Unit
- UHW Major Trauma & Vascular Hybrid Theatre
- Penarth Wellbeing Hub

With regards to the Rookwood scheme, currently in construction, the latest Project Manager's report includes a position on the anticipated outturn cost of the scheme which indicates a potential overspend against approved funding of £98,444.00. This does not include any further client changes or risks identified on the project risk register if they were to be realized. The reason for this position early in the construction programme relates to requirement of the UHB to provide decant space for departments that had migrated into the old Midwifery led unit over the years that it was unoccupied. In addition, the Maternity OPD service was originally to operate from the main OPD suite but with increase in demand over the last few years the clinic space has been used for other services. Consequently, the costs of providing the accommodation for numerous departments had to be funded from the scheme contingency.

Section 3.2 provides an update on the status and progress on the estate compliance programme, including spend on surveys and remedial works. A number of contracts for the servicing and inspection of a number of engineering systems have been tendered and have either been awarded or awaiting procurement to complete the relevant authorisation. There is one tender that having been tendered and awarded has not been completed as there was a challenge to the award which remains unresolved.

The monitoring of contractors engaged by Capital, Estates and Facilities continues and the number procedural breaches recorded is extremely low with no significant safety breaches reported. More data is available in the CMG report, Appendix 1 section 3.3.

ASSURANCE is provided by:

The information contained within this paper and the CMG report Appendix 1 which was considered by the Capital Management Group at the meeting held on 12 August 2019.

RECOMMENDATION

The Committee is asked to:

- **NOTE**: the content of the paper and supporting documentation and be
- **ASSURED** that the capital programme is being closely monitored to ensure the UHB meet their statutory and mandatory obligations referred to within the report

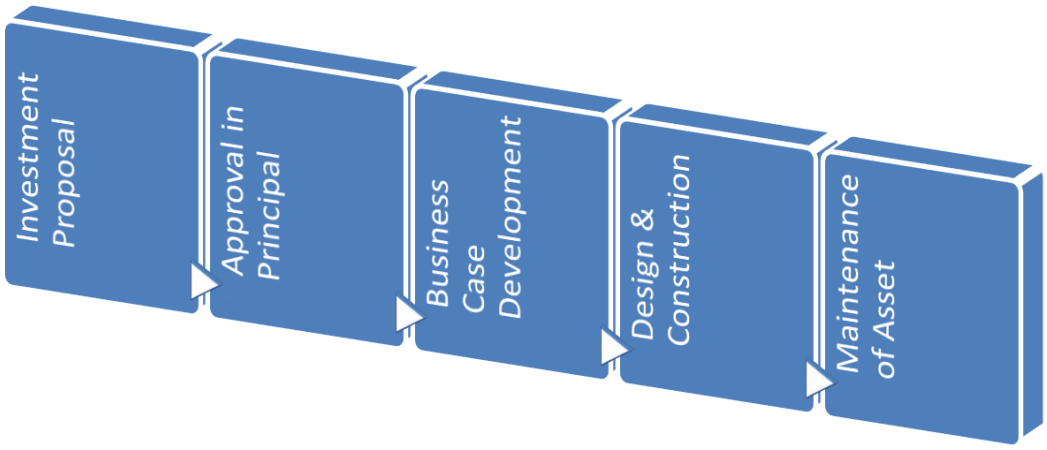
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Agenda Item 3

Directorate of Planning
Capital, Estates & Facilities
Strategic & Service Planning



Capital Management Group Report
12th August 2019

Index

1.0 Executive Summary

The purpose of the report is to provide the Capital Management Group with an update on the Health Boards Capital Programme.
The report includes updates on the current status of each of the key projects within the programme.

A detailed schedule of projects is included which identifies key dates, progress and issues/risk affecting delivery.

The report also highlights any issues which may require escalation to resolve, be it with the respective Clinical Boards or Management Executive.

The Capital Resource Limit (CRL) as issued by Welsh Government (WG) (Page3) is currently £40.030m which includes £14.428m Discretionary Allocation and £25.602m approved 'All Wales Capital Funding'

The £25.602m funding has included the deduction of £2.200m which relates to the brokerage agreed with WG for the acquisition of Woodland House. However, CMG are advised that the £2.2m will be absorbed by the Capital receipt received following the disposal of Lansdowne Hospital.

It is therefore imperative that the aforementioned disposal is completed within 2019/20.

Further funding to support the capital programme will be generated through disposal of the following UHB assets and additional donations.

	£m
Iorwerth Jones	£0.911m
Amy Evans	£0.206m
Lansdowne Hospital	£2.200m
Carbon Credits	£0.166m
Total	**£3.483m**

CRL Statement

Cardiff & Vale		
Capital Resource Limit (CRL)	**2019/20 - Capital Resource Limit (CRL) - 6th June 2019**	**2019/20 £m**
	1) DISCRETIONARY CAPITAL FUNDING [A]	14.428
	2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]	25.602
	NeoNatal - Phase 2 Addendum	5.734
	Brokerage to facilitate the purchase of Woodland House	-2.200
	The Reprovision of Specialist Neuro and Spinal Rehabilitation and Clinical Gerontology Services - University Hospital Llandough	18.768
	MRI scanners (x2) & associated equipment	3.300
	TOTAL CRL [C = A+B] (Approved Funding)	**40.030**
	3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING	
	3) Sub Total Forecast Capital Projects Without Approved Funding [D]	**0.000**
	4)Total Potential CRL if all Funding Approved [E=C+D]	**40.030**

2.0 Major Capital Projects

The UHB currently has 3 approved schemes funded from the 'All Wales' Capital Programme, which includes the Neonatal Unit, UHW MRI replacement and the Rookwood Relocation scheme.

In addition, there are a number of business cases that have been submitted to WG seeking approval to proceed to the subsequent phase of development including:

- Strategic Outline Case (SOC) for the CRI Sexual Health Referral Centre (SARC)
- Strategic Outline Case for the UHW Academic Avenue development (theatres/Haematology Ward & Day Unit/Polytrauma Unit)
- Outline Business Case (OBC) for the Maelfa Wellbeing hub
- Outline Business Case for the Penarth Wellbeing hub
- Business Justification Case (BJC) for the Cystic Fibrosis Unit at UHL

2.1 Neonatal Unit (CAJ9)

2.1.1 The UHB previously instructed additional electrical infrastructure works which effectively increased the electrical supply to accommodate the requirements of the selected MRI scanner. The instruction was issued back in April 2019 and the SCP was awarded a 6 week extension of time to recognizing the late change, which took the contract completion date to 3/09/2019. However, the SCP has recently advised of a delay in production of the equipment by the German manufacturer, Schneider, resulting in a subsequent delay to the site works with the anticipated completion date now 25/09/2019.

2.1.2 In addition to the above, further service requirements have been identified including, modifications to the medical gas installation and the provision of both IPS and UPS systems within the unit. It is anticipated that these additional works can be contained within the anticipated completion date referred to in item 2.1.1.

2.1.3 The project contingency (Risk) allowance remaining is being reported at £79,107.00. The risk level reflects all known liabilities which are identified in the Cost Advisors financial statement number 33.

2.2 Rookwood Relocation (CAC4)

2.2.1 The latest Project Managers report indicates no issues in relation to the works at CRI with completion of the internal works being complete in December 2019 and the external works in January 2020. It is anticipated that the operational commissioning of the Physiotherapy and Occupational therapy areas can commence whilst the external works are progressing.

2.2.2 The SCP has raised an Early Warning Notice (EWN) in respect of delay and costs associated with late issue of structural steel work drawings for the main works at UHL. The cumulative delay including the Christmas period is anticipated to be in

the region of 5 weeks, with a revised completion date of 27th January 2021. The team are currently reviewing the programme, with a view to identifying options to mitigate the delay. The preliminary costs associated with any extension of time granted equates to £15,821/week.

2.2.3 The UHB has requested that the SCP and design team consider the option to build a first floor shell above the proposed Rookwood outpatients element of the new build. This would be used to support the development of the proposed regional Long Term Ventilation unit. The option has been discussed with WG as it would be more economical and less disruptive if these works could be accommodated within the existing contract. The team are considering the implications of the inclusion of this proposal.

2.3 UHW Haematology

2.3.1 Tenders have been returned and reviewed by the Project Manager, Cost Advisor and UHB representative. The returned tenders were in excess of the Pre tender estimate due to the current market forces and an increase to the brief requested by the end user. The Directorate are working with the Capital team to identify elements of the scheme that can be supported from endowment funds held within the department.

2.3.2 The contract has been awarded as there is only a defined window of opportunity to undertake these works so as not to affect the UHB winter bed plan. In addition the works identified are required to satisfy and re-assure JACIE that the UHB are committed to improving the patient's environment to reduce infection risk etc.

2.4 UHW Major Trauma & Vascular Hybrid Theatre

2.4.1 The SCP team and Gleeds team (PM & CA) continue to work at pace to support the tight timescales set for the delivery of the theatres. However, both teams have expressed concern over the ability to achieve the timeline of end of August to complete the OBC. Whilst the Project Director has indicated that a month delay may be manageable, the latest programme issued by the team indicates a completion date for OBC of 25th November 2019.

2.4.2 The Project Director has instructed the team to base the OBC submission on the signed off theatre layout drawings and the draft remodeling drawings for the existing SSSU. The risk of substantial cost shift in relation to the SSSU remodeling is limited as the options to significantly change layout is limited by the building envelope.

2.4.3 The team have identified a schedule of works which would be required to be undertaken to prepare the site whilst the FBC was being developed. These works will be clearly identified and costed for the OBC submission. If the WG is not supportive of this approach the theatres would not be available by April 2021. It should ne noted that although the theatres and recovery area would be complete by April 2021 there would remain several months work in the SSSU in order to complete the project.

2.5 Maelfa Wellbeing Hub

2.5.1 The UHB has received some 33 scrutiny queries from WG to which a response is required. The team are collating the necessary information requested to clarify/support the OBC which will take several weeks. In the meantime work on the FBC continues as instructed by WG who are also supporting the fees to undertake this work for 3 months.

2.5.2 The OBC project cost inclusive of VAT is £12,748,358. This does not include land transfer costs as the commercial arrangements are yet to be agreed.

2.5.3 The outline planning application submitted initially identified the hard playing area, which is to be re-provided, on the existing Health Centre site. Whilst this satisfied the users of the facility and the police, the Planning officers were not supportive of the proposal as it was too close to residences and did not comply with the relevant guidance. An alternative site has been identified by the local Authority an da revised drawing submitted. It is anticipated that the planning approval will be determined by the end of August 2019.

2.6 Penarth Wellbeing Hub

2.6.1 The UHB have received a number of scrutiny queries following submission of the OBC, many of which are similar in content to those raised on the Maelfa scheme. However, more significantly is the WG requirement to include the Albert Road accommodation in the OBC having initially agreed that this could be dealt with as part of the FBC given its late inclusion. The team are developing a set of revised drawings which will be costed. However, the economic model will need to be re-run and the OBC amended accordingly.

2.6.2 The UHB (supported by Specialist Estate Services, Property team) and Vale of Glamorgan Council are working through the land acquisition proposals which will require approval by the UHB Board and WG.

2.6.3 The project costs included in the OBC are £11.49m inclusive of VAT

2.7 Capital Development Matrix
The following schedule **(2.7 Appendix 1)** includes all schemes that are at various stages of development that Capital, Estates & Facilities and Strategic Service Planning are managing. The schedule identifies the status, budget, progress and any issues affecting their delivery.

2.7.1 Interim Major Trauma Centre (MTC) Works – Detailed design works are progressing for both the provision of a new Pediatric resuscitation facility in Pediatric EU and the Polytrauma unit on A3 Link. Both schemes will be issued to tender by the end of August 2019 with the objective of completing the works by the end of March 2020.

2.7.2 Radiopharmacy – following an intense exercise to identify a suitable location for a new facility the preferred option would be to relocate Clinical Engineering from

Fieldway (St Mary's) to a suitable alternative facility and develop the Radiopharmacy unit on the first floor of the Fieldway facility.
Having undertaken a feasibility study a Business case will now need to be developed for submission to WG to secure the necessary funding support.
Whist an indicative project plan has been developed this will now need to be revised to include greater detail for each of the elements of the project.

2.7 Appendix 1

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

06.08.2019

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.1	CP076	**Academic Avenue Development (AAD)** Provision of; *No.8 Operating Theatres (2 decant) *Haematology Ward & Day Unit *Polytrauma Ward and Space for Advanced Cell Therapy	SOC	SOC £93m Cost plan developed by Cost Advisor	**SOC Submission to WG June 2019 (May 2019)** OBC Submission to WG June 2020 Construction Phase Jan 2022 to May 2023 Commission Aug 2023	Programme slipped by 1 month due to Capital Cost information	Scrutiny of SOC Long term plan to replace UHW	SOC submitted to WG 03.06.2019 Cost advisor liaising with specialist estates services on cost options
a	CP021	**Haematology Ward & Day Unit** (Part of Item 1) To include Blood & Marrow Transplant Facilities	SOC	Included in Item 1 above	**As Item 1**	As Item 1		Part of CP076 (Item1) SOC
b	CP021	**Advanced Cell Therapy** Provision of Advanced Cell Therapy is included in the Haematology Facility Development	Space allowance included in CP076 (Item1)	Allowance for shell included in Item 1	**As Item 1**	As Item 1	No detailed service specification available	
c	CP073	**Polytrauma Ward** Accommodation for the provision of a polytrauma ward for the new Major Trauma Centre development	Included in Item 1 above	Included in Item 1 above	**As Item 1**	As Item 1		
1.2	CP045	**UHW Theatre Refurbishment and Decant** Following the completion of Theatres in item 1, remaining theatres to be refurbished (2 at a time)	Preparation of SOC Dec 2020	£10-£15m Estimated	**SOC Submission to WG May 2021** OBC Submission to WG April 2022 FBC Submission to WG March 2023		Any delay to CP076 (Item 1) would impact on programme	No Progress to date
1.3		**Interim Major Trauma Centre (MTC) Works**	Interim Major Trauma Centre works to include; Reconfiguration of A3 Link to provide Polytrauma Ward (to Level 1 beds) and Provision of Paediatric Resus in A&E to free up Adult space in existing Resus Area.					
a		**Polytrauma Ward** Reconfigure ward A3 link (currently Trauma & Orthopeadics) to provide an interim facility to support the MTC	Detailed Design	650k +VAT	**Construction Completion End of March 2020**		Funding support from WG	Agreed with Directorate team/CB Design continues at risk
b		**Expansion of Critical Care** Reconfiguring existing facilities to provide a small amount of to Critical Care beds	Part of Critical Care Network	To be determined by equipment only	**Completion by March 2020**			Directorate provided schedule of equipment
c		**Relocation of Trauma and Orthopaedic Ward** A3 Link		Nil	**Need to relocate by Nov 2019**		Funding support from WG to refurbish ward prior to occupation	Confirmation of ward moves being disucssed with Lee Davies. Tender for ward refurbishment to be issued to mitigate delay on receipt of funding support

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
d	CP072 Alex Morris	**Emergency Resus Reconfiguration** Free up additional beds for adult resus	Early Design	£200k+VAT	**Construction completion End of Nov 2019**		Funding support from WG	Continuing design at risk
e		**CT Scanner**		£1.5m	**End March 2020**		Funding support from WG	Turn key package to be developed by CB/ Procurement
1.4	CP057	**Major Trauma Centre**						
a		**UHW Vascular Hybrid Theatre & MTC Theatres** Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition the development of a Theatre to support the MTC Service. Part of the scheme includes remodelling SSSU to provide increased recovery space.	OBC Development	£12m	**OBC Submission to WG Sept 2019** FBC Submission to WG March 2020 Construction Phase 1B (New TH in Courtyard) June 2020 - April 2021 Op. Commissioning May 2021 Construction Phase 1A & 2 (Recovery Area) June 2020 - March 2021 Operational Commissioning April 2021 Construction Phase 3 (Reprovision of bed area) April 2021-July 2021 Op. Commissioning Aug 2021	Slight Delay Overall programme is challenging & will require early funding decisions	Surgical Clinical board have identified need to increase surgical assessment unit capacity. Discussion between clinical board and planning held on 09/07/19 where risks of further delay were emphasised. UHB recevied WG agreement to progress OBC/FBC. Costs to be provided for fees & works covering period of scrutiny	MTC Capital costs due to be received 12/08/2019. The UHB will be required to continue at risk to meet the programme. Meeting with service users to be arranged following discussions on 09/07/2019 The enabling works are critical to achieve the delivery date
b		**EU Expansion of clinical area** Interim development to expand the foorprint of the paeds EU to support increased service demand. **(THIS IS NOT THE SOULTION FOR SINGLE POINT OF ENTRY)**	Development of BJC required	Estimated cost range £1.5m - £2.5m	**Subject to funding anticipated start on site Summer 2020**		Reliant on funding support	Layout to be agreed with users
1.5		**Genomics (GPW)** Development of a Genomic & Public Health Wales facility.	PBC - WG BJC - C&V UHB	£53m	**Timeline to be Confirmed**	Risk to secure facility due to the expression of interest from other parties	Funding for design Agreement may be required to lease building	Landlord are pressing the UHB for commitment Agreement on funding for Health Care Planning Support Approval required for design fees

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.6	CP049	**Sustainable Transport Hub** Including; Bus Hub, Cycle Hub and repair centre, Aroma outlet and seating area. Pedestrian safety access from the 1st floor of the multistorey car park. Green wall.	BJC - Adcuris	£3.6m	**BJC Submission to WG Sept2019**	Programme has slipped circa 6 months	Tenders returned, further details requested for preferred contractor *Challenge by Sports & Social Club in respect of building above the swimming pool	SES seeking legal advice in relaiton to the S&SC appeal.
1.7	CP041	**Provision of 2 New Theatres in CAVOC & 22 Bed decant** Reconfiguration of CAVOC and Bethan Ward	BJC	£11m	**BJC Submission to WG Jan 2020 (Oct 2019)** Construction Period Apr 2020 - Sept 2021 (Jan 2020 - Apr 2021)		Decision to revert to original scheme Change to drainage statutory legislation	Design team are of the opinion that traditional build would be more beneficial than modular
1.8	CP053	**Reprovision of Specialist Neuro & Spinal Rehabilitation and Clinical Gerontology Services Project Team** Rookwood relocation to UHL, CRI & St Davids	Construction Phase	£31m	**Construction Period Jan 2019 - Jan 2021** **CRI Handover 20/12/2019**	Programme Slipped	*Late completion of decant works necessary to vacate development area for UHL *Low Level Contingency Available	SCP asked to consider options to mitigate some of the slippage
a		**Long Term Ventilation** Facility to support proposed Network Clinical Model	Preparing cost, options and planning	Cost advisor preparing budget for building shell	**Programme being developed in line with Rookwood work**		Planning permission required for extension of 1st floor Rookwood	Priority from All Wales Task and Finish Group
1.9	CP025	**Upgrading of Cystic Fibrosis Facilities** Including additional capacity to accommodate growth in demand, as well as environmental improvements	BJC	£3.5m	**BJC Resubmitted to WG week commencing 29/07/2019** Construction period revised to commence Oct 2019		Requirement to re-submit BJC with further detail	Delay to construction work
1.10		**Critical Care Expansion** Increase in Critical Care beds required to meet future demand	To be agreed with WG	Cost estimate will be prepared when Service Model & accommodation options identified	**To Be Agreed**		Awaiting outcome of critical care modelling	WG announced, due late summer 2019 Phased Plan - anticipated to increase to 50
1.11		**Neo Natal Development** Expansion of NeoNatal, Obstetrics & Replacement MRI Scanners		£37.154m	**Complete 22.07.2019** MRI to Upper Ground / 1st Floor 03/09/2019		Contingency remaining £49k Identified £220k of potential risk to programme	

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
2.1	CP074	**Haematology Day Unit - Interim** To provide improved day patient facilities including segregation rooms and improved waiting/treatment areas. Supporting JACIE requirements	Contract awarded	£1.028m	**Start on site 12/08/2019** Completion 08/11/2019	Concern over Discretionary Capital allowance to cover all costs	Tender returns in excess of budget allowance Discretionary Captial programme adjusted to reflect increase in tender costs	Discussion with Directorate to establish if some costs can be met from endowments
2.2	DC18044 Rob Wilkinson	**Radiopharmacy** **MHRA inspection undertaken 25-26 July 2019.** Interim plans are being discussed to **satisfy MHRA findings**. **Formal inspection report expected mid August**. Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes	BJC commenced		**BJC submission to WG Feb 2020** Anticipated start on site June 2020 Construction Completion Nov 2020 MHRA Accreditiation March 2021			
2.3		**2nd Ophthalmology Theatre** Development of a 2nd Ophthalmology Theatre alongside existing facility in clinic OPD8 to allow demand to be met	CB IMTP Programme	Circa £750k	**Timeline to be confirmed**		A number of options being reviewed Available space restricting development	Architect has undertaken test for fit. Area identified is insufficient
2.4	DC18031	**Upgrading of Black and Grey Theatre** Additional Discretionary Capital allocation provided Nov 2018 to upgrade theatre at UHL for vascular provisions	Construction Phase	£1m	**Completion of Construction July 2019**		2 weeks behind programme Product deficiencies (IPS)	
2.5		**UHL Engineering Infrastructure** Upgrading of Sub Station	BJC	£4m	**Design completion 30/8/2019** Tender return 25/10/19 Submission of BJC Jan 2020			Planning permission required prior to BJC submission
2.6	CP068 DC18037	**Refurbishment of Mortuary** BJC is now on hold awaiting a decision from the South Wales Coroner in respect of the configuration of the service in the longer term, which may impact on the development of the current proposals.	Project on hold as agreed in CMG Oct 2018	£1.6m-£2m	**To Be Arranged**		Review of coroners service being undertaken which will affect UHB facilities option	Meeting held with coroners office 4th July 2019 to discuss options being considered. No agreed outcome.

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
2.7		**Woodland House Relocation** Estate Rationalisiation Programme undertaken to relocate non clinical, office based staff from the UHW site and leased properties within the UHB. Circa 700 staff scheduled to relocate by Oct 2019.	UHB Discretionary Capital	£3.5m	**Phase 3 tenders returned and contractor appointed.** Revised programme to be issued		Department requirements Global link patient services location	solution to accommodate MH services currently at Global Link yet to be agreed
2.8	**Ward Refurbishment Progamme**							
a		**C5 South** Urgent remedial works following the fire	Remedial works being undertaken	TBA	Anticipated completion 24/05/2019			**COMPLETE**
b		**C7 North** Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer	Construction Phase	£225k	Anticipated completion 24/05/2019			**COMPLETE**
c		**C7 South** Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer	Design & Tender Complete	£225k	**Start on Site 17/06/2019 (03/06/2019)** Construction completion 30/08/2019 (09/08/2019)		Further delay	Delay caused by inability to relocate patients to C7N
d		**A1 North** Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer following request from Rebecca Aylward	Design & Tender Complete	£225k	**Start on site 06/09/2019** Construction completion 18/10/2019		Start date to follow completion of C7 South	
e		**A1 South** Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer following request from Rebecca Aylward	Design & Tender Complete	£225k	**Start on Site 13/09/2019** Constuction completion 08/11/2019		Relocating to Heulwen North to mitigate delays	
f		**B4H General Ward** Requirement to refurbish the ward following on infection outbreak & identified on a priority	Tender	£450k	**Start on site 25/05/2019** Anticipated completion 23/08/2019		On programme	

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
g		**B4H Segregation Rooms** Required to refurbish segregation rooms to mitigate potential infection from adjacent ward	Tender	Included in above cost	**Start on site 05/08/2019** Anticipated completion 23/08/2019		On programme	
h		**Poisons Ward UHL** Medicine Clinical Board requirement to change clinical model for poisons	Awaiting details from Medicine Clinical Board	Cost estimate to be determined	**To Be Arranged**	To be determined	*Options developed by Discretionary Capital team with Directorate	Awaiting further direction from Clinical Board
I		**Lift Upgrades** Part of the ongoing UHW Lift Refurbishment programme	Onsite	£300k	**Complete lift No4 - July 2019** Complete lift No7 - Oct 2019 Complete Lift No17 - March 2020		Contractor performance has been poor resulting in further delay due to change in management staff	Thyssen Krupp (contractor) have relocated with no local office to support the project
j		**CRI Block 11 - Woodland House** Part of the progamme to vacate Global Link by end of September 2019. Requirement to relocate mental health services to CRI	Tender	£1.4m	**Completion required October 2019**		No funding identified in the Discretionary Capital Programme Approval of single source contractor to enable programme to be met	
k		**CRI Block 11 First Floor Links Block Relocation**	Tender	£0.25m	**Construction completion target date - September 2019**		Failure to agree final scope with PCIC may result in changes following tender return	PCIC requesting staff from Barry Hospital to be accommodated as part of this work which is outside of scope
L		**Barry Hospital - Development of Aroma Coffee Outlet**	Design	£300k	**Design completion 3/9/19** Tender return 1/10/19 Commence on site 8/10/19 Completion of works 24/12/19 Commissioning Jan 2020 Opening of unit Feb 2020		Confirmation of funding source required	

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
3.1	**SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres**							
a	CP056	**CRI SARC Redevelopment**	SOC	£10-12M	**SOC Submission to WG Oct.2018** OBC Submission to WG July 2020 FBC Submission to WG Oct 2021	Awaiting SOC Approval	*SOC yet to be approved by WG following Scrutiny	Meeting with WG scheduled for 07/08/2019 to discuss outstanding invoices
b	CP046	**CRI Chapel Redevelopment** In collaboration with Cardiff City Council to provide an information centre for patients and public with Aroma café outlet facilities	BJC	£3.5-£4m	**BJC Submission to WG August 2019 - Are we looking to submit a BJC as well as the ICF bid?** Construction Phase Oct 2019 - **May** 2020	**Project Team meetings on hold until funding source has been identified**	No Capital / Discretionary Capital funding to progress. ICF Funding application had been declined 2018/19 with further info required	Partner organisations met with WG 2/8/19 to clarify matters raised by ICF Board
c	CP060	**Wellbeing Hub @ Park View**	OBC	£16-£20m	**Appointment of SCP, CA, PM - Sept 2019** OBC Submission to WG TBA		SCP, PM & CA invitations to submit proposals issued	Letter of endorsment of PBC received
d	CP058 J.Holifield	**Wellbeing Hub @ Penarth**	OBC	£10.982m (£6m)	**OBC Submitted 3 June 2019** FBC Submission to WG March 2020 Construction Phase July 2020 - **June** 2021	FBC development commenced		
e	CP032 D.Taylor	**Wellbeing Hub @ Maelfa**	OBC	£12.748m (£8m)	**OBC Submitted 3 June 2019** FBC Submission to WG March 2020 (Jan 2020) Construction Phase June 2020 - Aug 2021 (Apr 2020 - Apr 2021)	FBC development commenced		
3.2	J.Holifield	**CRI Redevelopment Scheme**	OBC	£93m	**Appointment of SCP, CA, PM - Sept 2019** OBC submission to WG - TBA		Invites for SCP,PM & CA letting to be issued week commencing 5/8/19	

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
3.3		**In Our Community Programme** LDP growth and opportunity to develop Wellbeing Centres within; Cardiff West (Plasdwr) North Cardiff (Whitchurch) Vale (Barry)						
a		**Wellbeing Hub @ Plasdwr** Discussions ongoing			**Timeline to be confirmed**			Included in 2nd Tranche of SOFW:IOC PBC
b		**Health & Wellbeing Centre @ Barry**	SOC To Be Developed	£10-£15m	**OBC Submission to WG Nov 2020** FBC Submission to WG Jan 2022 Construction Phase April 2022 - June 2023			Included in 2nd Tranche of SOFW:IOC PBC
c		**North Cardiff (Whitchurch) Health and Wellbeing Centre**	Not Yet Confirmed	£16-£20m	**OBC Submission to WG Nov 2020** FBC Submission to WG Jan 2022 Construction Phase April 2022 - June 2023			Included in 2nd Tranche of SOFW:IOC PBC
4		**FEASIBILITY SCHEMES**						
a		**Concourse Redevelopment**						
b		**UHL Endoscopy Expansion**						
c		**Surgical Pre Operative Assessment Unit**						

2.8 Letters of Approval

Endorsement of Programme Business Case for SoFW

Robert Hay
Dirprwy Gyfarwyddwr, Cyfalaf, Ystadau a Cyfleusterau/
Deputy Director, Capital, Estates & Facilities
Cyfarwyddiaeth Cyllid/Finance Directorate
Y Grwp Iechyd a Gwasanaethau Cymdeithasol/Health & Social Services Group
Llywodraeth Cymru/Welsh Government

Llywodraeth Cymru
Welsh Government

Mr Len Richards,
Chief Executive,
Cardiff & Vale University Health Board,
Headquarters Building,
University Hospital of Wales,
Heath Park,
Cardiff,
CF14 4XW

Our Ref: MA-P/VG/1144/19
1 August 2019

Dear Len,

Cardiff & Vale University Health Board – Shaping Our Future Wellbeing - In Our Community Programme Business Case

With regard to the above mentioned business case, I am pleased to inform you on behalf of the Welsh Ministers that the case has been endorsed.

This endorsement will enable Cardiff & Vale University Health Board to proceed with developing business cases for both the Cardiff Royal Infirmary works and the Park View (Ely) Primary Care Scheme as set out in the Programme Business Case.

Funding for fees related to the development of the individual business cases will be released in due course subject to the agreement of the estimated costs by the NHS Wales Shared Services Partnership.

Please do not hesitate to contact me if you have any queries.

Yours sincerely

Robert R. Hay

Robert Hay.

3.0 Disc Capital & Estate Compliance

The UHB receives £14.428m discretionary capital funding via the CRL this is used to address smaller scale infrastructure developments including statutory maintenance remedial works, rolling programmes of refurbishment (such as the bathroom programme), IT and equipment investment and small capital schemes that have been prioritised as part of the IMTP. Further funding to support the programme will be generated through disposal UHB assets and additional donations.

3.1 Discretionary Capital Programme

Cardiff and Vale University Health Board Discretionary Capital Programme 2019-20								
No.	Cost Centre	Location	Description	Scheme Lead	NEC Reqd	Cost		
						Planned	ADJ	O'Turn
						£k	£k	£k
FUNDING:								
Discretionary Capital & Sale of Properties								
			Discretionary Capital Allocation			14,428	0	**14,428**
			Horatios Garden			383		**383**
			Carbon Credits			166	0	**166**
Discretionary Capital & Sale of Properties Total						**14,977**	**0**	14,977
Schemes B/F:								
	CAC4		Rookwood	T Ward		166	0	**166**
	CED4		Rookwood - Emergency Works	T Ward		200	0	**200**
	CEJF		Black & Grey Theatre	T Ward		672	0	**672**
			Estates Mircrobiology Labs	T Ward		160	0	**160**
	CEJ2		Shire database			24	0	**24**
	CAJU		ICF Barry Hospital	T Ward		42	0	**42**
Annual Commitments:								
	CD93	C & V	UHB Capitalisation of Salaries	N Mason		440	0	**440**
	CEDB	UHW	UHB Director of Planning Staff	N Mason		165	0	**165**
	CDN8	C & V	UHB Revenue to Capital	R Hurton		715	500	**1,215**
	CDH9	C & V	UHB Accommodation Strategy	G Walsh		200	0	**200**
	CD09	C & V	UHB Misc / Feasibility Fees	J Nettleton		100	0	**100**

No.	Cost Centre	Location	Description	Scheme Lead	NEC Reqd	Cost		
						Planned	ADJ	O'Turn
						£k	£k	£k
IMTP:								
	Estate Rationalisation							
	CEJG		Tesco House Refurbishment	G Walsh		1,000	439	**1,439**
			Community Buildings	G Walsh		500	0	**500**
			Lansdowne Demolition	T Ward			0	**0**
			WEQAS Building	G Walsh		1,800	-1,800	**0**
	CEJ4		Sustainable Transport Hub	G Walsh		13	0	**13**
	CEJ5		CRI Chapel	G Walsh			0	**0**
	CEJC		CRI Block 11	G Walsh		42	126	**168**
	CAJJ		CAVOC	G Walsh			0	**0**
	CEHE		Cystic Fibrosis	G Walsh			0	**0**
	CEJN		UHL New Substation & Upgrade Med Gases	G Walsh		185	26	**211**
	CEJE		Horatios Garden	G Walsh		383	0	**383**
	CAK1		Hybrid/MTC Theatres	G Walsh			411	**411**
			Major Trauma (interim plan)	G Walsh			220	**220**
	Scheme Fees							
			Primary Care Fees	G Walsh			0	**0**
			Wellbeing Hub Park View	G Walsh			0	**0**
			Major Trauma	G Walsh			0	**0**
	CEJK		BMT Wards & Day Unit	T Ward		806	362	**1,168**
IM&T:								
	CDR8		Backlog IM&T	G Bulpin		500	0	**500**
Medical Equipment								
	CD07		Backlog Medical Equipment	C Morgan		1,000	0	**1,000**
Statutory Compliance:								
	CDA2		Fire Risk Works	T Ward		200	0	**200**
	CDP7		Asbestos	T Ward		400	0	**400**
	CEFV		Gas infrastructure Upgrade	T Ward		300	0	**300**
	CED5		Legionella	T Ward		450	0	**450**
	CEFW		Electrical Infrastructure Upgrade	T Ward		150	0	**150**
	CEH4		Ventilation Upgrade	T Ward		500	0	**500**
	CEH3		Electrical Backup Systems	T Ward		250	0	**250**
	CEH2		Upgrade Patient Facilities	T Ward		350	0	**350**
	CDP7		Dedicated Team	N Mason		200	0	**200**
Other:								
	CD11		Backlog Estates	T Ward		1,000	0	**1,000**
	CEA4		Ward Upgrade (2 wards)	J Aver		1,100	84	**1,184**
	CEG6		Lift Upgrade (3 lifts)	T Ward		300	-84	**216**
	CEJ8		Pelican Ward	J Holifield			0	**0**
							0	**0**
			Emergency Contingency			500	0	**500**
			Unallocated			48	0	**48**
DISCRETIONARY CAPITAL & PROPERTY SALES COMMITMENTS						**13,823**	**284**	**15,145**

3.2 Estate Compliance Report

The purpose of the report is to provide the Capital Management Group with a summary on the current status of the Estate Compliance Programme.
In addition the report will identify key issues for which approval will be required.

2019-20					
Category	**Surveys**	**Revenue**	**Remedial Works**	**Other £m**	**Total £m**
Mechanical Surveys	0.613				
Electrical Surveys	0.041				
Building Surveys	0.207				
Mechanical Estates Revenue		0.051			
Electrical Estates Revenue		0.160			
Building Estates Revenue		0.181			
Mechanical Approved Works			0.208		
Electrical Approved Works			0.232		
Building Approved Works			0.014		
Dedicated Team				0.200	
Asbestos Works (400k)				0.137	
Fees					
Other					3.641
Fire (200k = 147k Surv, 53k Rem)					
Total Funding	1.070	0.841	0.780	0.950	**3.641**
Spend	**0.861**	**0.392**	**0.454**	**0.337**	**2.044**
Total Budget Available	0.209	0.449	0.326	0.613	**1.597**

<u>Progress of 44 Elements of Statutory Compliance</u>

Compliant	28
Contract in place Compliance achieved on Yearly cycle	6
Non-Compliant	10
Long Term Contracts (4 year plus for all sites)	26

Compliant	Short term programme to verify Assets	Long term programme to verify Assets	Non Compliant

No.	COMPLIANT Description	Rating Tender Type	Long term Contract
1	Legionella (RO Plant)	OJEU	Yes
2	Medical Gas	OJEU	Yes
3	Fire Doors compliance check		
4	Annual asbestos survey and re-inspections		
5	Periodic Inspections		Yes
6	Dry Risers & Hydrants		
7	High Voltage		Yes
8	Generators		Yes
9	Fire Hoses		
10	Fire Alarms	OJEU	Yes
11	Ventilation/AHU (annual)	OJEU	Yes
12	Gas Safety (inc proving)		Yes
13	Fire Extinguishers		
14	Air conditioning units/chillers	OJEU	Yes
15	Commercial Kitchen		Yes
16	Kitchen Canopy & Ductwork: Main		Yes
17	Kitchen Canopy & Ductwork: Ward		Yes
18	BMS Controls	OJEU	Yes
19	Emergency Backup (UPS)		Yes
20	Patient Hoist		Yes
21	Lightning Conductors		
22	Pools		
23	PAT Testing		Yes
24	Sprinklers		Yes
25	Fire Suppression		Yes
26	IPS		Yes
27	Sterile Services	OJEU	Yes
28	Legionella (annual)	OJEU	Yes
29			

No.	Description Contract in place COMPLIANCE achieved on yearly cycle	Rating Tender Type	Completion Date
1	Emergency Lighting	OJEU	Jul-19
2	Legionella risk assessments		Mar-20
3	Ventilation/AHU Verification (Intake Cleaning)	OJEU	Jul-19
4	Lifts	OJEU	Jun-19
5	Ventilation/AHU (Smoke Dampers)	OJEU	Mar-20
6	Ventilation/AHU (Fire Dampers)	OJEU	Mar-20
7			
8			
9			
10			

No.	NON - COMPLIANT Description	Rating Type	Completion Date
1	Insurance	OJEU	Apr-19
2	Steam	OJEU	Apr-19
3	Fume Cupboards/Safety Cabinets		Apr-19
4	Automatic Doors		Dec-19
5	Bed Heads		Apr-20
6	Helipad Fire Protection		Nov-19
7	Chimney		Sep-19
8	Nurse Call		Apr-20
9	Local Extract (workshop equipment, suites etc)		Apr-21
10	Legionella (Audits)		Dec-19
11			
12			

Summary of events since last report:-

Smoke/Fire Dampers:- Contract awarded mobilization.

Fire Alarms:- Awaiting procurement, Procurement report signed in December, a challenge has been made still awaiting outcome.

BMS, Out to tender via OJEU.

Steam & Pools servicing tenders went to procurement 7th June. Awaiting procurement dates.

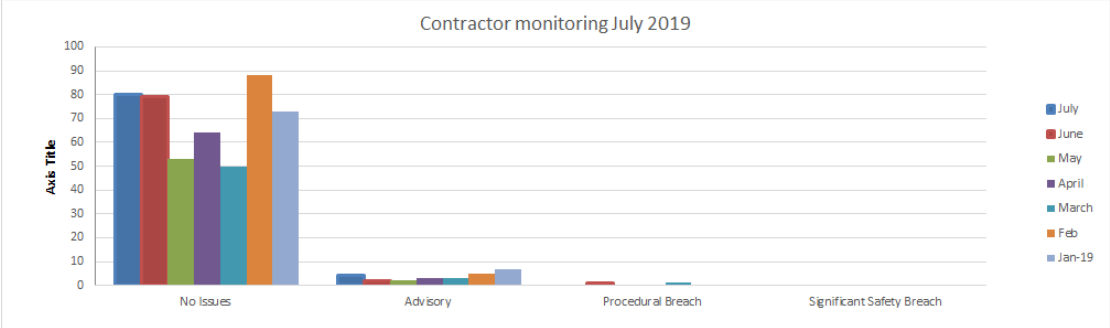
Building, Mechanical & Electrical Capital Frameworks (3 separate)
Out to tender via OJEU.
M&E expected start date November 2019, Building December start date.

Critical Plant Verification

The programme for the verification of critical plant continues with all theatres completed. A number of inspection reports recently received indicate some areas with lower performance than is required. The remedial works for these plants are being developed with timeframes and costs,with view to rectify the problem.

3.3 Contractor Control

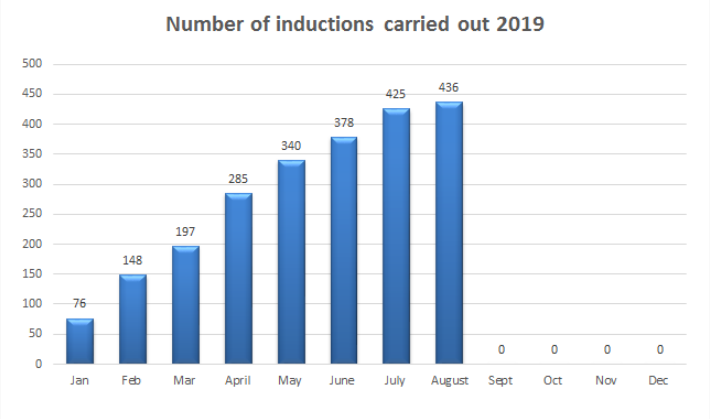
The monitoring of contractors on site continued throughout July. As of the 30/07/2019 there were 84 approaches made for the month. There have been no procedural breaches and 4 advisories issued



Contractors Currently On Site

There are 178 Contractors currently on the CAV Estates data base as of 05/08/2019

Number of Inductions since January



There have been 43645 inductions carried out since the 02/01/2019

4.0 Medical Equipment Report

Medical Equipment Report
Executive Lead: Executive Director of Therapies and Health Science.
Author : Deputy Director of Therapies and Health Science
Caring for People, Keeping People Well: Medical Equipment is used in nearly every care pathway across all Cardiff and Vale UHB health systems and underpins the delivery of the majority of the UHB's service priorities. The effective life cycle management of Medical Equipment also supports the priorities outlined in 'Shaping Our Future Wellbeing'. It will enable clinical services to deliver outcomes that matter to people; it will improve service efficiency and sustainability, and the optimal use of the appropriate medical device supports prudent healthcare outcomes.
Financial impact: Effective system level Medical Equipment life cycle management processes are costly. The UHB does not have sufficient predictable capital or revenue funds to consistently deliver medical equipment management processes to the required standard. It is heavily reliant on adhoc funding for medical equipment replacement.
Quality, Safety, Patient Experience impact: Having fit for purpose medical equipment available to deliver effective care when needed is a fundamental tenet of good healthcare.
Health and Care Standard Number: 2.9 Medical Devices, Equipment and Diagnostic Systems **CRAF Reference Numbers:** 5.1, 5.1.6, 6.6, 8.1, 8.1.4 & 8.2
Equality Impact Assessment Completed: Not Applicable

RECOMMENDATION

The Capital Management Group is asked to:

- **APPROVE** the replacement of the Pascal laser, drying cabinet and scope vault
- **NOTE** the requirement for IM&T support to produce enabling costs for the endoscope tracking system and also the current risks associated with the existing fleet for PCA pumps at UHW.

SITUATION

The UHB has allocated £1m of discretionary capital to the urgent medical equipment replacement budget to cover 2019/20. This is against a known high priority £4-5m list of medical equipment replacement requirements.

BACKGROUND

The UHB is currently exposed to a degree of regulatory, safety, performance and financial risks associated with its current stock of equipment which is obsolete,

beyond economical repair, inefficient or is a single point of failure with no robust business continuity plans available.

ASSESSMENT AND ASSURANCE

The following request have been received in the last calendar month:

The replacement of Pascal Laser machine that is end of life and has failed multiple times over the last 18 months resulting in cancelled laser treatment for urgent patients @ £68,520 + VAT

A new decontamination drying cabinet to ensure that C-MAC video-laryngoscopes are stored in a way that is compliant with WHTM and to ensure there is no disruption to clinical services associated with critical equipment being unavailable for use in a safe manner @£12,620 + VAT

A scope vault @ £5,640 + VAT to ensure that TOE probes can decontaminated by the new 'pass through' AERs in Theatres. This will also release revenue savings as an old free standing AER can be decommissioned and will not require any further validation and maintenance costs.

To note that we are working up proposal for a nasendoscope tracking system to ensure full compliance with WHTM 01-01. The base costs are £9,823 + VAT but will require IT enabling works. The request to cost these works is currently with IM&T.

Also to note that whilst this is not a capital funding issues there is a requirement to replace 100 Patient-Controlled Analgesia (PCA) pumps @ ≈ £300K. They are managed by the pain team in perioperative care but used across all areas in UHW. This is why this is being escalated as a corporate system level risk. A risk assessment was performed in May. Some of the pumps are over 20 years old and the supplier has provided notice that the model in use at UHW will no longer be produced. This would mean that if we replaced units as they became inoperable then we would have a mixed fleet of PCA pumps which would introduce an unacceptable level of user risk. Variation in PCA pump design is recognised globally as a significant patient safety risk. The CMG is asked to note this risk and consider possible funding opportunities including slippage funding

5.0 IM&T Report

6.0 Discretionary Capital Project Request Summary Sheet

Project No.	Date Received	Clinical Board / Department	Description	Decision	Action
PR0001	11/05/18	PCIC	Install TDSI on main door @ Llantwit Major Health Centre	Rejected at CMG 21/5/18	Requester informed of decision
PR0002	09/05/18	Medicine	Relocating existing poisons unit to E4 UHL		
PR0003	22/05/18	Medical & Dental	Renovation of Education Centre UHL: **Funding has been granted by Wales Deanery for the renovation, GW requested confirmation letter of funding approval prior to progression**	Finance investigated funding. Approval given to proceed	Identifying resource to assign to project
PR0004	06/06/18	Pharmacy	The team confirmed the 'invest to save' scheme required an area within the retail units. Plans of the area had been given to the team. **Internal design/project officer have not been assigned to the works**	Approved at CMG 16/07/18	Progressed with commercial services team
PR0005	19/07/18	Mental Health	TDSI control on Elm Ward and break glass unit in EAS – both HYC. Deputy Directorate Manager has confirmed the Clinical Board will fund the installation and also cover all breakdown and maintenance costs.	Approved at CMG 20/8/18	GW instructed the appropriate team to continue.
PR0006	26/07/18	Medicine	Gastro dept UHL. Convert MDT room into clinical infusion and education centre for IBD patients. The project is anticipated to be financed by charitable funds. Requester desires an assigned architect to confirm if the design is feasible.	Provide funding stream information to finance for investigation	Email Correspondence sent to RH

			Peter Welsh confirmed via email that the area had been allocated. GW informed the team that design/architectural team would need to be out sourced and requested confirmation that adequate funding was available to cover the fees.		
PR0007	24/08/18	Medicine	To develop a new model of nursing care on East 8 in UHL: ICF capital bit has been submitted for the Cognitive impairment project, an estimate of the estates work is required to secure to bid/funding.	Waiting confirmation of ICF funding	Contacted requester for information
PR0008	06/09/18	Women & Children	M&E work required at CHfW to change store room into an office and fit an additional sink in the milk room which was formally a pharmacy. Charitable funding.	Approved, funding information had been provided	TW contacted to progress
PR0009	06/09/18	Women & Children	Neonatal offices and Seminar Room upgrade @ CHfW. Quote provided by a Capital Planning officer£7363.40.Charitable funding	Approved, funding information had been provided	TW contacted to progress
PR0010	06/09/18	Women & Children	Upgrade and renovations to the Renal Outpatients dept with decoration and minor alterations to 8 rooms in the current department.	Approved, funding information had been provided	TW contacted to progress
PR0011	12/09/18		Unit 2 PMC Treforest – Reinstate former entrance to create a wheelchair accessible fire route. Approx £11k, anticipated funding by Clinical Board	Approved, supported by Clinical Board	Capital Planning Property manager contacted
PR0012	27/09/18	PCIC	Llantwit Major Clinic – Resource to provide quotation to refurbish old dental suite into sexual health treatment room.		Identifying resource to progress
PR0013	09/11/18	Specialist Services	Haem. UHW – Refit a discussed room to deliver a sustainable DVT Service for patients. 2 clinic rooms	Further information	

			required with sinks, office space for lead nurse, bench work space and flooring	required re: location	
PR0014	19/09/18	Women & Children	Jungle Ward – Improvement of ward for neurorehabilitation, also improving current parent accommodation	For noting	TW contacted to progress
PR0015	19/09/18	Women & Children	Reconfiguration of coordinators room to assist with increased capacity of staff.	For noting	TW contacted to progress
PR0016	20/11/18	Gastro - UHL	Request for a quote to develop MDT room from a meeting room to an IBD clinical infusion and education centre	To proceed	
PR0017	06/12/18	Med Physics	Request to fit automatic mag locks to 3 sets of double corridor doors	For noting	Passed to estates
PR0018	20/12/18	Dental	Additional office area at Unit 2 Treforest to accommodate additional 8 staff with Cwm Taf / CAV transfer for Designed to Smile Programme and Dental Service (D2S)	To contact requester re: Cwm Taf transfer	Email issued

Report Title:	**Summary on Integreated Care Fund – Integrated Care Fund and Tranformation Fund Update**								
Meeting:	**Strategy & Delivery Committee**						**Meeting Date:**	**03.09.2019**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**X**
Lead Executive:	**Executive Director of Strategic Planning**								
Report Author (Title):	**Andrew Owen (Transformation Programme Manager)**								

SITUATION

The Strategy & Delivery Committee are asked to note the Quarter 4 Performance Report of the Integrated Care Fund (ICF) and the Transformation Fund in 2018-19.

REPORT

BACKGROUND

The Integrated Health and Social Partnership coordinates the Integrated Care Fund and the Transformation Fund on behalf of the Cardiff and Vale Regional Partnership Board (RPB). Both funds are received from Welsh Government, and are provided to help bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales.

ICF's purpose is to improve the outcomes and well-being of people with care and support needs and their carers, the Transformation Fund is aimed at accelerating the wider adoption and scaling up of new ways of working which are intended to replace or reconfigure existing services.

Welsh Government allocated **£6.884m** of ICF revenue funding to the Cardiff and Vale of Glamorgan Regional Partnership Board in 2018-19. An additional allocation of **£13.335m** in capital funding for 2018-21 was also approved by Welsh Government.

The Cardiff and Vales RPB was awarded **£6.947,943** of Transformation Fund revenue funding in September 2018, with most projects going live between December 2018 and March 2019.

ASSESSMENT

ICF - The majority of revenue-funded projects within the ICF Programme are progressing in line with expectation. The financial position is reviewed on an ongoing basis to ensure full expenditure of the budget. A small amount of underspend was identified at the end of Quarter 2 and reallocated to support winter pressures across health and social care.

Several proposals for capital funding were declined by Welsh Government, leaving a forecast underspend which, with the approval of Welsh Government has been project managed for use

in 2019-20. Further detail on the ICF programme can be found in the supporting ICF Management Executive Cover Paper

Transformation Fund - There are some delays in projects becoming operational mainly due to recruitment issues. Although the funding was awarded at the end of September 2018, two projects (Get Me Home Preventative and Get Me Home Plus) started ahead of schedule to assist with winter pressures within the acute setting. Despite the recruitment delays the majority of the projects within the Transformation Fund Programme are progressing in line with expectation (Please see supporting TF Management Executive Cover Paper).

A reforecast of the programme spend has been undertaken due to the delay in awarding the funding by Welsh Government. The partnership will be meeting with Welsh Government to discuss the outcomes and recommendations of the reforecast.

C&V RPB have submitted a second bid for the Transformation Fund in March 2019. There is a remaining circa £13m left after the initial first round of applications and the partnership still await official feedback on the outcome of this application.

ASSURANCE is provided by:

RECOMMENDATION

The Committee is asked to:

- **NOTE** the Q4 Performance Report of the Integrated Care Fund (ICF) and the Transformation Fund in 2018-19.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration	X	Collaboration	X	Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

INTEGRATED CARE FUND (ICF) QUARTER 4 RETURN	
Name of Meeting: Management Executive	**Date of Meeting 15.07.19**

Executive Lead: Director of Strategy and Planning

Author: Programme Manager for Integrated Health, Social Care and Wellbeing.
Meredith.gardiner2@wales.nhs.uk

Caring for People, Keeping People Well :

- **Deliver Outcomes that matter to people:**

  The Integrated Care Fund (ICF) is a mechanism to help bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Its purpose is to improve the outcomes and well-being of people with care and support needs, and their carers.

- **Deliver improvements in population health that our citizens are entitled to expect:**

  The services funded by the ICF have been prioritized to meet the needs of key population groups across our region, specifically:
  - Older People with complex needs and long term conditions, including dementia;
  - Children with complex needs due to disability or illness;
  - People with learning disabilities;
  - Carers, including young carers.

  Service delivery focuses upon key needs for these population groups:
  - Supporting people to achieve their own well-being
  - Increasing preventative services within the community to minimise the escalation of critical need whilst also looking to limit hospital length of stay
  - Reducing harm, waste and variation by bringing services together in a more co-ordinated, coherent way

  In addition, the ICF is also being used to support the delivery of the Cardiff and Vale of Glamorgan Integrated Autism Service and the implementation of the Wales Community Care Information System (WCCIS) to enable the sharing of patient / service user information across services.

- **Culture**:

  The ICF enables closer, more integrated working across partners and care sectors, whilst also assisting in establishing a 'home first' culture amongst citizens, staff and patients.

Financial impact: Revenue = £6,884,000 Capital = £ 13,335,000

Quality, Safety, Patient Experience impact : these proposals aims to improve well-being outcomes for people by: - Focusing resource and increasing capacity - Providing a proactive approach to care and support - Encouraging Preventative Interventions (including delaying and reducing the need for care and support and enabling people to live their lives as independently as possible) - Increasing capacity of reablement and rapid response services to meet demand - Encouraging innovation - Promoting and maximizing independent living opportunities - Developing collaboration in needs assessment and service planning - Maximising other funding opportunities - Identifying local accommodation solutions - Supporting alternative delivery methods.
Health and Care Standard Number 1.1 Governance, Leadership and Accountability**;** 1.2 Health Promotion, Protection and Improvement; 4.1 Dignified Care; 4.2 Patient Information; 5. Timely Care, 6.1 Planning Care to Promote Independence.
CRAF Reference Number 1.1, 1.2, 2.5, 3.1, 4.2, 5.1.13, 5.3.2, 5.5, 5.6, 5.7, 8.1
Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The Partnership has utilised Results Based Accountability in line with Welsh Government requirements to structure the performance management of each project included within the Integrated Care Fund. This approach has facilitated provision of outcomes-focused data within the Quarter 4 report to provide assurance of delivery.

  Data has been collated from across the Partnership and was presented to the Regional Partnership Board for confirmation on 25th June 2019. As part of this assurance process, the Director of Strategy and Planning presents the ICF Quarter 4 Report for noting by Management Executive colleagues.

Management Executive is asked to:

- **NOTE** the Quarter 4 Performance Report of the Integrated Care Fund 2018-19.
- **NOTE** anticipated plans for 2019-20.

SITUATION

Management Executive colleagues are asked to note and approve the Quarter 4 Performance Report of the Integrated Care Fund (ICF) in 2018-19 and to note the Revenue Investment Plan for 2019-21.

BACKGROUND

The Integrated Care Fund (ICF) has been provided to help bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Its purpose is to improve the outcomes and well-being of people with care and support needs and their carers. Governance of the work is provided by the Cardiff and Vale of Glamorgan Regional Partnership Board (RPB), in line with Welsh Government Guidance.

Welsh Government allocated **£6.884m** of revenue funding to the Cardiff and Vale of Glamorgan Regional Partnership Board in 2018-19. A programme management approach has been implemented to ensure delivery of a series of projects to meet ICF aims and objectives.

An allocation of **£13.335m** in capital funding for 2018-21 was also approved by Welsh Government.

The Regional Partnership Board must submit quarterly reports to Welsh Government on the progress of all work relating to the Integrated Care Fund. The Quarter 4 Case Studies and Project Reports are attached as **Appendix 1, 2 and 3** for information following sumission to Welsh Government.

ASSESSMENT AND ASSURANCE

Revenue 2018-19

The majority of revenue-funded projects within the ICF Programme are progressing in line with expectation. They demonstrate compliance with the outcome-focused baselines established at the beginning of the year using Results Based Accountability performance management methodology. The report was approved by the Regional Partnership Board in June 2019 and the positive performance has been used to inform revised baseline indicators for ongoing management and monitoring in 2019-20.

The financial position is reviewed on an ongoing basis to ensure full expenditure of the budget. Colleagues will recall that a small amount of underspend was identified at the end of Quarter 2 and reallocated to support winter pressures across health and social care. Ongoing management of the ICF in the final quarter has resulted in full expenditure of the budget at the end of March 2019.

Following approval by the Regional Partnership Board, the Quarter 4 Report has been submitted to Welsh Government. As part of this process, the

Director of Strategy and Planning presents the draft ICF Quarter 4 Report for noting by Management Executive colleagues.

Capital 2018-19
Several proposals for capital funding were declined by Welsh Government, leaving a forecast underspend which, with the approval of Welsh Government has been project managed for use in 2019-20.

Anticipated Plans for 2019-20

Revenue 2019-20
In December 2018, Welsh Government provided an Early Direction Letter outlining revenue funding arrangements for the ICF in 2019-20 and beyond. In addition to the funding that has been made available in 2018-19, it has been indicated that the Cardiff and Vale of Glamorgan region will receive an additional allocation of **£4.712m** for Older People, Children on the edge of Care

The total revenue budget for ICF will therefore increase to **£11.596m.** An indicative allocation of the same budget has also been made for 2020-21. This initial draft allocation initially excluded funding for the Wales Community Care Information System (WCCIS) - previously **£201k -** which would now be distributed centrally.

In March 2019, the Cardiff and Vale region submitted a draft 2 year Revenue Investment Plan. This has been approved in principle by Welsh Government pending submission of finalized performance benchmarks as part of the Quarter 1 report. Funding of **£200k** was also approved for continued support of the WCCIS. The Revenue Investment Plan complete with a Quarter 1 financial spend report will be made available to the Management Executive at end July 2019 for information.

Capital 2019-20
The region has submitted a suite of proposals for capital funding in 2019-20 and 2020-21 to Welsh Government for approval. Within this the UHB has sought funding for the Cardiff Royal Infirmary Chapel to re-provide the facility as a health and well-being centre for patients and local citizens. A further update will be made available to Management Executive colleagues following receipt of the Welsh Government response.

Management Executive colleagues are asked to NOTE the ICF Quarter 4 report along with anticipated plans for 2018-19.

Cardiff & Vale of Glamorgan
INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP

PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG
Caerdydd & Bro Morgannwg

Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

Cardiff & Vale of Glamorgan

Integrated Care Fund and Transformation Fund

End of Year Reporting

Integrated Care Fund 2018-19

Aim:

Support older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges.

Develop integrated care and support services for other groups of people.

Priority Population Groups:

- Older people with complex needs.
- Learning Disabilities
- Children with Complex Needs
- Autism
- Carers

Objectives:

- Improve co-ordination between organisations to meet demand
- Strengthen resilience of the unscheduled care system
- Prevention: promote & maximise independent living opportunities
- Reablement: support recovery and recuperation in the community (24/7)
- Encourage innovation and new models of working

Workstreams

Dementia	Support to deliver the Dementia Action Plan 2018-22.
Frail Older People	A range of integrated services, promoting preventative services and enhancing patient flow with community-based solutions for ongoing care and support.
Learning Disabilities/ Children with Complex Needs	Piloting a new integrated service of care and support for children and their families from initial diagnosis to adulthood.
Integrated Autism Service	Delivering a Wales-wide model of integrated care for people with Autism
Wales Community Care Information System (WCCIS)	Preparation for the introduction of the Welsh Community Care Information System
Capital Developments	Support to deliver the above revenue projects

£ Frail Older People: £3.743m, LD / CwCN: £1.737m, WCCIS: £201k, Autism: £367k, Dementia: £612k, Capital: £3.81m.

Transformation Programme

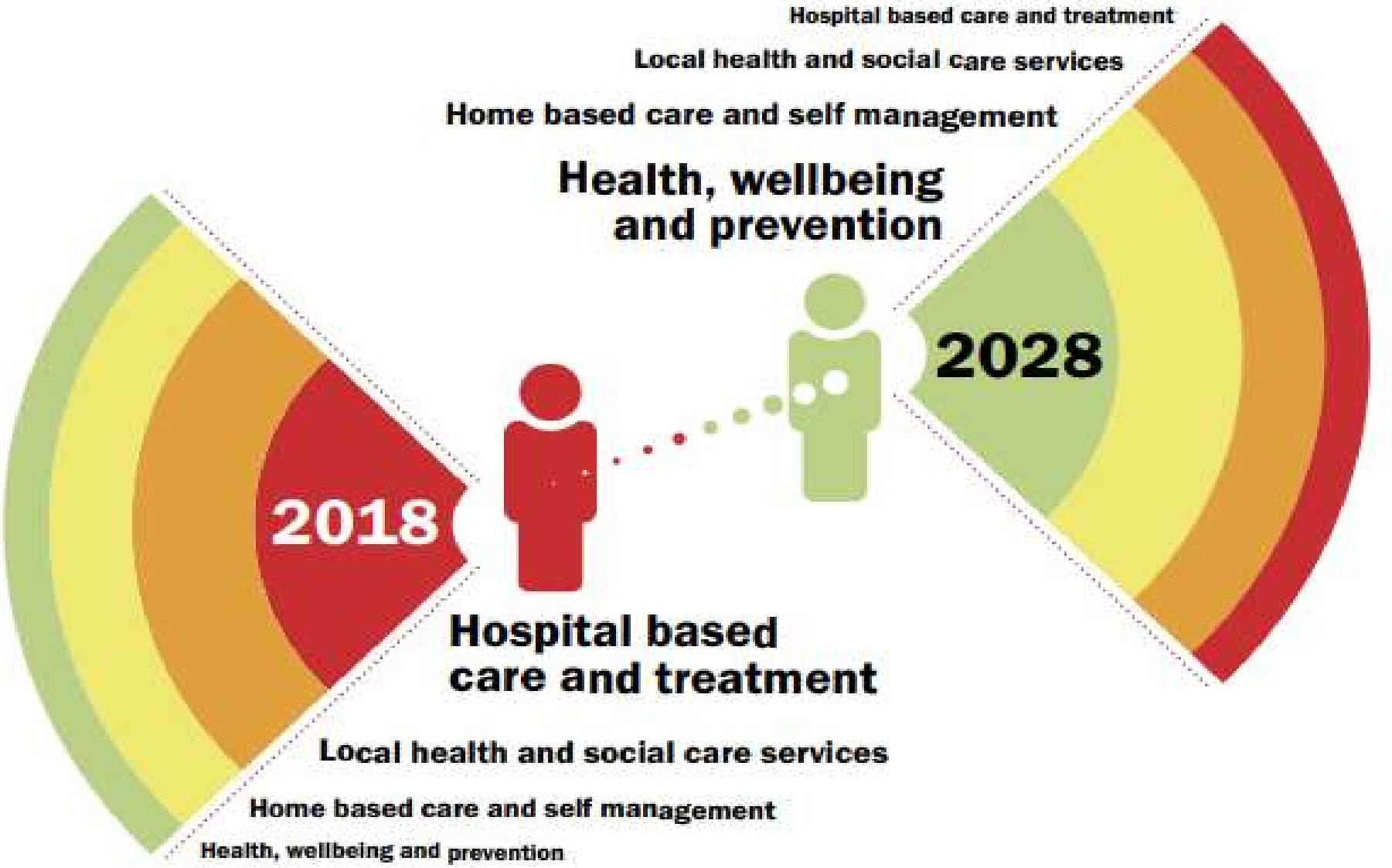
£6,947,984 allocated between September 2018 – 2020
£359k spent at end March 2019

AIM:

Accelerate the development of a model of seamless health and social care services. This approach is built on a foundation of promoting well-being and early intervention; building resilient communities; and focussing on keeping people at home and away from hospital services.

Delivering an Accelerated Cluster Model	Development of the optimal 'Cluster' using asset based community development approaches
Seamless Social Prescribing	Creation of a single entry point to independence and well-being services and stable and non-complex care services
Single Point of Access for GP Triage	Development of a telephone triage service to ensure people are accessing the most appropriate services.
Get Me Home	Two projects aimed at reducing the time patients spend in hospital and improving co-ordination and communication between the organisations supporting them
An ACE Aware Approach	Increase resilience and awareness in children and young people through peer support, timely intervention and signposting.
Place Based Integrated Community Teams	Development of a new 'place based blueprint' for services provided on a cluster/locality/local authority and UHB Footprint in a sustainable way.

The Challenge!



Key Themes: Older People and Carers

Transformation Place-based Integrated Community Teams

ICF Independent Living Service, linked to **Transformation Accelerated Cluster Model and GP Triage (Cardiff / UHB)**

ICF Single Point of Access and Transformation & Seamless Social Prescribing (Vale / UHB)

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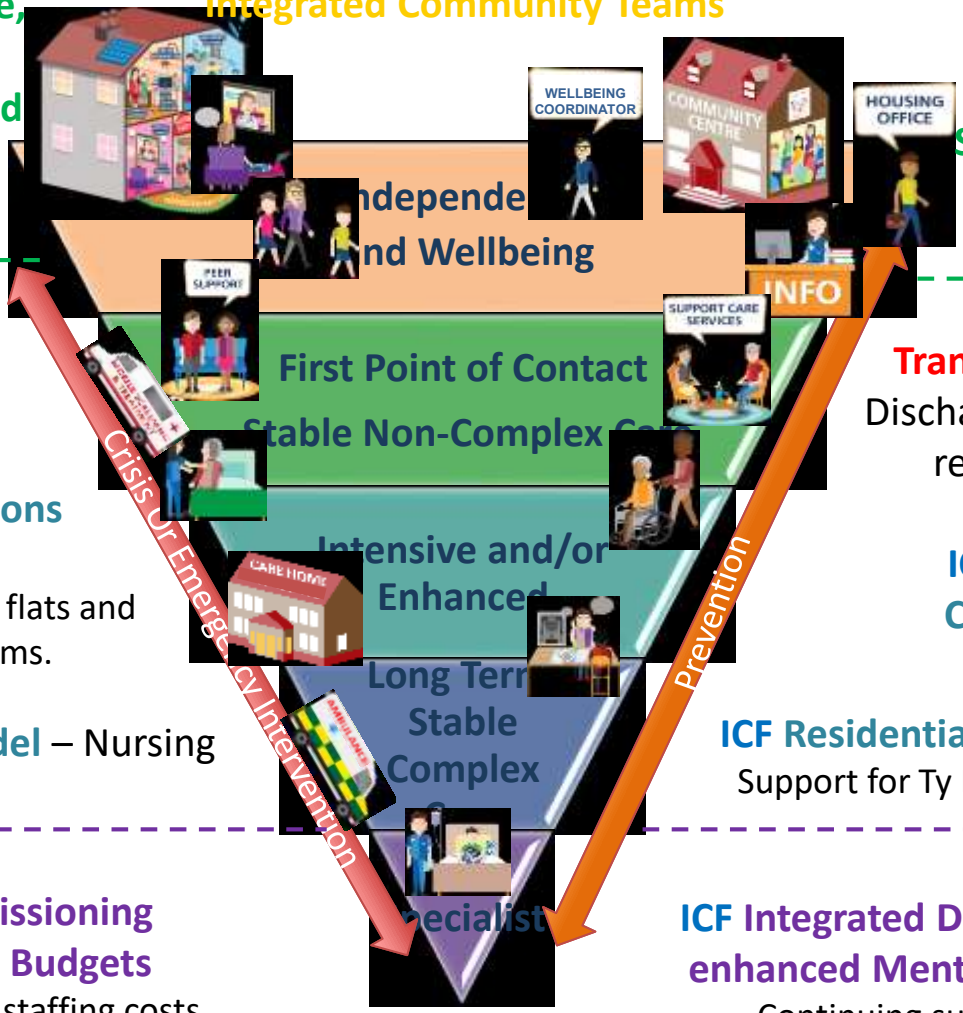


Transformation Get Me Home Prevention
ILS extended to hospital

Transformation Get Me Home +
Discharge to assess assessment and rehabilitation in own home.

ICF Accommodation Solutions (Region)
Continuation of existing step down flats and Accommodation Solutions teams.

ICF Bridging team and CRT Resource (Cardiff)

ICF Discharge to Assess Model – Nursing Home-based.

ICF Residential Reablement Model (Vale)
Support for Ty Dyfan and Vale Bridging Team.

ICF Ongoing Commissioning Support for Pooled Budgets
Funding uplift to support staffing costs

ICF Integrated Discharge Service with new enhanced Mental Health Matters Service
Continuing support for the IDS service.

Older People

4,800 visits have been undertaken by **Cardiff Independent Living Service**s to help citizens live more independently. This has contributed to **76%** of all Adult Services enquiries being addressed by ILS directly.

Transformation Funding has been used to expand this service with the **ILS Get Me Home team** now visiting **8** wards regularly to support discharge planning. **199** patients were supported in the first 3 months of implementation.

In the Vale**, 6,905** cases have been successfully resolved by a **nurse-led multi-disciplinary triage team** to retain people in the community or to expedite discharge from hospital. This has contributed to **79%** of all adult service enquiries being resolved without the need for further referral.

The Partnership has also tested the effectiveness of various **Discharge to Assess** pathways. **200** people received ongoing reablement and assessment following their hospital stay. **85%** were then able to return home with a reduced package of care.

A **Get Me Home+** model has now been established to pilot ongoing reablement and assessment in peoples own homes. **39** people have been supported so far, expediting **32 hospital discharges.**

Finally the region is trialling an **Accelerated Cluster Model** utilising Transformation Funding. This project seeks to improve population health through a joined up system of communities, third and independent sector partners, and primary and community services. The project co-ordinates the well-being workforce at a locality level, including social prescribers, community connectors and a community development resource.

People with Dementia

- Launch of Cardiff as a **Dementia Friendly Capital** in May 2018
- Ongoing work in the towns of the **Vale of Glamorgan** as working towards being **dementia friendly**
- Over **25,800** people are now dementia friends in Cardiff and the Vale of Glamorgan.

In addition, the Partnership has initiated **6** key programmes of work to support delivery of its Local Dementia Strategy.

The Partnership has also used ICF Capital funding to create dementia friendly environments in various facilities across the region to assist ongoing assessment, diagnosis and local provision of appropriately-designed accommodation for long term care.

Children with Complex Needs

The **Integrating Disability Services Pilot** project tests the concept of integrated working between agencies to reduce duplication, streamline services, reduce complexity for parents and potentially identify potential cost avoidance opportunities within existing services.

An integrated pathway aims to formalise the way in which agencies work together to support people with complex needs during childhood and also through their transition phase into adulthood and beyond. Various elements of this pathway have been developed and piloted with a specially identified cohort of **94** children.

This year:

-318 referrals were received by front door learning disability services, streamlining referrals and need from initial contact with the service.

-**30** parents have received support to deal with children with ASD

-**31** young people have been involved in a trial of pre-diagnostic school interventions within the Vale;

-**74** children have been observed at school to support ND Diagnostic processes;

-**2 '**Unpicking ND Differences' training days have been delivered to ALNCOs across the region.

Learning Disability and Autism

Integrated Autism Service

Gwasanaeth Cyfun Awtistiaeth

Integrating Disability Services Pilot

-25 parents with learning disabilities were supported to improve outcomes for children in their care and prevent family breakdown;

-**231** existing packages of care were reviewed to facilitate community-based alternatives to ongoing support needs**.**

- **24** adults with Learning Disabilities received family-based respite provision as opposed to Residential Home-based approach.

- **7** adults with complex needs gained regional access to existing day opportunities having previously been excluded as a result of complex needs.

Integrated Autism Service

- pathways and processes are now well established;
- positive working relationships have been made.
- led to joint-working and additional services for people with autism e.g. Innovate Trust

Referral rates for support fluctuate; however, the number of people receiving support continues to gradually increase.

Children and Young People

The Regional Partnership Board has reviewed its current governance arrangements for childrens services and agreed that a new structure should be established to drive forward key service developments across the region. The role of this multi-disciplinary partnership will be to deliver the systemic changes needed to overcome the barriers we face in achieving our vision for children, young people and families.

The following priority areas have been identified:

-Develop a **shared framework** with agreed common approaches to working with children and young people across the region;

-Drive the shift in the balance of support and services towards **early help**;

-Drive a **forward-looking approach** to service change and enhance the **level of influence** of children and their families;

-Develop and deliver changes in practice across some agreed **integrated care pathways**;

-Drive a joint and shared approach to **workforce development** and deployment.

Utilise new ICF and Transformation funding to develop key services for children on the edge of care including Family Group Conferencing, Therapeutic Interventions and Re-unification.

Capital Developments

Main Capital Plan

- Dementia – Early Onset Dementia service and Dementia Friendly Environments

- Learning Disabilities / Children with Complex Needs: Extensions and upgrades to existing special school sites across the region.

Discretionary Capital Plan

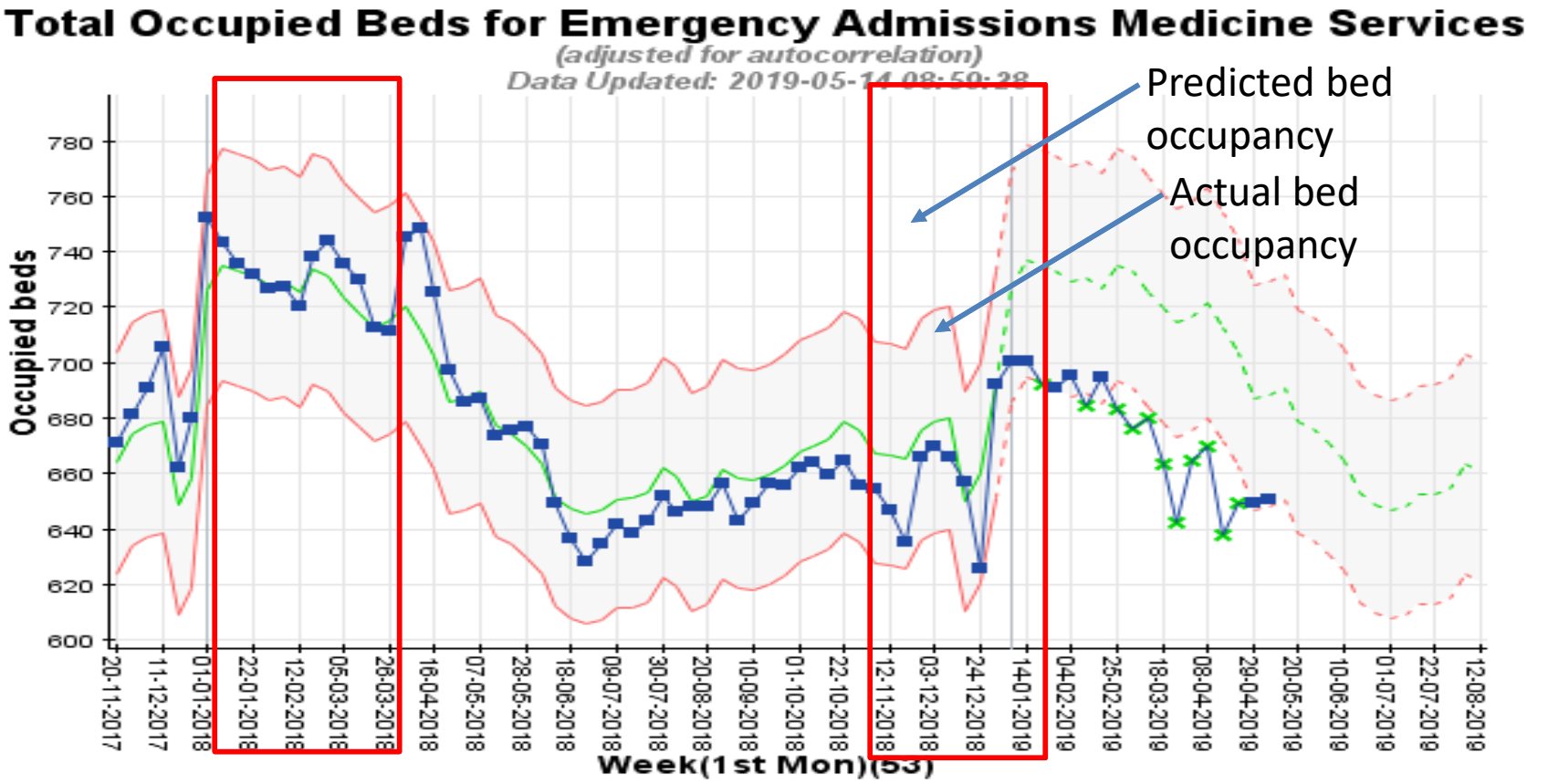
- Social Value
- Technology
- Scoping exercises for future years.

What's worked well?

- Focused effort upon the **needs of key population groups**;
- Encouraged **partners to work collaboratively** with a focus upon best practice;
- Use of Results Based Accountability as an **outcome focused performance management** model;
- Helped people to think **innovatively** and test new ways of working;
- Focus upon **community**.

What's worked well?

In the post Christmas period in 2018/19, bed occupancy in Medicine Services peaked in the first week of 2019 at a level 27 beds below the predicted level and was on average 45 beds below the predicted level throughout Q1 2019. This represents a reduction of 47 occupied beds by comparison with Q1 2018 - a saving of 4,277 bed days.



Challenges

- Staff recruitment due to short term/project funding
- Project delays (recruitment etc)
- Finance re-profile due to a change in timescales
- Welsh Government reporting requirements
- Outcomes Monitoring
- Sustainability
- Scale and capacity to meet growing demand.
- Attitudes to change and ‘buy in’ for projects
- Alignment between funds
- Exit Plans

TRANSFORMATION FUND QUARTER 4 RETURN	
Name of Meeting: Management Executive	**Date of Meeting 15.07.19**

Executive Lead: Director of Strategy and Planning

Author: Programme Manager for Integrated Health, Social Care and Wellbeing.
Andrew.owen@wales.nhs.uk

Caring for People, Keeping People Well :

- **Deliver Outcomes that matter to people:**

  The Transformation Fund is a mechanism to help bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Its purpose is to test new models of health and social, accelerate the wider adoption and scaling up of new ways of working, whilst improving the outcomes and well-being of our population.

- **Deliver improvements in population health that our citizens are entitled to expect:**

  The projects funded by the Transformation Fund have been prioritized to meet the needs of key population groups across our region, specifically:
  - People with complex needs and long term conditions specifically those requiring a multi-agency approach to their health and social care needs.
  - Children and young people experiencing or at risk of experiencing adverse childhood experiences (ACE).

  Service delivery focuses upon key needs for these population groups:
  - Supporting people to achieve their own well-being
  - Increasing preventative services within the community to minimise the escalation of critical need whilst also looking to limit hospital length of stay
  - Reducing harm, waste and variation by bringing services together in a more co-ordinated, coherent way

- **Culture**:

  The Transformation Fund enables closer, more integrated working across partners and care sectors, whilst also assisting in establishing a 'preventative' or 'home first' culture amongst citizens, staff and patients.

Financial impact: Revenue = £6,947,983

Quality, Safety, Patient Experience impact : these proposals aims to improve well-being outcomes for people by:
- Focusing resource and increasing capacity
- Providing a proactive approach to care and support
- Encouraging Preventative Interventions (including delaying and reducing the need for care and support and enabling people to live their lives as

independently as possible) - Increasing capacity of reablement and rapid response services to meet demand - Encouraging innovation - Promoting and maximizing independent living opportunities - Developing collaboration in needs assessment and service planning - Maximising other funding opportunities - Identifying local accommodation solutions - Supporting alternative delivery methods.
Health and Care Standard Number 1.1 Governance, Leadership and Accountability**;** 1.2 Health Promotion, Protection and Improvement; 4.1 Dignified Care; 4.2 Patient Information; 5. Timely Care, 6.1 Planning Care to Promote Independence.
CRAF Reference Number 1.1, 1.2, 2.5, 3.1, 4.2, 5.1.13, 5.3.2, 5.5, 5.6, 5.7, 8.1
Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The Partnership has utilised Results Based Accountability in line with Welsh Government requirements to Transformation Fund. This approach has facilitated provision of outcomes-focused data within the Quarter 4 report to provide assurance of delivery.

  Project updates has been collated from across the Partnership and was circulated to the partner-wide Strategic Leadership Group colleagues for approval on 13th June 2019. The Quarter 4 Report was ratified at the Regional Partnership Board on 25th June 2019 in line with Welsh Government requirements.

- As part of this assurance process, the Director of Strategy and Planning presents the Transformation Fund Quarter 4 Report for noting by Management Executive colleagues.

Management Executive is asked to:

- **NOTE** the Quarter 4 Performance Report of the Transformation Fund 2018/19.

SITUATION

Management Executive colleagues are asked to note and approve the Quarter 4 Performance Report of the Transformation Fund in 2018-19.

BACKGROUND

Welsh Government's £100m The Transformation Fund focuses on new effective ways of working for health and social care, with the aim of speeding up their development and demonstrating their value.

The Transformation Fund has been provided to help bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales. The Fund is intended to meet the time-limited additional costs of introducing new models of health and social care. It is aimed at accelerating the wider adoption and scaling up of new ways of working which are intended to replace or reconfigure existing services.

Welsh Government allocated **£6.947,943** of revenue funding to the Cardiff and Vale of Glamorgan Regional Partnership Board in September 2018. A programme management approach has been implemented to ensure delivery of a series of projects to meet the Transformation Fund's aims and objectives.

The Regional Partnership Board must submit quarterly reports to Welsh Government on the progress of all work relating to the Transformation Fund. The Quarter 4 Report is attached as **Appendix 1** in readiness for submission to Welsh Government in July 2019. **Appendix 2** provides a Dashboard summarising performance across the Transformation Fund Programme against outcomes agreed by the Partnership.

ASSESSMENT AND ASSURANCE

There are some delays in projects becoming operational mainly due to recruitment issues. Although the funding was awarded at the end of September 2018, two projects (Get Me Home Preventative and Get Me Home Plus) started ahead of schedule to assist with winter pressures within the acute setting. Despite the recruitment delays the majority of the projects within the Transformation Fund Programme are progressing in line with expectation. They demonstrate compliance with the outcome-focused baselines currently being established with Welsh Government using Results Based Accountability performance management methodology.
The financial position is reviewed on an ongoing basis to ensure full expenditure of the budget. A reforecast of the programme spend has been undertaken due to the delay in awarding the funding by Welsh Government. This has meant a change in the programme end date of September 2020 as agreed by Welsh Government.

Following agreement by the Strategic Leadership Group on the 13th June 2019, the Quarter 4 Report was ratified by members of the Regional

Partnership Board 25th June 2019. As part of this process, the Director of Strategy and Planning presents the Transformation Funds Quarter 4 Report for noting by Management Executive colleagues.

Anticipated Plans for 2019-20

Transformation Fund 2 Application

Welsh Government have not allocated the full £100m of the Transformation Fund, with a remaining circa £13m left after the initial first round of applications.

C&V RPB have submitted a second bid for the Transformation Fund but this was before the remaining amount was known. The second application totaled £22,400,454 and strongly focused on children, older people, Prehabilitation and workforce. This second bid was submitted in February 2019 and the RPB still await an official response regarding the outcome of this application.

A decision has been made across the partnership that the projects included in Transformation Fund 2 should be prioritized because it is possible Welsh Government will ask us to revise our application based on the remaining budget. This work is currently being undertaken by partners and coordinated by the Integrated Health and Social Care Partnership.

The partnership will prioritize the projects focusing on children/young people and falls within this revision.

Management Executive colleagues are asked to NOTE the Transformation Fund Quarter 4 report along.

Report Title:	**Amplify 2025**								
Meeting:	**Strategy & Delivery Commitee**						**Meeting Date:**	**03.09.19**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**X**	**For Information**	
Lead Executive:	**Chief Executive (Culture)** **Executive Director of Workforce and OD (Leadership)**								
Report Author (Title):	**Assistant Director of Organisational Development**								

SITUATION

Cardiff and Vale University Health Board (CAVUHB) have signed a learning alliance with Canterbury Health Board (CHB) from New Zealand. CHB have made significant cultural and system improvements during the past ten years which have positively impacted on how patients move through their 'joined up' services, consequently improving outcomes. These changes have benefitted staff moral and improved the culture within CHB to a high trusting environment, with a person centered approach.

Working collaboratively with CHB, CAVUHB have designed a similar program of work to develop our own health system for the benefit of patients and staff. The recent 'Amplify2025' engagement event was the first step in this process. 'Amplify 2025' enabled eighty of the highly engaged leaders at CAVUHB to think differently about delivering healthcare, ensuring we put the person "Wyn" at the heart of all our decision making. Amplify 2025 was designed to complement the current ten year strategy and strategic clinical service plan.

The term "Amplify" is an umbrella term to encapsulate all of the work that is being delivered around the culture and leadership agenda, which includes value base recruitment / appraisals, talent and succession planning, leadership styles and the climate it creates, inclusion and health and wellbeing.

The next stage is to increase the number of staff exposed to this new thinking, allowing them to take part in the design of health services for the future. The Health Board is in the process of establishing a 'Showcase' experience at which up to five thousand of our staff, partners in the community, patients, families, suppliers and other visitors will be invited to attend. Showcase will be a two hour experiential walk through our system, incorporating both current and future models of delivering care.

In line with the Wellbeing and Future Generation Act 2015 and to build on Wales being a cohesive community, we have collaborated with Cardiff and Vale College to assist us in developing the showcase. Students from a wide range of curriculums will be working in partnership on the design and build for the showcase event. Construction students will be utilising their skills to build "Wynn's" house. A local technology company '4Pie' is supporting the event, providing new technology which will enhance the overall experience of 'Showcase'.

The showcase venue will be leased for six months. The design and build of the showcase will take approximately 12 weeks with the experiential walk through running for six weeks, enabling up to 5200 staff to participate in facilitated groups of ten. There is the potential to extend the lease of the property if the event proves to be a success.

BACKGROUND

CAVUHB developed the 'Shaping Our Future Wellbeing Strategy' in 2015. This document is a ten year plan which sets out the vision of 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. The showcase is designed to amplify the awareness and pace of this strategy, ensuring its delivery by 2025. The showcase will facilitate maximum engagement with our staff, allowing them to be part of the design process for our future healthcare system. To achieve this vision and ensure that the right service is in the right place for our patients i.e. as close to home as possible, we need to radically rethink how we deliver these services, therefore, we need to engage our staff and stakeholders to plan how we achieve this.

ASSESSMENT

This methodology is tried and tested at CHB, who have run two showcase events over the past ten years. The results of this process in CHB is visible in the highly engaged staff, who all talk about the health system as a whole and that they all feel empowered to 'make it better'. CAVUHB have worked with key architects from Canterbury to design the Amplify 2025 and Showcase events. 'Amplify 2025' was a great success, with all those that attended enthused about the future. Showcase is the next stage of the work program which will support the delivery of our vision for the future.

The benefits of showcase at CHB far outweighed the costs. The matrix below highlights the indicative benefits that can be gained from the showcase event

Measurable Benefit	**Baseline**	**Target**
Number of individuals who participate in the "Amplify" engagement event	Collated in June 2019	80 (July 2019)
Number of individuals who participate and go through the showcase social mobilisation	2,500 (NZ)	5200 (Dec 2019)
Leadership styles - a decrease in a dominance directive style to an enabling coaching style through the climate which is created through the UHB	Collated in June 2019	Reevaluated in June 2020
Reduction in absenteeism	Accumulative 12 months 5.18% (June 2019)	4.6% (2020)
Percentage of employees undertaking the staff survey	23% (Autumn 2018)	50% (Autumn 2020)

ASSURANCE is provided by: Len Richards Chief Executive

RECOMMENDATION

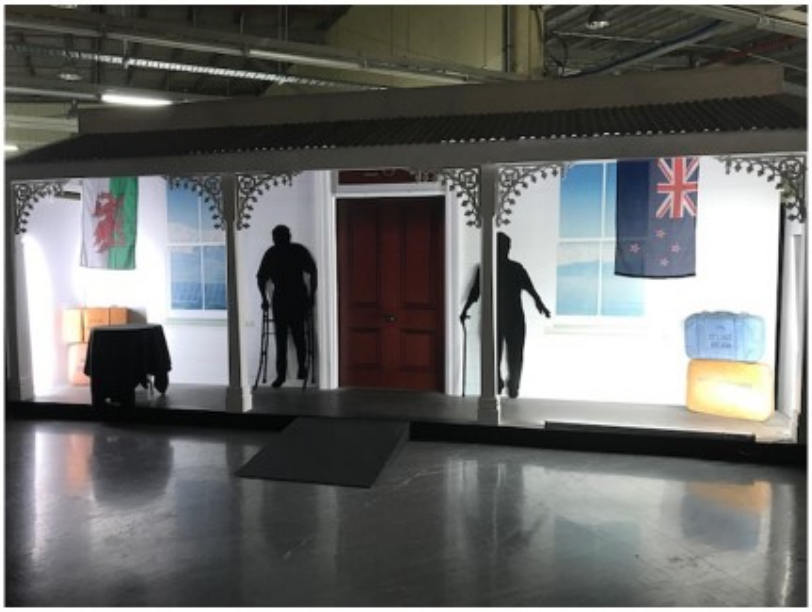
The committee is asked to **SUPPORT** and **PROMOTE** the Culture and leadership enabler and champion the ambition of Amplify 2025

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Appendix 1 - Examples from the CHB showcase



Ap

Aging Room - Our Burning Platform

Giving feedback and signing up (call to action)


Kind and caring
Caredig a gofalgar
Respectful
Dangos parch
Trust and integrity
Ymddiriedaeth ac uniondeb
Personal responsibility
Cyfrifoldeb personol

Report Title:	**Infrastructure/Estates Update**								
Meeting:	Strategy & Engagement Committee						**Meeting Date:**	03.09.2019	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	Director of Strategic Planning								
Report Author (Title):	Director of Capital Estates and Facilities								

SITUATION

This purpose of this report is to provide the committee with detail on the performance of the estates function across the UHB.

The report will include details on staffing levels and skill sets, current funding levels, benchmarking and examples of major issues that the department typically has to deal with whilst managing and aged estate with complex and critical engineering infrastructure.

The committee will have received information regarding the Estate Compliance Programme within the Capital Report which can be cross referenced as the surveys and validation within this programme supports the wider estates maintenance strategy.

BACKGROUND

The Estates departments is managed within the Capital, Estates and Facilities Service Board and provides a variety of building, mechanical and electrical services, including planned preventative maintenance (PPM), reactive maintenance (breakdowns, maintenance requests) low level installation work to support the service needs across the UHB sites.

In 2017 the Capital, Estates & Facilities Service Board undertook a comprehensive service review. One of the outcomes of this exercise was that the estates department develop a 5 year strategy to support its transformation agenda to shift its focus to a proactive and planned approach. The Estates strategic delivery document (Appendix 3) was developed with its objective being *'to provide patients, visitors and staff with a safe environment and excellent service'*. The document sets out its implementation plan with medium and long term objectives identified until full implementation in 2021.

The department has historically been resistant to change which is essential to ensure that we have a workforce with the appropriate skill sets and knowledge to meet the delivery of ever changing demands on the service and in technology. In addition the statutory and mandatory obligations imposed on the department requires a significant level of suitably qualified Authorised Persons (AP) who are experts in specific areas of engineering and accountable to ensure that safe process and maintenance within their respective area is undertaken.

The department launched its Modernisation Programme in February 2017 with a series of workshops with the workforce to identify how together, the department should organize itself to become more proactive than reactive, use technology to aid efficiency and Health & Safety and have the appropriate level of staff available to support any eventuality. Following the informal discussions and workshops, formal consultation commenced in August 2018, which is yet to be completed pending the conclusion of a grievance submitted by the Unite Union.

The department has operated at staff levels considerably below agreed establishment for a significant time with the recruitment of new staff suspended until the implementation of the Modernisation Programme. However, recruitment has now re-commenced as staffing levels were becoming dangerously low which was considered an unacceptable level of risk for the UHB and the wellbeing of the remaining workforce.

To assist the estate management team to monitor performance a robust set of Key Performance Indicators (KPI's) were introduced and these are reviewed by both the senior management team and the Service Board highlight improvement and areas of concern (Appendix 2).

ASSESSMENT

The existing establishment (prior to modernisation) is 109 WTE staff ranging from Band 2 Maintenance Assistant to Band 6 Estates Officers. Following modernisation it is proposed that the establishment will reduce to 104 WTE ranging from Band 2 Maintenance Assistants to Band 7 Engineering Manager with the introduction of a number of Band 3 and 4 Multi skilled operatives into the department which follows the successful 'Handyman' trial undertaken by the department. However, the department has been operating with 78 WTE since the formal consultation process commenced, supported periodically by external contractors.

Works undertaken by the estates department is identified in one of three categories:

- Repairs (reactive maintenance), which are basically requests from other wards/departments which would typically include blocked toilets, leaking taps, light fittings not working etc.
- New Work/Scheme, this could involve the fitting of shelving, painting of areas requested by the ward/department, fitting security locks etc.
- Planned preventative maintenance includes inspections, servicing equipment in line with both manufactures specifications and statutory and mandatory obligations.

The table below (Fig 1), shows the overall number of requests received by the Estates department for the last 3 years, although 2019 is for a part year. A more detailed breakdown is included in Appendix 1 which identifies the category as described above and the relevant trade to which the request refers.

Estate Maintenace KPI per calendar year				
	Requests	**Outstanding**	**Completed**	**Cancelled**
2017	58647	3399	50146	5102
2018	49581	2780	41226	5575
***2019**	28595	5872	20176	2547

*2019 calculations over 8 months of the current calendar year

Fig 1.

The trend indicates the number of requests is reducing overall, with the 'outstanding' figure also decreasing in 2018, despite the number of vacancies being held. Unfortunately, there is a significant increase in the 'outstanding' requests for the current year which correlates the continued increase in the number of vacancies across the department which were held, but the position is expected to improve as new staff are employed.

The budget for the Estates department is shown in the table below (Fig 2) and this, like all departments has had to improve efficiency against the backdrop of a reduced budget.

The 2019/20 budget results in the UHB having only £14.44 per m^2 to spend on maintenance etc compared to a Welsh average of £20.89 per m^2 (Fig 3). This poses a considerable challenge for the department when trying to manage an aging estate and associated infrastructure. However, the team have identified savings by changing working practices and with the introduction of technology.

	Pay	Non Pay	Total
1381: Estates Maint UHW	**2,132,582**	**1,119,862**	**3,252,444**
1383: Estates Maint Llandough	**804,508**	**343,736**	**1,148,244**
1384: Estates Maint Rookwood & Community	**295,032**	**153,799**	**448,831**
1391: Estates Maintenance Building UHL	**355,814**	**96,000**	**451,814**
	3,587,936	**1,713,397**	**5,301,333**

Fig 2.

The non-pay costs include all maintenance contracts for large engineering plant including lifts, boilers, autoclaves, grounds and gardens etc. When you deduct these fixed costs from the respective budgets it equates to £41k and £21k being available per month to cover general parts and equipment for and electrical, mechanical or building, eg. toilet seats, light fittings, lamps for light fittings and to deal with and major issues such as burst pipes, etc.

Organisation	Occupied Floor Space	Total Building & Maintenance Cost per Occupied Floor Area
	(m2)	(£/m2)
Powys Teaching HB	41,082	39.95
NHS Scotland	3,337,133	37.00
Cwm Taf HB	168,896	27.75
Abertawe Bro Morgannwg UHB	329,374	25.56
Hywel Dda HB	185,962	23.13
Velindre NHS Trust	16,110	22.58
NHS Wales Average	1,787,375	20.89
Betsi Cadwaladr UHB	399,012	19.10
Aneurin Bevan Health Board	289,425	17.78
C&V UHB	357,514	14.44

Fig 3

In 2013 a comprehensive benchmarking exercise and review of performance against NHS Estate metrics was undertaken. NHS England typically use a 'best buy' target of 5.31 completed jobs per 10 hour shift. This performance measurement has been part of the Estates KPI pack since that time and the table in Appendix 2 demonstrates that the teams are often meeting or exceeding the target.

Other key equipment that affects clinical services across the UHB and in particular the, UHW site is lifts, both bed/passenger and goods. Across the UHW site alone there are some 86 lifts most of which are commissioned in the early 1970's when the hospital opened. Two years ago the estates department were dealing with an average of 26 lift breakdowns on a daily basis, this has reduced substantially to an average of 6 per day. The UHB have embarked on a programme, supported from its discretionary capital funding to replace the most critical and problematic lifts with 3 completed to date and a further 3 being installed in this financial year. The next 3 have been identified and are in early design.

The Estates team work closely with the discretionary capital team to identify areas causing significant problems and as a consequence of this approach many of the flat roofs that were a constant problem, resulting in almost daily complaints from Senior Management from clinical Boards, have been replaced and released that pressure on the estates maintenance team and budget.

Maintenance requests raised by the wards and departments across the UHB are recorded on an Estates Management System commissioned in 2008 with the data migrated across from the previous system operated by the former Trust. The assets included on the system were incorrect and incomplete and the PPM requirements to support the proactive maintenance approach that is fundamental to improving the estates function was not appropriately populated or updated. The Service Board have approved the procurement of a new system, 'MICAD' which is currently being trialed in several areas across the UHB before launching for the requesting, recording and allocation of maintenance requests. The data used has been uploaded from scratch and the PPM regimes re-written. Another advantage from the customer perspective is that they will receive an email when the job request is completed. This has been a constant complaint from wards and departments.

ASSURANCE is provided by:

- The detail provided with the body of the report and the supporting information provided in Appendices 1 and 2
- The establishment of a KPI pack which is reviewed by the Service Board at both its bi-monthly board meetings and its Senior Management team meetings.
- Demonstration that breakdowns are decreasing, lift maintenance is under control and the collaboration between the Estates team and Discretionary capital team is proving an effective identifying the most problematic areas which can then be supported from the capital programme.
- The decision to commence recruiting to posts held back due to the on going estate modernisation negotiations having recognised that the risk was reaching an unacceptable level

RECOMMENDATION

The Committee is asked to:

- **Note:** the contents of the report
- **Support:** the work being undertaken by the estates team to manage an ageing estate and infrastructure within the limited resource available
- **Support:** the modernisation proposals in relation to the structure and the introduction of technology to ensure that the department is fit to meet its on going challenges

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Cardiff and Vale University Health Board

KP Analysis 1 01/01/2017 to 31/12/2017

KPI Analysis Estates Maintenance 2017

NOTE : Only Released Planned Maintenance are Included in this Analysis

		Repairs				New Work/Scheme				Planned Maintenance				Total			
Trade	Details	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled
0B	BRICKLAYER/PLASTERER	137	3	118	16	0	0	0	0	303	70	179	54	440	73	297	70
0D	PAINTERS	326	49	236	41	3	0	2	1	0	0	0	0	329	49	238	42
0E	ELECTRICAL	12801	379	11468	954	1	0	0	1	4718	713	3534	471	17520	1092	15002	1426
0G	GARDENER	211	35	68	108	0	0	0	0	327	69	55	203	538	104	123	311
0J	CARPENTER	9615	89	8362	1164	81	0	62	19	1093	306	700	87	10789	395	9124	1270
0M	MECHANICAL/PLUMBING	16167	313	14937	917	0	0	0	0	5457	883	4102	472	21624	1196	19039	1389
AD	ADMINISTRATION	2	0	1	1	0	0	0	0	0	0	0	0	2	0	1	1
BMS	BMS TECHNICIAN	13	5	8	0	0	0	0	0	0	0	0	0	13	5	8	0
C4C	CREDITS FOR CLEANING	2	0	0	2	0	0	0	0	0	0	0	0	2	0	0	2
CON	CONTRACTOR	12	5	7	0	0	0	0	0	0	0	0	0	12	5	7	0
CONB	CONTRACTOR - BUILDING	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1
CONE	CONTRACTOR - ELECTRICAL	3	0	3	0	0	0	0	0	0	0	0	0	3	0	3	0
CONM	CONTRACTOR - MECHANICAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EO	ESTATE OFFICERS	94	0	26	68	5	0	0	5	0	0	0	0	99	0	26	73
HM	HANDYMAN	1490	8	1470	12	0	0	0	0	0	0	0	0	1490	8	1470	12
LE	LEGIONELLA TEAM	176	48	2	126	0	0	0	0	0	0	0	0	176	48	2	126
MA	MAINTENANCE ASSISTANT	4592	141	4274	177	2	0	0	2	918	281	478	159	5512	422	4752	338
SB	SUPERVISOR BUILDING	37	2	20	15	8	0	5	3	0	0	0	0	45	2	25	18
SE	SUPERVISOR ENGINEERING	51	0	29	22	0	0	0	0	0	0	0	0	51	0	29	22
ST	STOREKEEPER-CLERK	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1
	Grand Totals	45731	1077	41029	3625	100	0	69	31	12816	2322	9048	1446	58647	3399	50146	5102
			2.36%	89.72%	7.93%		0.00%	69.00%	31.00%		18.12%	70.60%	11.28%		5.80%	85.50%	8.70%

Cardiff and Vale University Health Board

KP Analysis 1 01/01/2018 to 31/12/2018

KPI Analysis Estates Maintenance 2018

NOTE : Only Released Planned Maintenance are Included in this Analysis

		Repairs				New Work/Scheme				Planned Maintenance				Total			
Trade	Details	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled
0B	BRICKLAYER/PLASTERER	182	5	131	46	0	0	0	0	119	8	84	27	301	13	215	73
0D	PAINTERS	256	2	164	90	0	0	0	0	0	0	0	0	256	2	164	90
0E	ELECTRICAL	11687	552	9973	1162	0	0	0	0	3011	57	2758	196	14698	609	12731	1358
0G	GARDENER	214	14	20	180	0	0	0	0	1	0	1	0	215	14	21	180
0J	CARPENTER	9346	241	7132	1973	5	0	4	1	563	4	517	42	9914	245	7653	2016
0M	MECHANICAL/PLUMBING	14241	1302	11766	1173	0	0	0	0	3141	256	2706	179	17382	1558	14472	1352
AD	ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BMS	BMS TECHNICIAN	23	8	15	0	0	0	0	0	0	0	0	0	23	8	15	0
C4C	CREDITS FOR CLEANING	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1
CON	CONTRACTOR	15	8	3	4	0	0	0	0	0	0	0	0	15	8	3	4
CONB	CONTRACTOR - BUILDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONE	CONTRACTOR - ELECTRICAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONM	CONTRACTOR - MECHANICAL	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1
EO	ESTATE OFFICERS	21	3	4	14	0	0	0	0	0	0	0	0	21	3	4	14
HM	HANDYMAN	1474	30	1434	10	0	0	0	0	0	0	0	0	1474	30	1434	10
LE	LEGIONELLA TEAM	176	21	137	18	0	0	0	0	471	15	439	17	647	36	576	35
MA	MAINTENANCE ASSISTANT	4039	196	3609	234	0	0	0	0	251	48	161	42	4290	244	3770	276
SB	SUPERVISOR BUILDING	202	4	49	149	1	0	0	1	0	0	0	0	203	4	49	150
SE	SUPERVISOR ENGINEERING	140	6	119	15	0	0	0	0	0	0	0	0	140	6	119	15
ST	STOREKEEPER-CLERK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Grand Totals	42018	2392	34556	5070	6	0	4	2	7557	388	6666	503	49581	2780	41226	5575
			5.69%	82.24%	12.07%		0.00%	66.67%	33.33%		5.13%	88.21%	6.66%		5.61%	83.15%	11.24%

Cardiff and Vale University Health Board

KP Analysis 1 01/01/2019 to 20/08/2019

KPI Analysis Estates Maintenance 1st Jan to 20th Aug 2019

NOTE : Only Released Planned Maintenance are Included in this Analysis

		Repairs				New Work/Scheme				Planned Maintenance				Total			
Trade	Details	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled	Requests	Outstanding	Completed	Cancelled
0B	BRICKLAYER/PLASTERER	99	33	54	12	0	0	0	0	34	5	22	7	133	38	76	19
0D	PAINTERS	157	72	70	15	0	0	0	0	0	0	0	0	157	72	70	15
0E	ELECTRICAL	6380	1137	4832	411	1	0	0	1	1398	100	1264	34	7779	1237	6096	446
0G	GARDENER	169	103	9	57	0	0	0	0	0	0	0	0	169	103	9	57
0J	CARPENTER	5612	1157	3301	1154	0	0	0	0	392	75	314	3	6004	1232	3615	1157
0M	MECHANICAL/PLUMBING	9001	2474	5862	665	8	3	1	4	1504	143	1324	37	10513	2620	7187	706
AD	ADMINISTRATION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BMS	BMS TECHNICIAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C4C	CREDITS FOR CLEANING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CON	CONTRACTOR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONB	CONTRACTOR - BUILDING	8	7	0	1	0	0	0	0	0	0	0	0	8	7	0	1
CONE	CONTRACTOR - ELECTRICAL	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0
CONM	CONTRACTOR - MECHANICAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EO	ESTATE OFFICERS	2	1	1	0	0	0	0	0	0	0	0	0	2	1	1	0
HM	HANDYMAN	959	78	881	0	0	0	0	0	0	0	0	0	959	78	881	0
LE	LEGIONELLA TEAM	289	116	171	2	0	0	0	0	512	75	342	95	801	191	513	97
MA	MAINTENANCE ASSISTANT	2006	302	1676	28	0	0	0	0	11	5	5	1	2017	307	1681	29
SB	SUPERVISOR BUILDING	110	74	15	21	0	0	0	0	0	0	0	0	110	74	15	21
SE	SUPERVISOR ENGINEERING	51	5	45	1	0	0	0	0	0	0	0	0	51	5	45	1
ST	STOREKEEPER-CLERK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Grand Totals	24844	5560	16917	2367	9	3	1	5	3851	403	3271	177	28704	5966	20189	2549
			22.38%	68.09%	9.53%		33.33%	11.11%	55.56%		10.46%	84.94%	4.60%		20.78%	70.34%	8.88%

Estates & Facilities Monthly Dashboard 2019

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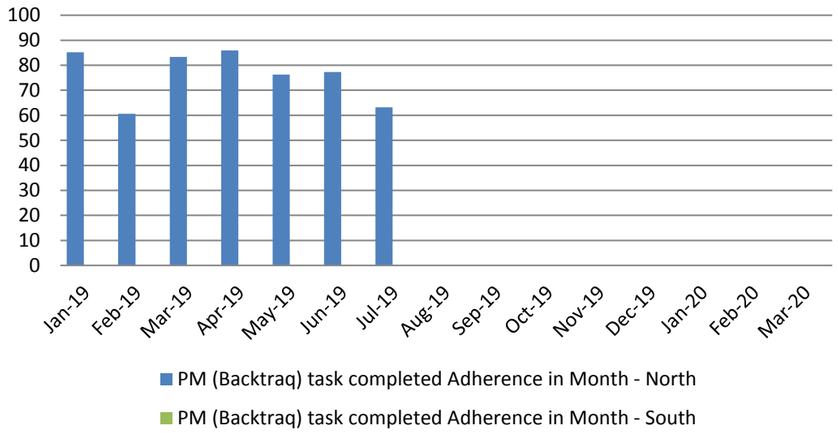
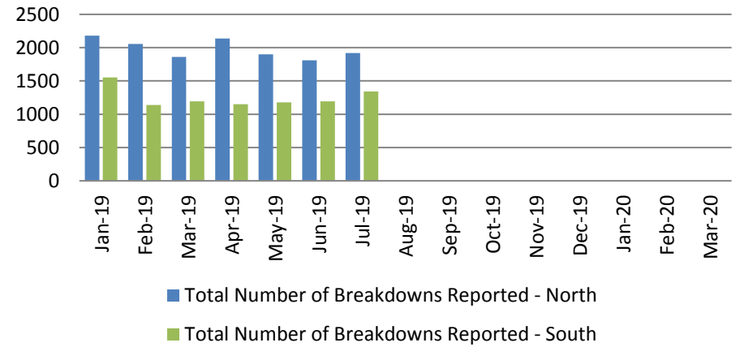
Cardiff and Vale University Health Board

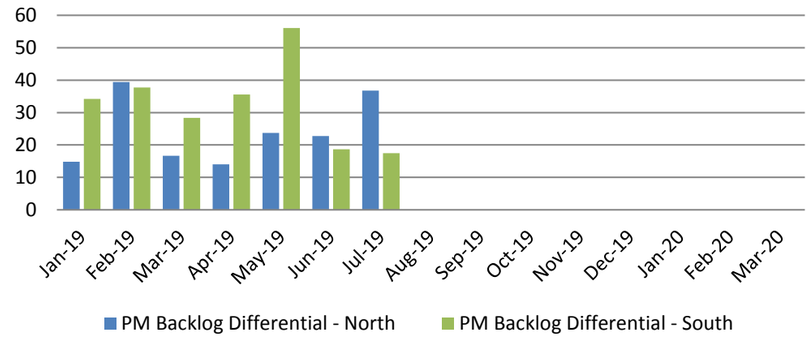
PM Backtraq Completion Adherence % (Tgt 90%)



Number of Breakdowns Reported

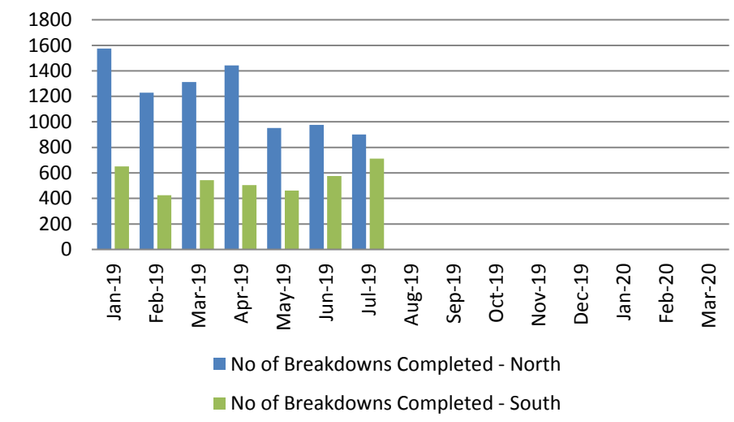


PM Backtraq Backlog %

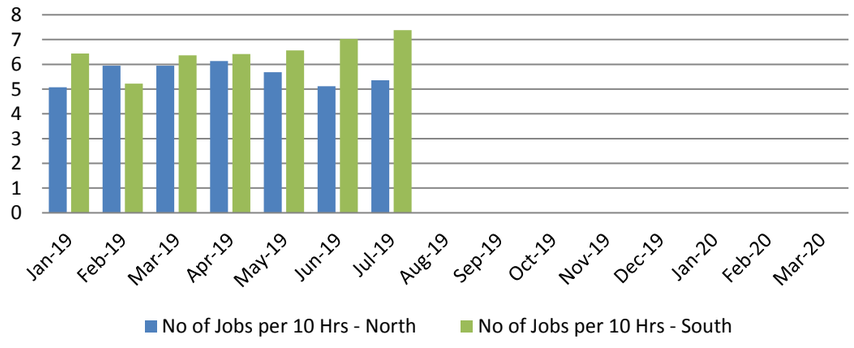


Delivery

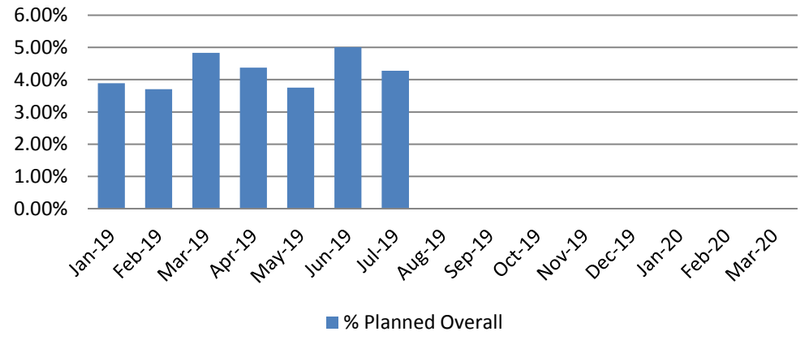
Number of Breakdowns Completed



PM - Number of Jobs per 10hrs (Best Buy Target 5.31)



Planned vs Reactive %



Cardiff and Vale UHB:

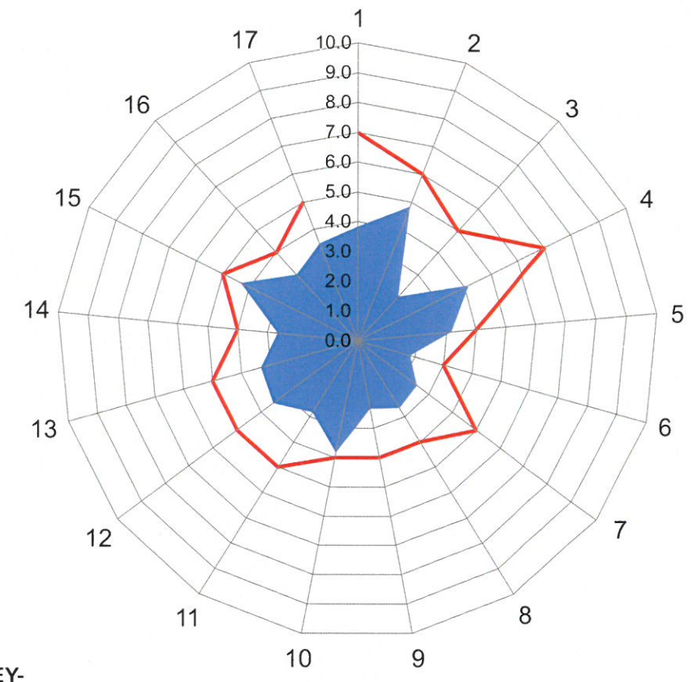
Capital Estates Maturity

Look out for our Estates "Strategic Planner" which maps out the planned "medium" and "long term" approach that takes us from 2017 until 2021.

Each "Year" has an aim, actions and a scoring system which plots the maturity of the progress being made.
The full action plan can be seen overleaf!

The Spider Diagram shows us our current maturity against plan for 2017.

2017 Score 2017 Target ***66.6% complete***



KEY-

1. C&V Team Safety
2. Contractor Management
3. Authorised Persons (AP) - People Capable & Trained
4. Cost Management
5. Breakdowns - Minor or Major
6. Planned Maintenance Adherence
7. IT Systems & Support: Systems to support the work we do (Modernisation Element)
8. PM Definition & Deployment
9. Procurement & Orders
10. Stores & Materials Mgt (Inc Modernisation Element)
11. Structure from Modernisation to be Fit for the Future!
12. Leadership & Supervision: Clear trusted leadership from All leavela
13. Communication Strategy
14. Skills, Training & Flexibility
15. Integration - Capital & Compliance: Clear and Working together
16. Ownership & Accountability: Embedded throughout the Dept
17. Values & Behaviours - Embedded throughout the Drpt

Cardiff and Vale UHB

Estates Our Purpose!

Culture Organisation

Customer Processes

Performance Capability

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Cardiff and Vale University Health Board

Capital Estates & Facilities Service Board

Estates Strategy 2017

Provide Patients, Visitors & Staff with a Safe Environment and Excellent Service

Following a Capital Estates & Facilities Service Review, the need for a more "Strategic" direction for Estates was recognised. This "Proactive and Planned" approach will help transform the service we provide to maximise the Patient, Visitor & Staff Experience of the Estates and its Efficient Operation.

The Team chose a wide range of Topics to ensure we have a mature robust Delivery Performance in Place for the Future. The contents cover Estates, Culture, Contractors, IT and Costs.

This leaflet hopefully will give you some insight into the process and some of its outcomes.

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"Estate Strategy - Journey Tracker"

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Cardiff and Vale University Health Board

		2016			2021
	SCDP Activity Group	Minimal Planning or Implementation	Plans established. Minimal implementation.	Some progress with implementation	Approaching full implementation	'Full implementation. Embedded in processes as normal business and evidence of success can be demonstrated.
Safety	**C&V Team Safety**	Benchmark Basic	Create a "Basic Set" of Safety Related KPI's Management basic reviews on safety in Senior Teams	Create a "Safety Management Report" - Monthly Ensure the Report is a basis for action by Management. Ensure Main Risks are identified and discussed New Maintenance System in place Actions are logged in new maintenance system and prioritised Teams undertake Asbestos Checks themselves for real time point of contact information Managers and Supervisors audit compliance checks formally Ensure Basic Training plans with key risks & Training being done Teams are given basic awareness Safety Related Training	Robust Safety report each month, clearly highlighting risks and priorities. Risk Matrix is clear and communicated. Safety related incidents have management full support in root causes during investigation. Management Safety Audits are carried out. All Estates Teams to have full access to Asbestos information & awareness of it. Asbestos checks are carried out habitually before every job. Audit monitors this compliance on Asbestos. Develop Teams training matrix and ensure it is specific to job and individuals. All Supervision and Management have a minimum of IOSH Managing Safely qualification. Senior Management Band 7 and above where applicable have NEBOSH Qualification.	Carry out a Safety Survey demonstrates clear safety ownership & maturity. Audit to demonstrate department is run from "Risk" register and in a prioritised approach. Risk Matrix is Mature in status across C&V Estates. Safety related incidents are always investigated by a competent person to a high defined level Robust and live training matrix is routinely reviewed via management and PADRs with Individuals All Teams have had Risk Training and understand managing risk in safety related scenarios
	Contractor Management	Benchmark Basic	Basic review done on Contractor Control Policies & Procedures. Training on the Induction Process has been given to Management & Supervision. Training on Policies & Procedures for CC has been given to all Management and Supervision which includes need for JMS and RA's Contractor Control Related Safety KPI's are created in Estates and are fully communicated. Action from H&S meetings are logged and prioritised in any new maintenance system (Outcome from Workshops).	Score and ensure "Maturity of Actions" from Level 2. Contractor Control KPI's are proactive. Meetings at Department level are proactive and outcomes are managed and fed into Service Board Level only as information.	All Safety related actions and work get logged, prioritised and managed through a "Maintenance System". Organise a Departmental compliance audit on safety. Ensure all roles are reviewed for ownership and accountability as deemed suitable for grade for safety related issues and account for the proactive management of such.	Audit to check full compliance. Regular scheduled audit take place by Supervisors and Management on Contractor Management. Root Cause Training to all teams. Root Cause Toolkit in place and embedded. Lessons Learned process in place for contractor control and general safety.
	Authorised Persons (AP) - People Capable & Trained	Benchmark Basic	Generate a list of all AP's required across C&V UHB. Officially Appoint AP's identified. Training Plan for all AP's. Start to Train key AP's in a planned & prioritised manner.	Identify CP & AE roles as appropriate. Create a "Single Service Board" List of roles. Mature the AP training requirements.	Cross familiarisation of Plant & Equipment to take place for all Common AP positions. Review past 24 months of audits and review. Set a review in Maintenance system on a frequency.	Mature Training plans to 100% adherence. Create Succession Plans for key roles. Review competency of key roles.
Cost	**Cost Management**	Benchmark Basic	Management to have Budget awareness training. Main costs on KPI sheets. Communications of Departmental Costs across all levels. Set clear targets for budget and cost compliance. CRP identified each year.	"Estate Man hours" clearly recorded against every job on any new maintenance system (Modernisation Workshop Outcomes). Full delegation of budgets to teams as necessary. PADR for managers include budget controls	"Estate Man hours" clearly recorded against every job on any new maintenance system (Modernisation Workshop Outcomes). Full delegation of budgets to teams as necessary. PADR for managers include budget controls	Full Maturity of level 7 can be demonstrated. Arrange Cost related Audit on "Strategy" element to demonstrate level 10 Maturity.
Delivery	**Breakdowns - Minor or Major**	Benchmark Basic	Define what a Major Interruption is amongst Senior Teams Measure Breakdowns on KPIs and monitor. Communicate measures & discuss locally with teams the breakdowns KPIs and Targets.	Develop Root Cause Analysis (RCA). Communicate Process. Train Teams on RCA.	Develop Root Cause Analysis (RCA). Communicate Process. Train Teams on RCA.	Embed and launch Target Zero Approach. Mature to Level 10 of Strategy Element and Demonstrate.
	Planned Maintenance Adherence	Benchmark Basic	Create a basic Asset List of Estates. Create basic prioritised "Risk Based" Planned Maintenance from the assets identified.	Embed any new Maintenance System and Planned Maintenance. Hold review and action any "risks and gaps".	Embed any new Maintenance System and Planned Maintenance. Hold review and action any "risks and gaps".	Review gaps in assets or planed tasks and action. Embed prioritisation of jobs and audit effectiveness. Action system/policy or procedure for integrating new schemes into new software every time. Set up audit and review cycles.
	IT Systems & Support: Systems to support the work we do (Modernisation Element)	Specify requirement of a new IT system. Modernisation Workshops to provide some key principles.	Go to Market to see available IT Compliance and Maintenance IT systems. Check NHS Frameworks for solutions and providers. Provide Key Personnel in front line with Mobile Phones or with Radios.	Mature IT System within Department. Most Priority Assets to be Identified and Put on System. Ensure full Training for IT System within Teams. Ensure Regular reporting of the data from system is reviewed. Mature system so it is the tool for our daily duties. Embed reports of main outputs into Departmental KPI's. Base key decision of department from data from the IT System.	Mature IT System within Department. Most Priority Assets to be Identified and Put on System. Ensure full Training for IT System within Teams. Ensure Regular reporting of the data from system is reviewed. Mature system so it is the tool for our daily duties. Embed reports of main outputs into Departmental KPI's. Base key decision of department from data from the IT System.	Fully embed modern system IT into Department. Ensure ALL Planned work and Reactive gets logged via system and times are booked accurately against the task and asset. Middle Management to run the day to day operations from the "System". Ensure all work is prioritised correctly in the software and all work is then carried out based on priority and risk.
	PM Definition & Deployment	Measure current planned vs reactive position.	Revise Asset Lists. Continue to measure Planned vs Reactive Status.	All Sites to have a basic Asset Listing. Ensure most sites have Priority Planned Maintenance Tasks assigned. Some key assets have RCM based method assigned to them. Ensure these are achieved all through a IT System and provide a full audit trail.	All Sites to have a basic Asset Listing. Ensure most sites have Priority Planned Maintenance Tasks assigned. Some key assets have RCM based method assigned to them. Ensure these are achieved all through a IT System and provide a full audit trail.	All sites PM and RCM methodology applied via Software. Set up periodic PM review. Set up performance and delivery of service review.
	Procurement & Orders	Benchmark Basic Current Status. Start review of Needs of Service.	Review Service and Needs, mapping out volume of service and orders undertaken. Produce a Plan that details basic requirements of improvement.	Complete Framework Plan. Mature Training in all areas of Procurement or goods and Services. Embed clarity and audit trail of orders. Communicate and ensure clarity on service delivery from frameworks and procurement. Invite Internal Audit to verify systems.	Complete Framework Plan. Mature Training in all areas of Procurement or goods and Services. Embed clarity and audit trail of orders. Communicate and ensure clarity on service delivery from frameworks and procurement. Invite Internal Audit to verify systems.	Mature all areas of Procurement & Ordering. Embed Training and plans to all necessary roles. Audit at 100% Compliance.
	Stores & Materials Mgmt (Inc Modernisation Element)	Benchmark Current Position and Status.	Ensure Basic Stores and Stock Provision at UHL & UHW.	Produce a Stores Stock Policy based on service and risk (Criticality). Implement a systematic IT approach for recording and running a stores. Embed a Review Stocking policy at lest every year. Embed a review of Stores and Systems at least annually to include review of costs, assets and Continuous Improvement of Stores. Have a "Critical Spares" policy and Implement. Link Stock to Planned Maintenance Tasks. Start to Standardise Spares and Stocks across C&V UHB.	Produce a Stores Stock Policy based on service and risk (Criticality). Implement a systematic IT approach for recording and running a stores. Embed a Review Stocking policy at lest every year. Embed a review of Stores and Systems at least annually to include review of costs, assets and Continuous Improvement of Stores. Have a "Critical Spares" policy and Implement. Link Stock to Planned Maintenance Tasks. Start to Standardise Spares and Stocks across C&V UHB.	Mature stock/Spare Control System. Link Spares/Stock System to Planned Maintenance System. Embed regular reviews. Link and standardise spares with Capital and Compliance Teams.
People	**Structure from Modernisation to be Fit for the Future!**	Benchmark Current Position and Status. Recognise if necessary a need for change for the future or not and keep the Status Quo.	Meet and agree with LPF and Unions a way forward to ensure the service is fit for the future and modernised.	Actions are agreed & communicated from Workshops Themes with names & Dates. Way forward on all outcomes agreed at LPF & Unions. Consultations fully underway. Any New Structures are Finalised.	Actions are agreed & communicated from Workshops Themes with names & Dates. Way forward on all outcomes agreed at LPF & Unions. Consultations fully underway. Any New Structures are Finalised.	Embed any New Structure agreed at LPF and consult. Any new roles are clarified and Departmental changes communicated. All People are in their new roles with updated JD's. A shared Purpose and Goal exist and all Teams can confirm vision for efficient and proactive patient experience delivery. Demonstrate improvement in delivery and performance from any new structure agreed.
	Leadership & Supervision: Clear trusted leadership from ALL levels	Benchmark Current Status. Evaluate Issues.	Review Leadership & Structure. Consider Snr Management Swaps - North to South. Develop some Dept KPI's for Focus. Communicate KPI's to all Estates Teams. Identify immediate Values and Behaviour Training. Develop Regular management communication. Start to Standardise North & South systems & processes. Recognise need for Culture change and start process of change.	Develop smart KPI's for Estates & communicate. Ensure all roles have purpose and how they contribute. Ensure Risk Document is key tool for major decisions, spend and direction. Survey of department confirms a high level of ownership and accountability from all management. V&B training completion can be demonstrated in training matrix. Survey from shop floor teams confirm major progress or a high level of trust in service delivery and management. PADR are effective and management confirm high level of completed PADR, with Key themes and common aligned goals.	Develop smart KPI's for Estates & communicate. Ensure all roles have purpose and how they contribute. Ensure Risk Document is key tool for major decisions, spend and direction. Survey of department confirms a high level of ownership and accountability from all management. V&B training completion can be demonstrated in training matrix. Survey from shop floor teams confirm major progress or a high level of trust in service delivery and management. PADR are effective and management confirm high level of completed PADR, with Key themes and common aligned goals.	"Employee Survey" demonstrates maturity as per level 10 of the element. PADR 100% completed. Training Matrix 100% completed and training identified completed to a high level (>80%) Succession Plans in place.
	Communication Strategy	Benchmark Current Status. Evaluate Issues.	Plan to address some of the key communications issues. Action plan to cover immediate communication concerns such as service interruption/breakdowns, department KPI's and general departmental updates.	Further Mature Communications Strategy. Conduct a Comms survey to confirm a further improvement of at least 75%.	Further Mature Communications Strategy. Conduct a Comms survey to confirm a further improvement of at least 75%.	Demonstrate Maturity to Level 10. Conduct a Communication Survey to confirm a score of at least 90%.
	Skills, Training & Flexibility	Benchmark Current Status. Evaluate Issues.	Draft a version of an "Estate Training Matrix" for current structure.	Review and mature training from Matrix. Review Training budget and its effectiveness. Demonstrate 80 % training compliance.	Review and mature training from Matrix. Review Training budget and its effectiveness. Demonstrate 80 % training compliance.	Demonstrate PADR maturity & links to Training & Development within roles. Demonstrate 90% training compliance to matrix. Hold succession plan review amongst management.
	Integration - Capital & Compliance: Clear and Working together	Benchmark Current Status. Evaluate Issues.	Estates to attend Capital Project Meetings as standard. Draft an initial standardisation paper and list and communicate.	Mature to level 7. of the "Strategy" document.	Mature to level 7. of the "Strategy" document.	Ensure the following exists: Database of Standards. Procedures. Systems. Machinery. Spares. Embed standardisation into all projects and demonstrate in all specifications.
	Ownership & Accountability: Embedded throughout the Dept	Benchmark Current Status. Evaluate Issues.	Renew/Evaluate effectiveness of Snr Management JD's and any new roles from this point forward. Any roles changes or created in Modernisations embeds C&V wide role and changes needs for fit for future service needs. Use LPF to recognise changes & culture changes.	Maturity to Strategy Level 5 and demonstrate it has been reached.	Maturity to Strategy Level 5 and demonstrate it has been reached.	Develop and carry out a "Culture Survey" confirms maturity to level 10.
	Values & Behaviours & Customer Focused Service - Embedded throughout the Dept	Benchmark Current Status. Evaluate Issues.	Deliver "Values & Behaviours" awareness training to Estates Teams >85%	Capture "V&B" in Survey to check maturity to Level 7. Benchmark some customer feedback on Culture and Performance.	Capture "V&B" in Survey to check maturity to Level 7. Benchmark some customer feedback on Culture and Performance.	Customer Base Survey to evaluate maturity to level 10.

Report Title:	**Research & Development Update**								
Meeting:	**Strategy & Delivery Committee**						**Meeting Date:**	**03.09.2019**	
Status:	**For Discussion**	√	**For Assurance**	√	**For Approval**	√	**For Information**	√	
Lead Executive:	**Peter Durning (Interim Medical Director)**								
Report Author (Title):	**Chris Fegan**								

SITUATION

This paper considers Cardiff and Vale UHB R&D strategy, performance and challenges going forward.

REPORT

BACKGROUND

R&D is never static and is always undergoing massive changes across many areas in CVUHB due to national regulatory/legal framework changes, changes in national and within CVUHB funding models and more recently the strategic aim to work more closely with Cardiff University. At present R&D is performing well and in the last financial year had its best recruitment (6,251 non-commercial and 328 commercial participants) for over 5 years and the highest commercial income earned to date (£1.7m) despite it's overall R&D budget falling year on year. Given the vast remit of R&D within CVUHB this paper will concentrate specifically on just 2 areas: Funding – national and local - and R&D space.

ASSESSMENT

Funding. WG (Health Care Research Wales- HCRW) have announced they will be changing the funding formula by which they pay for NHS R&D. Historically R&D funding has been based on an activity based model whereby each participant in a non-commercial attracted a certain level of payment which was different for interventional (~£900), observation (~£350) and large size (~£80) studies. This has been very disadvantageous to CVUHB where the monies provided do not cover the costs of interventional studies (CVUHB entered 48% of all patients in Wales into an interventional study last year), Paediatric, cancer and complex studies eg Critical Care. This funding model has also led to perverse incentives which has led some UHBs to develop very simple observational studies which has attracted hundreds of thousands of pounds but are very cheap to run and often completed in a matter of weeks. As such CVUHB's R&D budget has dropped just over £2m in 5 years. For this reason and also because WG R&D funding is falling and they wish to get "more bang for their buck", HCRW have decided to replace the present ABF model with a "Value based model". Exactly what this means is unclear and a T&F group has been set up on to which CVUHBs R&D Director has secured a place to protect CVUHB's interests, address the failures of the previous ABF funding model and hopefully develop a funding model more sensitive to CVUHB's needs.

Within CVUHB there has now been agreement to introduce the WG R&D Finance Policy which puts the responsibility for all R&D spending under the remit of the R&D Director. A Research Delivery Management Board with representation from all Clinical Boards was therefore set up to administer the R&D monies and which will hopefully make more strategic decisions re R&D monies and align CVUHB's R&D strategy (R&D Implementation Plan) to actual R&D expenditure and areas of investments.

R&D Space – in 2016 WG TUPE'd over almost 30 of its R&D staff to CVUHB and due to a lack of suitable accommodation elsewhere they had to be accommodated on the Clinical Research Facility which has severely restricted the space to undertake clinical studies and some to the 2nd floor within the existing space of the CVUHB R&D Office. CVUHB in partnership with Cardiff University is setting up a Joint Research Office with the plan of moving the 25 staff from the CVUHB R&D Office from 2nd floor of UHW to Lakeside in April 2020. The R&D Director has informally asked Geoff Walsh if the space vacated by the CVUHB R&D Office staff can be used to move the WG TUPE'd staff to the 2nd floor. This will release valuable research space on the CRF which will increase our capacity to undertake clinical research and repatriate all the TUPE'd staff to one area on 2nd floor.

ASSURANCE is provided by: Peter Durning (Interim Medical Director)

RECOMMENDATION

The Committee is asked to:

- **PROMOTE** at all opportunities the need for WG/HCRW to have a "Value Based Healthcare" R&D funding model to support CVUHB's R&D activities through more appropriate funding for the sort of complex and tertiary type studies that CVUHB undertakes.
- **SUPPORT** R&D with its aims of moving the WG TUPE'd staff from the Clinical Research Facility to the vacated office space which will become available on the 2nd floor of UHW when the R&D Office moves from there to Lakeside in April 2020.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce health inequalities	√	6.	Have a planned care system where demand and capacity are in balance	
2.	Deliver outcomes that matter to people	√	7.	Be a great place to work and learn	√
3.	All take responsibility for improving our health and wellbeing	√	8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4.	Offer services that deliver the population health our citizens are entitled to expect	√	9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	√

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	√	Long term	√	Integration		Collaboration	√	Involvement	√
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								

Report Title:	**Key Organisational Performance Indicators**							
Meeting:	**Strategy & Delivery Committee**					**Meeting Date:**	**03.09.19**	
Status:	**For Discussion**		**For Assurance**	√	**For Approval**		**For Information**	
Lead Executive:	**Chief Operating Officer**							
Report Author:	**Assisitant Director of Operations (Performance Delivery)**							

SITUATION

Cardiff and Vale University Health Board is required to meet a range of performance targets set by the Welsh Government. There are a number of core operational targets which are tracked as key performance indicators across a range of services including planned and unplanned care. This report will provide a summary of progress against key operational performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP).

BACKGROUND

A full Performance Report is presented to the Board on the Health Board's performance against the NHS Wales Delivery Framework and other priority measures, including actions being taken to improve performance. This report provides a high level summary of the IMTP delivery profiles for key operational performance targets for 2019/20 and year to date performance against these.

ASSESSMENT

The tables in Appendices 1 and 2 provide the year to date performance for 2019/20 against the Health Board's IMTP delivery profiles and a general summary of the position is provided below.

Planned Care overview (Appendix 1)

The UHB, in common with the rest of the NHS across the UK, is experiencing a major adverse impact on its capacity as a result of Pension and Tax issues in relation to Consultant Medical Staff. Whilst the UHB is anticipating national developments which it is hoped, will mitigate these pressures, this issue is now having a significant impact upon current performance.

The Health Board did not achieve its monthly IMTP ***referral to treatment times*** commitment in June and July for greater than 36 week breaches, but has managed to avoid a significant deterioration to date. July's reported position was 638 breaches greater than 36 weeks which is the 2nd lowest position across Wales. The UHB remains committed to clearing all 36 week breaches by the end of March 2020.

In terms of ***diagnostics***, the Health Board aim for 2019/20 is to achieve and then maintain zero breaches. We did not achieve our IMTP commitments but there has been significant improvement from May (110 patients waiting greater than 8 weeks) with only 30 patients waiting greater than 8 weeks at the end of July.

In terms of ***therapies***, the Health Board is now achieving its IMTP commitment and no patients were waiting over 14 weeks in both June and July.

Plans in ***62 day urgent suspected cancer*** have focused on reducing the backlog of patients waiting through strengthening tracking and expedite arrangements. Whilst this is the right thing to do for our patients, this had a detrimental impact on performance in June and it is anticipated to also impact in July. We have seen a week on week improvement over the past seven weeks in our backlog volume, with the total reducing from 50 to 13 and we anticipate an improving position for August as a result. The Health Board remains committed to achieving 95% compliance in 2019-20.

Welsh Government recently announced new targets for ***follow-up outpatients*** which require Health Boards across Wales to reduce their total follow up waiting list volumes and the numbers delayed by over 100% of their target date both by 15% by March 2020. This is in addition to ensuring 95% of patients are assigned a target date by March 2020.

The UHB has received additional in year funding from Welsh Government to support improvement and remains committed to delivery of the revised targets by 31 March 2020.

Mental Health – There has been exceptional demand for Children's and Adult Mental Health in recent months, which has adversely affected performance. Specific plans are being put in place to improve performance and these are being presented to the Committee and to the Board as a specific items.

Unscheduled Care overview (Appendix 2)

The UHB, in common with the rest of the NHS across the UK, including Wales, has experienced severe post winter challenges in unscheduled care with higher than normal activity levels.

In terms of the key performance indicators for unscheduled care, Cardiff and Vale's ***4 hour Emergency Department (ED) transit time*** performance for June and July was 82.6% and 83.8% respectively. This is below the IMTP profile but is the best reported position in NHS Wales.

In terms of ***12 hour performance,*** the pressures in EU resulted in increasing volumes in the past 3 months rising to 84 in June. This has now reduced to 56 patients waiting over 12 hours at the end of July. Cardiff and Vale continues to have the lowest 12 hour breach volume in Wales.

Ambulance handover waits over 1 hour increased from April (136) to 200 in May and 330 in June, but have reduced to 244 at the end of July.

ASSURANCE is provided by:

- Comparative performance in a period of extreme pressure in unscheduled care for this period of the year has remained ahead of other areas. Improvement in July suggests that these pressures may be easing for a period.

- The Board receives a full Performance Report outlining the UHBs current level of performance against 67 performance measures and detail on actions being taken to improve performance in areas of concern.

RECOMMENDATION

The Strategy & Delivery Committee is asked to **NOTE**:

- Year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	√
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	√	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	√	Integration	√	Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	No

Appendix 1

Performance against key operational performance targets 2019/20: Planned Care

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Care														
	IMTP 19/20 profile	-	350	350	275	650	650	550	450	400	300	200	125	0
RTT - 36 weeks (Target = 0)	19/20 Actual	327	690	657	604	638								
	IMTP 19/20 profile	-	89.0%	89.0%	89.5%	89.5%	89.5%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	92.0%
RTT - 26 weeks (Target = 95%)	19/20 Actual	87.9%	87.2%	86.2%	86.6%	87.0%								
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostics > 8 weeks (Target = 0)	19/20 Actual	40	158	110	21	30								
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
Therapies > 14 weeks (Target =0)	19/20 Actual	0	1	5	0	0								
	IMTP 19/20 profile	-	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
31 day NUSC cancer (Target = 98%)	19/20 Actual	97.4%	95.1%	98.6%	97.2%	Avail 01/09								
62 day USC cancer (Target = 95%)	IMTP 19/20 profile	-	93.0%	93.0%	93.5%	93.5%	93.5%	94.0%	94.0%	94.0%	94.5%	94.5%	94.5%	95.0%
62 day USC cancer (Target = 95%) - Monthly	19/20 Actual	84.9%	85.2%	80.6%	74.2%	Avail 01/09								
OPFU - Delayed past agreed target date	19/20 Actual	105,271	114,892	105,426	104,819	105,966								
OPFU - > 100% delayed	19/20 Actual	78,516	86,371	77,921	78,195	79,381								
OPFU - No Target date	19/20 Actual	39,469	43,084	38,028	39,444	39,898								
OPFU - Within target	19/20 Actual	91,366	90,011	88,699	89,379	89,467								
Total OPFU waiting list		236,106	247,987	232,153	233,642	235,331								
Mental Health measures														
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	19/20 Actual	75%	56%	50%	49%	Avail 31/08								
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	19/20 Actual	71%	70%	56%	55%	Avail 31/08								

Appendix 2

Performance against key operational performance targets 2019/20: Unscheduled Care

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unscheduled Care														
	IMTP 19/20 profile	-	90.0%	90.0%	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	90.0%	90.0%	90.0%
EU waits - 4 hours (95% target)	19/20 Actual - Monthly	84.3%	85.2%	85.2%	82.6%	83.8%								
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
EU waits - > 12 hours (0 target)	19/20 Actual - Monthly	34	51	65	84	56								
	IMTP 19/20 profile	-	180	100	50	50	100	100	150	150	150	150	150	150
Ambulance handover > 1 hour (number)	19/20 Actual	189	136	200	330	244								
Ambulance - 8 mins red call (65% target)	19/20 Actual	78%	78%	77%	79%	75%								
	IMTP 19/20 profile	-	48	48	40	40	40	35	35	35	40	40	40	35
Delayed Transfers of Care	19/20 Actual	37	42	49	46	45								
Stroke														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	19/20 Actual	53.3%	40.9%	43.3%	52.0%									
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	19/20 Actual	73.1%	74.5%	76.6%	80.8%									
Patients receiving required mins for SALT (Target - Improvement trend)	19/20 Actual	57.1%	70.0%	61.6%	50.6%									
6 month follow-up assessment	19/20 Actual	29.0%		55.9%										

National Assembly for Wales
Public Accounts Committee

Primary Care Out-of-hours Services

July 2019

The National Assembly for Wales is the democratically elected body that represents the interests of Wales and its people, makes laws for Wales, agrees Welsh taxes and holds the Welsh Government to account.

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National Assembly for Wales
Cardiff Bay
CF99 1NA

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National Assembly for Wales
Public Accounts Committee

Primary Care Out-of-hours Services

July 2019

About the Committee

The Committee was established on 22 June 2016. Its remit can be found at: www.assembly.wales/SeneddPAC

Committee Chair:

Nick Ramsay AM
Welsh Conservatives
Monmouth

Current Committee membership:

Mohammad Asghar AM
Welsh Conservatives
South Wales East

Gareth Bennett AM
UKIP
South Wales Central

Vikki Howells AM
Welsh Labour
Cynon Valley

Rhianon Passmore AM
Welsh Labour
Islwyn

Adam Price AM
Plaid Cymru
Carmarthen East and Dinefwr

Jenny Rathbone AM
Welsh Labour
Cardiff Central

The following Member was also a member of the Committee during this inquiry.

Neil Hamilton AM
UKIP Wales
Mid and West Wales

Contents

Chair's foreword

Out-of-hours services are a valued and essential part of the health service delivering urgent primary care when needed. However, faced with enduring challenges presented by morale and staffing issues, problems in recruiting GPs and a lack of quality performance data hampering effective management, it is a service under strain.

As an outlier within primary care services, out-of-hours-services have not been properly integrated with other primary care services. A lack of clear definition of out-of-hours services and with historically poor signposting of patients to other appropriate health and care services, the out-of-hours services has become the default first point of contact for patients needing to access a range of health and social care services while their GP surgeries are closed.

We heard that working within out-of-hours services can be a daunting and lonely place and we welcome the priority given by some health boards to implementing a multidisciplinary team approach to delivering out-of-hours services. This we believe will be essential to boosting staff morale and creating a positive team environment where those working in out-of-hours feel fully supported.

We are pleased that the Welsh Government has responded positively to concerns about out-of-hours services highlighted by the Auditor General and we note the actions it has set out to address these. It too has placed multidisciplinary working at the heart of its transformational model for 24/7 primary and community care and we welcome Welsh Government plans to fully integrate out-of-hours services into the wider primary care service. This should open up the range of health and social care services that patients can access. Moreover, it will be crucial in ensuring patients are assisted in accessing to the most appropriate service taking the strain off out-of-hours services.

National leadership for out-of-hours services appears to have been lacking and we welcome the developments that have been made in this area including the establishment of the Urgent Care Group. This group has an important role to play in developing models of care and securing opportunities for regional working, as well as helping to drive improvements that are needed in the delivery and integration of out-of-hours services.

As we look to the future we acknowledge the opportunities that the full roll out of the 111 service will bring in terms of improving integration of out-of-hours with other services. Although we welcome the developments that are being put in

place to improve out-of-hours services, we will continue to actively monitor progress to ensure improvement is delivered.

Recommendations

Recommendation 1. We recommend the Welsh Government ensure there is capacity within the out-of-hours service to provide patients with reassurance and help them to access the services most appropriate to their needs. Page 16

Recommendation 2. We recommend the Welsh Government reviews the way it allocates funding to health boards for out-of-hours services to ensure that allocations more accurately reflect the current service needs and provide greater transparency in terms of investment and actual spend. Page 23

Recommendation 3. We recommend the Welsh Government share good practice across Health Boards in Wales in making out-of-hours services more attractive places to work, such as the approach taken in Aneurin Bevan University Health Board. Page 23

Recommendation 4. We are concerned about the general decline in GP numbers not just for out-of-hours services but daytime services too across Wales. We recommend the Welsh Government actively develop policies to increase GP numbers. Page 31

Recommendation 5. We recommend the Welsh Government resolve issues with the quality of data available on GP numbers as a matter of urgency as there needs to be better data available, including on out-of-hours care. If multidisciplinary teams are delivering the out-of-hours services, it is imperative to know who works in each team, where they are delivering the service to, and be able to track the staff numbers over years. Page 31

Recommendation 6. We are concerned that there appears to be a number of issues arising from the pay inequalities of GPs compared to England as well as taxation issues as reported to us in evidence. We recommend that the Welsh Government seek to address these issues and provide us with an update on any action taken to do so. Page 31

Recommendation 7. We recommend the good practice at CVUHB in terms of strengthening its performance management is shared with other health boards and that the Welsh Government explore in more detail how it can enhance the sharing of good practice. The Welsh Government may wish to consider, where possible, to give greater direction on such practice and monitor compliance with any directions issued. Page 35

1. Introduction

1. The Auditor General published a report on Primary care out-of-hours services[1] in July 2018. The report found that out-of-hours services are appreciated by patients but are not meeting national standards and are under strain due to morale and staffing issues. Poor information hampers effective management of services, and planning of out-of-hours is not properly integrated with other key services. The introduction of a new 111 service presents opportunities for important improvements but cannot solve all of the issues facing out-of-hours services.

2. A publication by the Board of Community Health Councils in Wales in May 2018 also highlighted considerable challenges for out-of-hours services. The report said services were "fragile" and described problems including increasing demand for services, difficulties recruiting GPs and complications caused by varying pay arrangements in different health boards.[2]

3. The Welsh Government responded to the Auditor General's recommendations in letters dated 1 August 2018 and 14 August 2018.[3] The letters confirm that the Welsh Government has accepted all eight recommendations.

4. The letters describe a national peer review programme, which concluded in December 2018. The output from the peer review in each health board was a summary letter, which was intended to form the basis of locally developed plans.[4]

5. At its meeting on 1 October 2018, the Committee agreed to undertake an inquiry into out-of-hours services. In preparation for the inquiry, Committee members carried out site visits to several out-of-hours services across Wales.

6. The Auditor General is planning to publish a report on Primary Care Services across NHS Wales in summer/autumn 2019, which the Committee will consider, along with the findings of this report, in further detail later this year.

7. Transcripts of all oral evidence sessions and written evidence received can be viewed in full at:
http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=22560

[1] Auditor General for Wales Report, Primary care out-of-hours services, July 2018

[2] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, May 2018

[3] Written Evidence, PAC(5)-25-18 Paper 4 & PAC(5)-25-18 Paper 5, 1 October 2018

[4] Written Evidence, PAC(5)-11-19 Paper 2, 29 April 2019

2. General Progress

8. The Auditor General's national report refers to a ministerial review from 2012, which described out-of-hours services as "unsustainable" and highlighted a lack of investment, opportunities for economies of scale, a lack of comparable data and a shortage of medical staff.

9. A further report published by the Board of Community Health Councils in May 2018, found that every health board in Wales had identified their out-of-hours service as fragile, noting that, "despite taking a range of actions to address the challenges, health boards have not made any significant or sustained progress".[5]

10. In its response to the Auditor General's national report, the Welsh Government referred to a Peer Review process, which was due to be concluded in December 2018. The clinically-led process aimed to "better understand the issues and develop an action plan" for out-of-hours services at each health board".[6]

11. Hywel Dda University Health Board (UHB) told us that the Peer Review process had highlighted the need for the whole organisation to support improvements in out-of-hours services.[7] Cardiff and the Vale University Health Board (CVUHB) said that the Peer Review process had identified areas for improvement that were "very much aligned" with those identified by previous reviews.[8]

12. The Welsh Government has cited a list of positive outcomes from the Peer Review process including staff engagement, constructive peer comments, heightened profile of out-of-hours services and recognition of good practice. An all-Wales "lessons learnt" paper will be fed back at a national event in summer 2019 and the Welsh Government is working on a transformational model for 24/7 primary and community care.[9]

13. The Welsh Government's future direction of travel will look at the provision of, and access to, a wider range of services in the out-of-hours period, and also the 24/7 model for primary care. It's transformational model for 24/7 primary and community care will be key to service improvements. The model will be

[5] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, Page 7, May 2018

[6] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[7] Record of Proceedings (RoP), 18 March 2019, paragraph 147

[8] RoP, 18 March 2019, paragraph 236

[9] Written Evidence, PAC(5)-11-19 Paper 2, 29 April 2019

supported with a multi-disciplinary team (MDT). The MDT will work to support patients, aim to deal effectively with unplanned care needs to enable people to remain at home wherever possible, and provide more support to enable faster discharge when people do need secondary care.[10]

14. The Welsh Government are also developing a new Policy Framework for Unscheduled Care to set out the government's expectations and ambitions for unscheduled care in Wales. Much has changed in the ten years since the publication of Delivery Emergency Care Services (DECS) in 2008, and this will provide an opportunity to set out how out-of-hours services can be further integrated into the new offer of 24/7 primary care.[11]

15. In classifying the current state of primary care out-of-hours services in Wales, the Welsh Government told us that, while out-of-hours services remain a service under pressure, changes have been introduced more recently, that connect out-of-hours services to the Welsh Government's primary care model for Wales. This should facilitate better access to the services and care patients need, which is not always through a GP. Dr Andrew Goodall, Director General HSS/Chief Executive NHS Wales, explained:

> "We feel that there is a real opportunity around out-of-hours services to make sure that patients don't always need to access the GP. They are an important part of our system and our oversight, but our own data would tell us that probably only around 30 per cent of all of the calls that we get into the system probably actually need a GP response; they can well access other practitioners within the system. And I think across Wales, it's still a system that occurs at scale. So, it has a really important role as a contribution to the way we run our unscheduled and urgent care services."[12]

16. The Welsh Government has also set out a number of learning points arising from its Peer Review Process including the need for support in terms of how out-of-hours services fit with local services, increased consistency around some processes such as triage and the sharing of good practice around multidisciplinary approaches.[13]

[10] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[11] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[12] RoP, 29 April 2019, paragraph 19

[13] RoP, 29 April 2019, paragraphs 22-23

Conclusions and Recommendations

17. It is clear from the evidence that out-of-hours services remain under pressure with a number of factors impacting upon the service, in particularly staff recruitment and financial issues.

18. We note the work of the Welsh Government in undertaking a peer review process of out-of-hours services and look forward to seeing the outcomes of the lessons learnt later this year. It is also encouraging to see the Welsh Government's plans for a transformational model for 24/7 primary and community care, an essential part of which will be utilising a multidisciplinary approach to delivering out-of-hours services.

19. However, we are concerned over the time between the review, which was concluded in 2018, and the attempt to spread good practice at a national event in the summer of 2019. There is a need for greater urgency in delivering improvement given progress to date has been slow.

20. We believe the transformational model for primary and community care to be crucial as part of wider local care services in terms of operating more efficiently and ensuring patients are directed to the right point of care. We are aware that while some health boards have made progress with implementation of a multi-disciplinary approach, there is still much to do to ensure this model operates more widely across Wales. We will actively monitor the Welsh Government's approach to primary and community care to ensure a multi-disciplinary approach is consistent across Wales.

3. Access to and Awareness of services

21. The Auditor General's report found that patients have generally positive views about out-of-hours services but there is a need to improve signposting.

22. Some improvements to signposting have been made already. HDUHB told us that the advent of 111 was a step forward in public messaging, given there is now one telephone number for the public to call where they can be signposted to a range of services.[14] We also heard that as part of the migration to 111, HDUHB improved their directory of services to make sure that available alternatives were clearer, and there is now standard messaging within all of its primary care facilities. We were pleased to hear that HDUHB has also been proactive in communicating at the start of each weekend if there is going to be a base closure to ensure the public are signposted to alternative services.

23. We also heard about the work done by HDUHB to promote the advent of 111 across social media with reach in excess of 66,000 people, with promotional material being sent to 690 GP practices and dental surgeries.[15] Similarly, CVUHB have improved information on it's website about out-of-hours services and consistent answer phone messages have been rolled out across GP surgeries.[16]

24. To assist with improved signposting, the Auditor General's report recommends the development of a nationally agreed definition of the scope of out-of-hours services and the circumstances in which the public should access these services.

25. The Welsh Government has said the roll out of 111 will provide an opportunity to simplify public messaging about out-of-hours services, stating that Welsh Government and the NHS are developing guidance about the key points that should be made in GP answerphone messages, and a software application (app) is currently in development, using a national directory of services, to help patients make informed choices about which services to use.[17]

26. The Welsh Government also recognises it is increasingly important to define "urgent primary care" and to "re-shape the approach" to out-of-hours services. It

[14] RoP, 18 March 2019, paragraph 23

[15] RoP, 18 March 2019, paragraph 30

[16] RoP, 18 March 2019, paragraph 243

[17] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

states that this action has been picked up by the National Urgent Care Group and National Primary Care Board.[18]

27. Welsh Government Officials told us that standard out-of-hours messaging was agreed and issued to GPs in August 2018. The NHS Delivery Unit was commissioned to audit the use of this standard messaging in Wales and there is ongoing work to standardise and improve NHS websites.[19]

28. It has also been highlighted that patients, on occasion, do use the out-of-hours service for routine care, as a consequence of pressure on in-hours services.[20] CVUHB told us that about 20 per cent of patients who contact out-of-hours are referred to other health or care services, although this doesn't necessarily mean they have contacted the service inappropriately. There are also suggestions that some patients "game the system", i.e. use out-of-hours services to get around the difficulties of making an appointment with their own GP, but it is not known how many.[21]

29. The Welsh Governments approach to delivering a transformational model for 24/7 primary and community care will help improve patient knowledge and awareness of the services they need and ongoing work in this area will help improve this further.

30. Welsh Government Officials described out-of-hours services as providing access to urgent services while a patients GP surgery is closed and the matter cannot wait until the surgery reopens. Judith Paget explained:

> "...the distinction and our ability to communicate with the population around numbers to call will be much easier when we simplify the system by having 111 as a national number available to everybody, because we'll be able to communicate that, if you've got something that threatens life or limb, you ring 999, and, if you're not sure about anything else, you ring 111 and let the call handler support you and help you."[22]

31. We heard that patients are accessing services because they have a need, but that need does not always need to start with a default to an accident and emergency department, or an urgent out-of-hours service. The Welsh Government

[18] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[19] Written Evidence, PAC(5)-11-19 Paper 2, 29 April 2019

[20] Written Evidence, PAC(5)-08-19 Paper 2, 18 March 2019

[21] RoP, 18 March 2019, paragraphs 247 and 286

[22] RoP, 29 April 2019, paragraph 43

are using technology to assist further improving signposting by having a national directory of services, which has the available choices, ranging from the NHS, local government provision, through to the third sector.[23]Most witnesses agreed with the need for a definition of out-of-hours services but some raised concerns that differing visions for the delivery of out-of-hours services could make agreeing a definition difficult. However, we heard that the conformity arising from having a definition could ensure that resources are available to a reasonable level across Wales and the public receive an equal level of care.[24]

32. We were told by CVUHB that it remains a challenge to ensure the messaging is simple and points of access to the unscheduled care system are clear.[25]

33. We also heard that a definition would also help set out where out-of-hours services sits within the overall unscheduled care pathway and assist understanding of where and when out-of-hours can be accessed along that pathway.[26]

Conclusions and Recommendations

34. It is essential that patients receive clear and easily understandable information to help them access the services which are most appropriate to their needs, particularly when they have urgent care concerns outside of normal hours.

35. The evidence we heard has pointed to some improvements in terms of signposting patients to out-of-hours services and there is greater consistency in terms of messaging around where and how to access services appropriately.

36. However, the Committee does not believe that poor performance is down to poor signposting as this places the blame on patients and not the service. In reality patients cannot be expected to do their own medical diagnosis, and often call out-of-hours services because they are worried. They need either reassurance regarding their concerns or reassurance that comes from knowing they should go to the accident and emergency department and they have done the right thing by calling.

37. For example, a parent in charge of a sick child who is ill on a Saturday night is not going to wait until the Monday morning and take their chances of getting an

[23] RoP, 29 April 2019, paragraph 49

[24] RoP, 18 March 2019, paragraph 36

[25] RoP, 18 March 2019, paragraph 288

[26] RoP, 18 March 2019, paragraph 253

appointment with a GP. Patients need a service to be available for either reassurance or early treatment.

Recommendation 1. We recommend the Welsh Government ensure there is capacity within the out-of-hours service to provide patients with reassurance and help them to access the services most appropriate to their needs.

38. We welcome the Welsh Governments approach to further improving awareness of services available to patients through its plans for 24/7 primary and community care, particularly through the delivery of a national directory of services as well as local directories of services in some health boards. Embedding the multi-disciplinary approach to primary care teams that we have already spoken about is also going to be crucial in ensuring that patients have access to a broader range of health and care practitioners within primary and community care settings.

4. Compliance with National Standards

39. The Auditor General's national report suggests that health boards were not meeting the previous national standards for timeliness of call taking and call handling. The Welsh Government had expected health boards to achieve these standards by March 2018.[27] Furthermore, the report suggested that health boards were not meeting previous standards for timeliness of face-to-face appointments and home visits either.[28]

40. While the Auditor General's report highlighted positive patient views about out-of-hours services it also suggested a more mixed picture of opinions on timeliness.[29] These issues were also reflected in a report by the Royal College of GPs that notes patients are often "faced with lengthy waits to speak to anyone". That report called for an increase in the number of call handlers and actions to reduce the call abandonment rate.[30]

41. Recommendation 2 of the Auditor General's report noted that work was underway to update the national standards, to reflect new ways of working between the 111 service and out-of-hours services.[31] The Welsh Government has now issued a new set of Standards and Activity Measures that will supersede the previous standards. The new standards aim to ensure "greater consistency over a 24/7 period" and the Welsh Government was due to begin monitoring the new standards on 1 April 2019.[32]

42. We note that a new set of Standards and Activity Measures for 111 and out-of-hours services in Wales have been developed through close collaboration between out-of-hours services clinicians, service managers and the Welsh Government. These were shared widely with the NHS before being issued in March 2019 and will be monitored during the 2019/20 financial year.[33]

43. The Auditor General's local report on CVUHB found a lack of compliance with the previous national standards and although the health board was answering

[27] Auditor General for Wales Report, Primary care out-of-hours services, page 19,July 2018

[28] Auditor General for Wales Report, Primary care out-of-hours services, page 20, July 2018

[29] Auditor General for Wales Report, Primary care out-of-hours services, page 21, July 2018

[30] Royal College of GPs report, step 1

[31] Auditor General for Wales Report, Primary care out-of-hours services, page 10 – recommendation 2, July 2018

[32] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[33] Written Evidence, PAC(5)-19-19 PTN3, 8 July 2019

out-of-hours calls more quickly than many other services[34], the recorded number of terminated calls was zero, which suggests there could have been inaccuracies in the health board's data. The local report also found that timeliness of call backs to patients was one of the service's most persistent problems and performance was below the Wales average.[35] The report also indicated mixed performance in the timeliness of the health board's home visits and appointments.[36]

44. Written evidence from CVUHB highlighted a general improvement in timeliness of triage, home visits and appointments, although it appears the previous national standards are generally not being met. The submission does not provide data on timeliness of call taking and notes some patient dissatisfaction with the time it takes to receive a call back and with waiting times in clinics.

45. In answering questions on how improvements have been achieved and what further actions are planned to ensure compliance with national standards, CVUHB told us they have recruited extra staff to undertake triage and increased staff training. The board has also developed a death certification protocol enabling nurses to be able to certify deaths, which were accounting for a large proportion of GP home visits.[37]

46. With regard to call handling CVUHB told us that previous problems with gathering performance data in this area had now been rectified.

47. We asked the Welsh Government for its view on the difficulties faced by health boards in meeting the previous national standards for out-of-hours services. We were told that out-of-hours has been operating in a challenging and difficult environment. Clearly difficulties in filling shifts and attracting the workforce has had an ongoing impact on health boards ability to meet with some of the previous national standards.[38]

48. Another difficulty cited to us was that the previous National Standards were set for in hours services as well as out-of-hours services. This caused a problem because the majority of the workforce available to support patients through the

[34] Auditor General for Wales, Cardiff and Vale University Health Board – Review of GP Out-of-Hours Services, Page 25, March 2018

[35] Auditor General for Wales, Cardiff and Vale University Health Board – Review of GP Out-of-Hours Services, Page 26, March 2018

[36] Auditor General for Wales, Cardiff and Vale University Health Board – Review of GP Out-of-Hours Services, Page 28, March 2018

[37] RoP, 18 March 2019, paragraph 256

[38] RoP, 29 April 2019, paragraph 56

system operates more broadly between the hours of nine to five, Monday to Friday, than it does on a 24/7 basis.[39]

49. It was explained that the new standards have "more of a clinical feel about what is able to be delivered" and clinical teams seem happier that they now have access to quality measures.[40]

Conclusions and Recommendations

50. Moving forward, we remain concerned about how improvements to the delivery of out-of-hours services will be measured. It is vitally important that the new standards set by the Welsh Government, achieve the desired outcome of driving improvements, ensuring greater consistency over the 24 hour period in terms of primary care delivery and providing a suitable set of performance measures upon which progress can be accurately measured. We look forward to receiving further updates from the Welsh Government on how this is being achieved.

[39] RoP, 29 April 2019, paragraph 57

[40] RoP, 29 April 2019, paragraph 59

5. Funding the Out-of-Hours Service

51. The Auditor General's national report shows that the Welsh Government's notional funding for out-of-hours services remains largely static, with health boards actual spending on out-of-hours services increasing slightly, from £31.7 million to £35.2 million between 2009-10 and 2016-17.[41] The report also shows that spending on out-of-hours services per 1,000 population varies widely by health board.[42]

52. The Welsh Government recognises that notional funding has remained static but stresses that health boards are spending more on out-of-hours services than they are allocated. Data also shows health board spending on out-of- hours services increased from £35.2 million in 2016-17 to £35.8 million in 2017-18.[43]

53. Evidence from the British Medical Association states that funding for out-of-hours services had been inadequate over a significant period of time, and presented data suggesting investment in out-of-hours has not kept pace with inflation.[44]

54. HDUHB suggested to us that "money is not a key driver" in the out-of-hours service and the health board is not aiming to save money. Instead it is actively trying to spend its budget to make sure shifts are filled and bases remain open.[45] HDUHB is facing ongoing financial difficulties and the current way of working in out-of-hours is not financially or clinically sustainable.[46]

55. We heard that CVUHB over the past two years, has invested an additional £887,000 in its out-of-hours service, taking the overall budget to £5.2 million. The Health Board has also made a non-recurrent investment of £560,000 in 2016-17 and £700,000 in 2017-18.[47]

56. Health boards are spending more on out-of-hours services than they receive on their notional allocation from the Welsh Government, and the British Medical Association has expressed concerns about the level out-of-hours funding. We wanted to establish what the Welsh Government has done to assure itself that the

[41] Auditor General for Wales Report, Primary care out-of-hours services, page 25, July 2018

[42] Auditor General for Wales Report, Primary care out-of-hours services, page 26, July 2018

[43] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[44] Written Evidence, PAC(5)-08-19 Paper 3, 18 March 2019

[45] RoP, 18 March 2019, paragraph 151

[46] RoP, 18 March 2019, paragraphs 156 to 161

[47] RoP, 18 March 2019, paragraph 366

funding it is providing is adequate for health boards to be able to deliver good quality services.

57. The Welsh Government told us they have tended to move away from the budget line and acknowledged that it needs resetting to better capture the current discharge of out-of-hours and associated services in Wales. Future budget lines could then be a more accurate, with a richer description of the investment into out-of-hours and actual expenditure.

58. Dr Goodall highlighted there was a danger of fixating on the budget that applies only to out-of-hours which represents the traditional approach to out-of-hours services, rather than looking at the wider range of services that are being put in place to access in out-of-hours.[48]

59. The Auditor General's report notes the challenges around GP pay rates in out-of-hours services. The report states that some health boards increase pay rates at short notice when they are struggling to fill shifts, which can act as a disincentive for staff to sign up for shifts in advance.[49] The report also states that different health boards pay different rates for GP shifts, creating a competitive market for GPs.[50]

60. The report of the Board of Community Health Councils notes differences in pay arrangements between health boards and notes that health boards are reviewing GP pay rates, "including bonuses for covering particular shifts and one-off payments to encourage GPs into their areas".[51] The report also recommends that the Welsh Government and the NHS should agree "how GPs are paid to provide out-of-hours services to avoid competition between geographical areas".[52]

61. The Royal College of GPs report states:

> "working conditions and remuneration policies need to reflect the antisocial nature of the hours and the high-risk high-stress nature of the work."[53]

[48] RoP, 29 April 2019, paragraph 63

[49] Auditor General for Wales Report, Primary care out-of-hours services, page 27, July 2018

[50] Auditor General for Wales Report, Primary care out-of-hours services, page 27, July 2018

[51] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, Page 6, May 2018

[52] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, Page 7, May 20187

[53] Royal College of GPs report, step 4

62. CVUHB told us that some actions had been taken to address the "inflationary pay spiral" and that health boards in South East Wales were working to the same pay rates as much as possible.[54]

63. We asked to what extent health boards were competing with one another, as opposed to collaborating, to fill GP shifts and what the Welsh Government is doing to address this issue to avoid an inflationary pay spiral.

64. The Welsh Government confirmed it had anecdotal evidence that GP shifts had been unfilled because GPs had chosen to work elsewhere due to competing pay rates. However, it does not appear to have become a significant issue with more shifts being filled than not. However, the Welsh Government is monitoring the issue and said it will take action if necessary.[55]

65. We heard that in Aneurin Bevan University Health Board (ABUHB), investment had been made following discussions with GPs about what would encourage them to work in the out-of-hours service. While sometimes pay rates were discussed, the issue was more about GPs feeling supported, having a team so they were not isolated, and having services they could draw on. The Board has invested in an overnight district nursing service so that the district nurses could be there overnight in support of GPs. The service has also broadened out to include frailty services as part of a joint investment with local authorities, so on weekends, GPs have access to other services. This has helped with fill rates, which increased to around 90 per cent over the past winter.[56]

Conclusions and Recommendations

66. We are concerned that the current funding model for out-of-hours services has not kept pace with how these services, and primary care more broadly, have needed to evolve and develop in recent years. With a historical notional allocation to health boards that has remained largely static since 2004/05, and with health boards having to make additional investments, which are often non-recurring, the currenting funding model appears to be neither sustainable or clear.

67. Furthermore, it is not clear to us whether the Welsh Government has the right financial information available to determine whether its funding of out-of-hours services is adequate or not.

[54] RoP, 18 March 2019, paragraphs 379 and 380

[55] RoP, 29 April 2019, paragraphs 176 - 183

[56] RoP, 20 April 2019, paragraph 65

Recommendation 2. We recommend the Welsh Government reviews the way it allocates funding to health boards for out-of-hours services to ensure that allocations more accurately reflect the current service needs and provide greater transparency in terms of investment and actual spend.

68. We have heard concerns about differences in pay arrangements between health boards which is leading to competition for GPs between geographical areas. This has led to problems in filling out-of-hours shifts in some areas. We were not convinced by the Welsh Government's evidence that this is not a significant issue and we believe more needs to be done to ensure competing pay rates do not present issues in terms of filling shifts.

69. We welcome the work undertaken in ABUHB to look beyond issues around pay and at other factors to encourage GPs to work in the out-of-hours service. We believe that better support for GPs working in out-of-hours services and reassurance that there are other services available to support them, again drawing on the multidisciplinary model, will make out-of-hours services a more attractive place to work.

Recommendation 3. We recommend the Welsh Government share good practice across Health Boards in Wales in making out-of-hours services more attractive places to work, such as the approach taken in Aneurin Bevan University Health Board.

6. Staffing Issues and Morale

70. The Auditor General's report highlights issues with morale in out-of-hours services and describes some of the factors contributing to poor morale, including perceptions of under-staffing, antisocial hours and a lack of career development.[57] The report recommends that the Welsh Government should work with health boards to carry out a national project to engage with out-of-hours staff, to understand factors causing poor morale and deterring staff from working in these services.[58]

71. In responding to this recommendation, the Welsh Government said it has been working with health boards and other stakeholders over the past 12 months to try to understand how to make out-of-hours services more attractive places to work.[59]

72. The Royal College of GPs report states:

> "At present, GPs and other out-of-hours staff go over and beyond to try to make things work in extremely difficult circumstances. This is not sustainable. Things need to change; services need to be safe and pleasant place to work."[60]

73. Furthermore, the Royal College of GPs, describes a "critical threat" related to the GP workforce not growing fast enough to meet growing demand.[61] Similarly, a letter from the British Medical Association, cites the main factors deterring doctors from working in out-of-hours include exhaustion for in-hours work and unattractive pay rates.[62]

74. HDUHB told us that it had offered £16,000 of incentives to fill shifts on a particular weekend but failed to secure any additional cover. The evidence

[57] Auditor General for Wales Report, Primary care out-of-hours services, pages 22 - 23, July 2018

[58] Auditor General for Wales Report, Primary care out-of-hours services, page 10 – recommendation 3, July 2018

[59] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[60] Royal College of GPs Wales Report, Meeting urgent needs: Improving out-of-hours services in Wales, page 1, August 2018

[61] Written Evidence, PAC(5)-08-19 Paper 2, 18 March 2019

[62] Written Evidence, PAC(5)-08-19 Paper 3, 18 March 2019

suggested pay was not the main motivating factor for GPs, instead "if they're on their own without a colleague, they will not work".[63]

75. Lone working was an issue also raised with us by CVUHB who told us they had funded an additional GP to work overnight, recognising it is "quite an isolated service to work in".[64]

76. Evidence from the Welsh Government highlighted work by Health Education and Improvement Wales (HEIW) to produce an online resource and social media campaign, to provide consistent information on out-of-hours services to encourage interest in working in this area. HEIW is also working with the out-of-hours community to deliver training modules, develop new job roles and organise a national conference on out of hours.[65]

77. The Auditor General's report found that services are strained due to morale and staffing issues that threaten the resilience of services. A staff survey undertaken by the Auditor General highlighted poor morale in out-of-hours services. Factors contributing to this include perceptions of under-staffing, antisocial hours and a lack of career development. These factors may be deterring staff from working in out-of-hours services.

78. The Board of Community Health Councils' report notes:

> "Most health boards reported that there were not enough GPs to deliver the service consistently. This is because of their difficulties in recruiting GPs to deliver out-of-hours services and the number of shifts GPs are prepared to cover."[66]

79. The British Medical Association informed us that it's members regularly receive "begging" emails and texts from out-of-hours service coordinators, asking them to work shifts.[67]

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[63] RoP, 18 March 2019, paragraph 104

[64] RoP, 18 March 2019, paragraph 371

[65] Written Evidence, PAC(5)-11-19 Paper 2, 29 April 2019

[66] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, Page 5, May 2018

[67] Written Evidence, PAC(5)-08-19 Paper 3, 18 March 2019

80. HDUHB informed us that it had suffered 99 base closures[68] within its out-of-hours service since May 2017.[69]

81. To address these issues some health boards are engaging with staff to improve pay rates and working environments. We heard in HDUHB there were concerns whereby GPs did not feel welcome if they were working within a hospital or in an out-patients department as a base. Morale has improved due to changes to the working environment, moving a base to a different location, and developing a memorandum of understanding with a GP advisory group to set out the health boards commitments to them.[70]

82. We were able to explore first hand some of the issues relating to the working environment for those working in out-of-hours services during our site visits. We were particularly interested in the impact of co-locating out-of-hours services in emergency departments at hospitals.

83. Staff at Cardiff Royal Infirmary told us that co-location at the University of Hospital of Wales often leaves patients gravitating inappropriately to the Emergency Department, rather than to the out-of-hours service. At Wrexham Maelor Hospital, staff told us that co-location makes it difficult for nurses in the out-of-hours service not to step in and assist the Emergency Department. This often means that Emergency Services can easily rely on them for their support, taking their time away from out-of-hours services.

84. Staff also relayed to us that another issue arising from co-location is that waiting areas are shared with other services. We were told that a separate waiting area and entrances to out-of-hours services need to be considered, as this could help avoid comments of "people jumping the queue" when they are in fact using a different service. Having said that, out-of-hours staff also told us that having the two services based in the same location does allow for patients to easily move between the two, which is beneficial in terms of patients receiving the appropriate and correct services for their needs.

85. Our site visits also concurred with other evidence we heard that out-of-hours services are less attractive places to work than in-hours services. We heard that although out-of-hours nurses are encouraged and paid to undertake relevant training courses to improve their career pathways, and the staffing situation is

[68] If an Out-of-hours service is suffering particular staffing pressures/shortages, it may choose to temporarily close one or more of its bases.

[69] RoP, 18 March 2019, paragraph 83

[70] RoP, 18 March 2019, paragraph 74

much less "chaotic" than before, it remains that some nurses leave out-of-hours services to work in GP practices. This can also be the case for GPs, where there is extra competition on attracting GPs from in-hours services, and private online services, that can often pay higher rates than the out-of-hours services. These movements of staff are causing a staff shortage in some instances as well as disruption to services and staffing levels.

86. Wrexham Maelor hospital finds itself in a particularly difficult situation, being so close to the England/Wales border, as they are also competing with the higher pay scales for GPs in England. Health boards are competing for the same pool of staff, and due to unsociable shifts, inconsistent rates of pay, and under-staffing, it is often the out-of-hours service that suffers.

87. HDUHB explained that improving staff morale was a high priority and work is being done to demonstrate the value of out-of-hours services and embed it within day to day operations. The health board recognised there was more to do with regards to staff retention and maintaining the face to face dialogue with GPs will be key to that.[71]

88. Linked to staff retention, we queried the causes of the closure of out-of-hours services in March 2018 at HDUHB and the number of times in the past year that the health board has had to close one or more of its out-of-hours centres. We heard that HDUHB had suffered 99 base closures[72] within its out-of-hours service since May 2017. One of the biggest issues of morale for the health board is that there is quite a "vicious circle", once staff know that not all the shifts are going to be covered they do not want to take up a shift and know they are going to be working on a shift under heightened pressure.

89. We were told that some of the GP shortages in HDUHB are due to geography and movement to the 111 system, as some GPs find assessing patients over the phone stressful and are not happy to cover three counties on their own. There are also issues with different locum pay rates in different health boards which has made it difficult to attract locum GPs to Carmarthen and that younger GPs are seeking portfolio careers, which involves some out-of-hours work on the weekends but not night shifts.[73]

[71] RoP, 18 March 2019, paragraph 77

[72] If an out-of-hours service is suffering particular staffing pressures/shortages, it may choose to temporarily close one or more of its bases.

[73] RoP, 18 March 2019, paragraphs 101 - 103

90. HDUHB have also tried financial incentives to attract GPs to fill shifts with no success because the GPs do not want to work alone. We heard numerous reasons for GPs not wanting to work out-of-hours shifts many of which are dependent on individuals needs and personalities. GPs fears of working alone were also confirmed by Dr Sherard Lemaitre a GP working at CVUHB who told us that working in a full team would create a better working environment.[74]

91. However, Dr Lemaitre also told us that CVUHB were working on recruitment, retention and training to demonstrate that out-of-hours is a safe working environment. He explained that triage was also an area of work GPs were afraid of but there was recognition now that a full telephone assessment is an important part of a GPs job. CVUHB are now providing annual training for not only GPs and allied health professionals but also GP trainees who at some point may wish to work in out-of-hours services. We also heard that the development of multidisciplinary teams to support GPs will help fill out-of-hours shifts and create the happy team working environment that staff want.[75]

92. Dr Richard Archer, an out-of-hours GP at HDUHB, told us that in the longer term the workforce needs to be changed from being a GP provided service to a GP led one, and then finally a GP supervised service, as the numbers of GPs decrease. There is concern more widely about the general decline in GP numbers not just for out-of-hours services but daytime services too.[76]

93. The Auditor General's national report highlights issues related to tax and employment status that risk further deterring GPs from working in out-of-hours services.[77] Her Majesty's Revenue and Customs (HMRC) has challenged a number of UK health bodies in recent years in relation to non-compliance with tax rules. The main issue relates to whether GPs working in out-of-hours should be classed as employees. The report states that the NHS in Wales is concerned that this may result in unforeseen costs for health boards and further deter some GPs from working in out-of-hours. Work is ongoing within NHS Wales to assess the impact of these issues.

[74] RoP, 18 March 2019, paragraph 303

[75] RoP, 18 March 2019, paragraphs 304 - 305

[76] RoP, 18 March 2019, paragraph 105

[77] Auditor General for Wales Report, Primary care out-of-hours services, page 27, July 2018

94. The Board of Community Health Councils' report notes difficulties in recruiting GPs to deliver out-of-hours services and cites one of the factors as "changes to the way in which the tax system works for GPs providing the service".[78]

95. The British Medical Association described taxation status changes that have made out-of-hours less attractive for many doctors.[79]

96. HDUHB told us that issues relating to the tax and employment status of GPs had cost the Board around £300,000 in 2018-19. We heard how GPs working in out-of-hours as self-employed contractors were deemed to be employed by the health board and the additional costs were to meet the costs of employer's national insurance contributions.[80]

97. We questioned HDUHB on how issues relating to GP tax and employment status impacted on out-of-hours services and what the health board is doing to manage these issues. We heard dialogue is ongoing regarding the employment status of GPs who usually work ad hoc shifts. As these GPs went from self-employed contractors to employees there was a requirement for the health board to meet the costs of the employers national insurance, which in the case of HDUHB was £300,000 in the year 2018-19. This has been charged to the out-of-hours budget but it has been suggested that going forward this should come from a central reserve within the health board to ensure it does not detract from some of the front line funding that could be invested in out-of-hours services.

98. GP tax and employment status issues have also impacted on out-of-hours services in CVUHB leading to unexpected costs of around £276,000 but also concerns from GPs about whether they would be able to continue to work in the service. The board told us that despite these concerns no GPs were lost from the service.[81]

99. Judith Paget, Chief Executive of Aneurin Bevan UHB/Chair of the National Primary Care Board and Strategic Lead for out-of-hours services, explained that the concerns around HMRC changes were not as significant as initially anticipated. However, tax issues are generally more problematic in March, which is the most difficult period in terms of filling out-of-hours shifts because of its

[78] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, pages 5 - 6, May 20187

[79] Written Evidence, PAC(5)-08-19 Paper 3, 18 March 2019

[80] RoP, 18 March 2019, paragraphs 99

[81] RoP, 18 March 2019, paragraphs 316-317

proximity to the end of the tax year. This is when GPs become concerned about their income going over tax thresholds.

100. The Auditor General's report notes that all health boards are exploring alternative staffing models, to reduce their reliance on GPs, by employing triage nurses, advanced nurse/paramedic practitioners and pharmacists. The report notes that progress has been piecemeal and none of the health boards had an out-of-hours workforce plan at the time of our work.[82]

101. Evidence from HDUHB focuses in numerous places on the health board's actions to expand the multidisciplinary model of the service, with mention of advice GPs, pharmacists and senior nurses along with administrators and drivers being trained as healthcare support workers. The evidence also refers to two advanced paramedic practitioners (APPs) undertaking home visits and contributing within treatment centres, with discussions ongoing to increase this model significantly. There is a potential £600,000 investment leading to 20 additional advanced practitioners in the next 2 years and the APP model has already provided significant additional winter resilience in out of hours, and that clinical supervision requirements have increased in order to support APPs.

102. HDUHB is clearly working in a variety of ways to explore a multidisciplinary model for out-of-hours, but we wanted to find out how much real difference these new roles are making and what barriers is the LHB facing in fully implementing the multidisciplinary model.

103. We asked about the potential £600,000 investment in advanced practitioners within HDUHB and whether they were confident they would be able to recruit the number of advanced practitioners they need. We were told that the health board wants to fast track a cohort of 10 colleagues through a rapid training course but this is work in progress and the board is still some way from a multi-disciplinary model.

104. CVUHB appears to be successfully operating a multidisciplinary team approach with GPs being supported by a clinician practitioner, senior nurse lead and an administrative function.

Conclusions and Recommendations

105. The Committee is extremely concerned that there are enduring issues which are making out-of-hours services unattractive places to work. Staff morale within out-of-hours services is a challenge given the strong evidence heard that

[82] Auditor General for Wales Report, Primary care out-of-hours services, paragraph 1.14, July 2018

improving staff morale has little to do with offering financial incentives. Instead it is clear to us that the working environment has a greater impact on morale due to concerns about lone working, working under pressure due to unfilled shifts and not feeling part of a valued team. In rural areas these issues are magnified as GPs find themselves alone covering vast geographical areas and faced with difficult logistical decisions in terms prioritising patients.

Recommendation 4. We are concerned about the general decline in GP numbers not just for out-of-hours services but daytime services too across Wales. We recommend the Welsh Government actively develop policies to increase GP numbers.

106. We understand there to be a lack of transparency in the data on the number of GPs in Wales with Stats Wales not publishing the Full Time Equivalent (FTE) numbers of GPs while they investigate issues with the quality of the data. An investigation that we understand to now be in its sixth year.

Recommendation 5. We recommend the Welsh Government resolve issues with the quality of data available on GP numbers as a matter of urgency as there needs to be better data available, including on out-of-hours care. If multidisciplinary teams are delivering the out-of-hours services, it is imperative to know who works in each team, where they are delivering the service to, and be able to track the staff numbers over years.

107. While there is some excellent practice within some health boards to improve staff morale we are concerned that in some parts of Wales not enough has been done to tackle these issues.

Recommendation 6. We are concerned that there appears to be a number of issues arising from the pay inequalities of GPs compared to England as well as taxation issues as reported to us in evidence. We recommend that the Welsh Government seek to address these issues and provide us with an update on any action taken to do so.

108. We welcome the innovative practices used in some health boards to take forward a multidisciplinary model which supports a team approach to delivering out-of-hours services. For example, in HDUHB using a team of advice GPs, pharmacists and senior nurses along with administrators and drivers being trained as healthcare support workers, addresses concerns GPs have about working alone and provides a valuable team environment in which to work.

109. Similarly in CVUHB we recognised the benefits of operating a multidisciplinary team approach with GPs being supported by a clinician practitioner, senior nurse lead and an administrative function.

110. We conclude a multidisciplinary approach to providing out-of-hours services will boost staff morale as full shifts and team working will encourage staff to want to work in out-of-hours services and create a better working environment. In the future we expect the Welsh Government to provide us with evidence of how good practice in operating multidisciplinary models is being shared.

7. Performance Management

111. The Auditor General's report found that poor information on service quality and performance is hampering the effective governance, planning and management of services at a national and local level.

112. The Auditor General's report also highlighted variation in the frequency with which NHS Boards and committees receive information about out-of-hours services. In our survey of NHS Board members, only 40% of respondents were satisfied with the quality of information they received.[83] It further states that during the audit fieldwork, some interviewees felt that out-of-hours only receives sufficient attention at senior levels in health boards when the service begins to suffer operational problems.[84] The Welsh Government is trying to raise the profile of out-of-hours services through its routine performance management meetings with health boards.[85]

113. The report's findings also highlighted significant gaps in and problems with comparability in the monthly out-of-hours data that health boards submit to the Welsh Government. Some data comparability issues are caused by different services having different versions of the Adastra software, although work was ongoing to standardise the way that out-of-hours data is recorded.[86]

114. HDUHB said that the national standards were a challenge in the rural areas within the health board, where five centres run across the geographical area of Ceredigion, Pembrokeshire and Carmarthenshire. If one of these centres is closed, it can be very challenging to meet the access standards.[87]

115. For example, we heard instances whereby if there is only one GP covering an area, who may have two separate high priority calls to respond to, but geographically in between there are some lower priority calls, it is difficult to not visit those calls while passing them on route between the two high priority calls.[88]

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[83] Auditor General for Wales Report, Primary care out-of-hours services, page 28 – paragraphs 1.23 – 1.24, July 2018

[84] Auditor General for Wales Report, Primary care out-of-hours services, page 28, July 2018

[85] Auditor General for Wales Report, Primary care out-of-hours services, page 28 – paragraph 1.25, July 2018

[86] Auditor General for Wales Report, Primary care out-of-hours services, page 29, July 2018

[87] RoP, 17 May 2019, paragraph 40

[88] RoP, 18 March 2019, paragraph 42

116. Furthermore, the reality of the rural environment and how GPs manage calls on shift means they have to sometimes leave the higher priority calls to wait because the lower priority calls have been waiting too long or they can be resolved quickly.

Standards and Performance Management

117. We asked witnesses whether there was any appetite for national standards to be redefined and if this would cause any problems by a lack of consistency of standards between out-of-hours primary care services and other urgent health services, which would include the Welsh Ambulance service trust and emergency departments.

118. One of the issues highlighted to us is that standards for out-of-hours are incredibly high, compared to daytime practice, which other clinical staff do not have to achieve. If standards were to be redefined for everyone there might be improvement in standards across services.[89]

119. The Auditor General's local report on CVUHB recognises improvements in the health board's reporting and monitoring of out-of-hours performance. The report states that the health board had carried out considerable work to cleanse its performance data, however some problems remained, leading to difficulties with benchmarking. The report suggests comparatively good arrangements in the health board for reporting of out-of-hours data to the executive team and Board.

120. We asked what the health board has been doing to address some of the residual problems identified by the Auditor General about the quality of its out-of-hours performance data.

121. CVUHB explained that work had been undertaken to refine its reporting mechanisms with all out-of-hours performance measures being put before the board every time it meets ensuring visibility and raising the profile of out-of-hours services at Board level. The Board have also looked beyond just performance figures to gauge an understanding of what is going on in practice. For example, we heard how the Board has not just looked at the number of shifts filled but the hours that were covered in the mornings, afternoons and evenings and using that information to discuss with teams what action needs to be taken. The data is being used to help drive service improvement.[90]

[89] RoP, 18 March 2019, paragraph 68

[90] RoP, 18 March 2019, paragraphs 348-351

Conclusions and Recommendations

122. We share the Auditor General's concerns that some health boards are not getting sufficiently detailed information on how their out-of-hours services are performing. However, we were encouraged to hear about the approach being taken by CVUHB to strengthen its performance management of out-of-hours services to refine its reporting mechanisms, including the use of qualitative data to fully understand what is happening within out-of-hours services at the point of delivery.

> **Recommendation 7.** We recommend the good practice at CVUHB in terms of strengthening its performance management is shared with other health boards and that the Welsh Government explore in more detail how it can enhance the sharing of good practice. The Welsh Government may wish to consider, where possible, to give greater direction on such practice and monitor compliance with any directions issued.

123. In terms of improving performance management further we think it is important that health boards examine the relationship between in hours services and out-of-hours services to understand how the two interact. For example, in hours services can increase or decrease demands on out-of-hours services depending on how they are organised and how easy it is to access in hours appointments.

124. It is important that future approaches to performance management data takes into account primary care services as a whole and how these interrelate with out-of-hours services.

8. Strategic Planning and Leadership of Out-of-hours Services

125. The Auditor General's national report notes that there is no national strategy for out-of-hours services. It says that neither the national primary care plan nor the national plan for 111 provide a comprehensive vision for out-of-hours. In particular, there is no clear vision of how out-of-hours services should provide face-to-face appointments and home visits.[91]

126. Recommendation 6 of the Auditor General's report says that the Welsh Government, health boards and others should work together to test and spread good practice in the provision of face-to-face appointments and home visits. This should result in a clear model to be implemented locally or regionally.[92]

127. The Welsh Government has a newly formed group led by Judith Paget, that is working to develop a strategic plan for out-of-hours but that the face-to-face aspects of out-of-hours are likely to remain the statutory responsibility of health boards. A new Urgent Care Group will consider different models of care and opportunities for regional working.[93] The group is also overseeing work including the Peer Review, a workforce and educational working group, demand and capacity work and multidisciplinary working.[94]

128. The Auditor General's report found that planning of out-of-hours services is not properly integrated with other key services. The new 111 service will address some integration issues but will not solve all of the problems facing out-of-hours services. The Auditor General found weaknesses in the planning of out-of-hours services at a national level and while two national plans mention the strategic direction for out-of-hours, neither provides a comprehensive picture of the future for these services.

129. For example, the national plan for 111 sets out the future model for 24-hour call taking, information and advice but there is no such model for face-to-face services like appointments and home visits. Health boards are not meeting the national timeliness standards for face-to-face appointments and home visits. Without a clear strategic plan or model for delivering these face-to-face services in

[91] Auditor General for Wales Report, Primary care out-of-hours services, page 32, July 2018

[92] Auditor General for Wales Report, Primary care out-of-hours services, page 12, July 2018

[93] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[94] Written Evidence, PAC(5)-11-19 Paper 2, 29 April 2019

new, innovative ways, it is likely that health boards will continue to struggle to meet the standards in future.

130. Witnesses from HDUHB told us that the standardisation of its processes through the 111 implementation had marked significant change. Having moved from three systems to one GPs are better placed to support each other across the three counties and will cover shifts when needed.[95]

131. The Auditor General's national report shows that if the NHS plans out-of-hours services in isolation from other services, this can cause problems.[96] The Board of Community Health Councils has noted increased demand for out-of-hours services, "particularly when people struggle to get an appointment in-hours".[97]

132. The Royal College of GPs report further highlights that the inter-dependence between in-hours and out-of-hours primary care services and says, "it is essential that resource is provided to alleviate the pressures on in-hours general practice and ensure problems do not spill over into the out-of-hours period".[98]

133. The Welsh Government's "future direction of travel will look at the provision of, and access to, a wider range of services, in the out-of-hours period, and also the 24/7 model for primary care". In addition, a new Policy Framework for Unscheduled Care is in development.[99]

134. The Auditor General's national report highlights the difficulties that health boards and the Welsh Government have had in deciding the best place for out-of-hours services within their management structures. The report also states that in some health boards, responsibility for out-of-hours services is split between two or more executives, which potentially blurs the lines of accountabilities.[100]

135. The report concludes that lack of clarity in out-of-hours leadership arrangements can contribute to out-of-hours services being somewhat isolated from other service areas.[101] The report also highlights issues with the leadership

[95] RoP, 17 May 2019, paragraph 11

[96] Auditor General for Wales Report, Primary care out-of-hours services, page 31, July 2018

[97] Board of Community Health Councils in Wales, The fragility of GP Out-of-hours services in Wales, Page 5, May 2018

[98] Royal College of GPs Wales Report, Meeting urgent needs: Improving out-of-hours services in Wales, step 5, August 2018

[99] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[100] Auditor General for Wales Report, Primary care out-of-hours services, page 33, July 2018

[101] Auditor General for Wales Report, Primary care out-of-hours services, page 33, July 2018

arrangements for out-of-hours at a national level. The report notes the relatively small size of the Welsh Government's Urgent Care Team and that out-of-hours has not been an area of major focus for the national professional lead for primary care.[102]

136. Recommendation 7 of the Auditor General's report states that the Welsh Government should review its national leadership arrangements for out-of-hours services. The review should consider whether there is a need for more specific leadership of out-of-hours at a national level. The review should also consider the role of the All Wales out-of-hours Forum and whether its work is sufficiently joined up with that of the other national NHS groups.[103]

137. The Welsh Government "encourages greater national leadership" for out-of-hours and accepts that "accountability issues need to be clarified" and Judith Paget, Chief Executive of Aneurin Bevan University Health Board, has been made the national strategic lead for out-of-hours services.[104]

138. In accepting the Auditor General's recommendation to enhance some of the national leadership and oversight, the role of the national strategic lead will be to lead a group that will review and assess the out-of-hours model, particularly with 111 on the horizon; advise on national actions; review and recommend a revised set of standards; and advise on any resourcing requirements. Work has been done to standardise the out-of-hours system and a series of winter initiatives have been run to allow people to test different ways of responding to out-of-hours demand, which are currently being evaluated. There is also a peer review of call handling in the Welsh Ambulance Services NHS Trust (WAST) and work on demand capacity as well as national role descriptions to be completed, an evaluation of the winter plan, and work around escalation and metrics.[105]

139. In terms in integrating out-of-hours with other services we heard that in areas where 111 has already arrived, out-of-hours is a key component of that, and having a strong and resilient out-of-hours service is important to the full launch of the 111 service. Ensuing primary care is viewed across a 24/7 period, having a similar approach but maybe slightly different services available in the out of hours, weekend or bank holidays, than you might have on a day-to-day basis.[106]

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[102] Auditor General for Wales Report, Primary care out-of-hours services, pages 33 - 34, July 2018

[103] Auditor General for Wales Report, Primary care out-of-hours services, page 13, July 2018

[104] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[105] RoP, 29 April 2019, paragraphs 227 - 228

[106] RoP, 29 April 2019, paragraph 233

140. We were told that the recent Primary Care Board's evaluation of arrangements made by health boards to ensure demand was met over the winter months, has informed the 24/7 work stream of the Strategic Programme for Primary Care. The emerging learning from the evaluation is being shared with relevant groups and once finalised, it will be endorsed by both the National Primary Care Board and the National Unscheduled Care Board and cascaded to stakeholders. The Welsh Government expects health boards and their partners to apply this learning when planning and delivering services.[107]

141. Cardiff and the Vale UHB explained that sustainability of in-hours primary care is important to the functioning of out-of-hours services, and vice versa. The board called for the whole system to be reviewed.[108]

Conclusions and Recommendations

142. In light of the concerns raised by the Auditor General about the absence of a national strategy for out-of-hours services we welcome the Welsh Governments development of the Urgent Care Group, led by a national lead – Judith Paget, that is working to develop a strategic plan for out-of-hours services. However, it will be important to ensure that the enhanced national approach to strategic planning leadership of out-of-hours is replicated at the local level. The Committee will be keen to receive future updates from the Welsh Government that describe how the enhanced arrangements for national leadership and strategy are translating into service improvements.

[107] Written Evidence, PAC(5)-19-19 PTN3, 8 July 2019

[108] RoP, 18 March 2019, paragraphs 279 to 282

9. Relationship between 111 and out-of-hours services

143. The introduction of the 111 service provides a key opportunity to improve integration of out-of-hours with other services. The 111 service will provide 24-hour call taking, information and advice. Importantly, it will provide integrated call taking and triage for out-of-hours plus NHS Direct Wales. A 111 pathfinder scheme is showing encouraging results, and whilst implementation of 111 is taking longer than planned, the NHS in Wales now has a plan and business case that plots a full national roll out. Betsi Cadwaladr University Health Board will be the final health board to implement 111 and its roll out will begin in Quarter 4 of 2020-21. However, the plan does not set out the overall cost of implementing 111 across Wales. In particular, the plan does not set out the cost of implementing an integrated computer system to replace existing systems in 111 and out-of-hours services. At the time of drafting, the national 111 Programme was drafting a business case for the integrated computer system.

144. The Auditor General's national report states that roll out of the 111 service has taken longer than anticipated.[109] The Welsh Government says that "over the next three years out-of-hours services will increasingly be provided through the NHS 111 service".[110]

145. The Welsh Government has stated that the national IT system to support the 111 service is progressing well, with the go live date being October 2020.[111] The 111 service will roll out to Cwm Taf and Aneurin Bevan in 2019/20, with a "firebreak" in autumn 2019/20 to introduce a new IT system. Full roll out across Wales is to be completed by 2021/22.[112]

146. Recommendation 8 of the Auditor General's national report states that the Welsh Government should clarify the timescales for finalising and assessing a business case for a new, integrated computer system to replace existing systems in 111 and Out of Hours.[113]

147. In terms of why the roll out of 111 has taken longer than originally anticipated the Welsh Government had taken a deliberate pause to see how the roll out

[109] Auditor General for Wales Report, Primary care out-of-hours services, page 34, July 2018

[110] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[111] Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

[112] Written Evidence, PAC(5)-11-19 Paper 2, 29 April 2019

[113] Auditor General for Wales Report, Primary care out-of-hours services, page 14, July 2018

across the rest of the UK was occurring, and learn lessons from that.[114] The Welsh Government acknowledged that the roll out of 111 is a significant change programme and it has taken its time to build up confidence by rolling the system out gradually, building up experience, taking clinical teams with them and developing a more resilient position.[115]

148. The British Medical Association highlighted to us significant concerns about the roll out of 111 because of problems with the service's triage and prioritisation algorithm, and because of staffing pressures in the 111 clinical hub.[116]

149. HDUHB suggested 111 has meant significant change to the nature of the work of GPs in out of hours, shifting the focus from face-to-face contacts to telephone-based contacts. This caused some unhappiness among GPs and a turbulent time of change.[117]

150. In terms assessing the strengths and weaknesses of the current operation of 111 across Wales, the Welsh Government has completed an extensive evaluation of the pathfinder in Abertawe Bro Morgannwg UHB. Using external support, the evaluation looked at outcomes, patient experience and a range of other indicators. Further work was undertaken with the support of the community health council to consider patient experience and more evaluation may take place after the full roll out of 111 in Abertawe Bro Morgannwg and Cwm Taf[118], to take into account any further learning that might need implementing before roll out in CVUHB and BCUHB.[119]

151. We were keen to establish whether the Welsh Government had a clear picture as to what the 111 service will cost to roll out to all health boards, its ongoing running costs and the costs of the new integrated computer system, and the extent to which it will provide better value for money than the predecessor arrangements.

152. Some increase in resource for the 111 service will be needed and the Welsh Government has a clear central programme team and a programme director to lead on this and provide the expertise on the output. It is anticipated that it will

[114] RoP. 29 April 2019, paragraph 240

[115] RoP, 29 April 2018, paragraphs 241 -242

[116] Written Evidence, PAC(5)-08-19 Paper 3, 18 March 2019

[117] RoP, 18 March 2019, paragraph 20

[118] From 1 April 2019, Health Boards now known as Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board

[119] RoP, 29 April 2019, paragraph 244

cost around £3 million in revenue cost to each health board in Wales over the course of 14 years and there are options on the contract to extend that. Given the extent of out-of-hours services and its complexity, the Welsh Government told us this is a good investment of money in terms of its overall budget at this stage.[120]

Conclusions and Recommendations

153. We believe that the roll out of the 111 service provides a key opportunity to improve integration of out-of-hours with other services. Most importantly, it will provide integrated call taking and triage for out-of-hours plus NHS Direct Wales. We believe the Welsh Government should take a zero tolerance approach of any resistance to change from health boards. However, we also recognise the significant resource needed to deliver a 111 service and we will be keen to monitor progress and delivery following the full roll out in 2021/22.

Recommendation 8. We recommend that our successor committee of the sixth assembly examine the progress and success of the implementation of the 111 service following full roll out in 2021/22.

[120] RoP, 29 April 2019, paragraph 246

Annex 1

Mr Len Richards
Chief Executive
Cardiff and Vale University Health Board
Heath Hospital
Headquarters
CARDIFF

12TH November 2018

Dear Len

Peer Review for Out of Hours Services in Cardiff & Vale UHB

On behalf of the Peer Review Team we would like to take this opportunity to thank your executive, clinical and operational teams for their collective input and support on the 27th and 28th of September 2018. As noted previously, the purpose of the visit was to act as critical friend and to provide some direct support /advice for the local OOH team ahead of the challenges likely to collectively face us this Winter and we have already had further discussions with your team directly.

Overall, the Panel was impressed by the ongoing dedication and commitment that was demonstrated by all staff and their continued focus on delivering high quality patient care within out-of-hours. It was clear that there was a passion to deliver long term sustainable change and your service vision also aligns with the wider urgent primary care agenda (24/7) and the 111 transformation programme too. You have strong clinical leaders trying to now shape this service and bringing together the workforce, clinical pathway redesign and wider integration with other services which is to be commended and you are looking at the wider opportunities for Regional working.

We were very pleased have your personal commitment to this work and also noted the direct support from key members of your executive team including the Chief Operating Officer and Director of Nursing. Your aspirational plans are still in the early stages of development linked to your IMPT but the actions in key areas now need to be taken forward quickly now that you have the robust evidence base from your demand and capacity analysis.

Your existing OOH service is facing similar pressures to that of other Health Boards across Wales in terms of shift fill rates particularly for GPs, which is partly being offset by the multi-disciplinary team approach you have adopted but this does not yet provide you with sufficient assurance for a sustainable service model.

The Peer Review Panel has therefore identified some critical issues and actions which may assist you and the team and we enclose a draft action plan against which your local Team can update and modify accordingly. In summary these include the following broad themes:

Out-of-hours Service Model: as noted, the panel recognised that you operate a Multi-Disciplinary Team (MDT) model which includes advanced nurse practitioners, advanced paramedic practitioners, triage nurses, minor illness nurses, dental nurses and paramedics as well as GPs. When linked to the work that you have undertaken on extensive demand and capacity modelling, the approach you are taking to workforce planning is extremely good and is being cascaded as best practice across Wales. It is reassuring to note that the MDT model is used throughout all periods of the out of hour period - include overnights, which again isn't universal across Wales but we would encourage the Service to consider the opportunity of using the experience of pharmacists as they can divert an proportion of work away from GPs e.g. for repeat medications, management of UTI, ear and throat problems etc.

We noted a differential model of OOH care between the Cardiff Royal Infirmary (CRI), the University of Wales Hospital (UHW).and Barry Hospital. The physical environment in UHW is a shared facility with trauma and is far from conductive to encouraging GPs to work for the service. This differs significantly from the physical environment within the CRI which is fit for purpose. As the UHW site is only a short distance from the CRI, a strategic decision needs to be made as to what added benefits this base provides when the CRI has a number of consulting rooms and MDT working is possible. At UHW, there is only 1 consulting room, so from a training and education perspective, trainee GPs are unable to work at the base, plus other multi-disciplinary team clinical members. In terms of Barry Hospital, the facilities (although not well signposted) are adequate to meet clinical and patient needs and although a lot quieter than the CRI, is a good strategic base to manage demand from the Vale locality.

A strategic decision on the OOH bases now need to be made jointly between the Clinical team and the executive team in the very near future.

You are fortunate to have a very good cohort of experienced call handlers within your service however they noted that the call centre was physically 'isolated' in the Communication Hub in Barry as clinicians generally worked at CRI and that they generally lacked support. They are also utilising decision support templates that are regularly reviewed as part of clinical incidents which is reassuring. The team also have trainers who call monitor calls and regular feedback takes place.

The provision of some dedicated clinicians within the call centre would immediately address this challenge, plus longer term the introduction of 111 would mean that the facility out of hours, would no longer be fit for purpose.

Finally, it was encouraging to note the OOHs team utilise Rotamaster for both clinical and non-clinical staff, which is a good rosta management system specifically for such a service and again considered good practice.

Appropriate and effective clinical triage remain critical to the success of your current and future model and you need to increasingly attract (and retain) clinicians who are willing to undertake this function. It was encouraging to note that remote working was used both for in and out of escalation and clinicians are regularly audited. The wider MDT team are also part of the clinical triage pool. The remote working protocol that was created by Cardiff and Vale has been used as a best practice model in Wales and has been shared with the All Wales Out of Hours forum.

Direct booking is utilised by a pool of clinicians, which keeps the triage pool down and appointments are offered to those patients who are direct booked. A direct booking protocol is used for this purpose.

Clinical Pathways and support to urgent primary care

Following feedback by the clinical teams (and the completion of the clinical pathway 'dipstick' tool) it was clear that there are some clinical pathways that need to be reviewed if they are to be responsive to patient and clinical requirements in urgent primary care.

The mental health pathway and in particular the response by the Crisis Team should be reviewed and the transfer delays to UHW /Rookwood is a prime example and individual case can result in GPs spending many hours with a patient (often on their own).

Overnight provision for frail elderly with swollen leg (query DVT) and the management of palliative care patients (in distress), particularly at weekends was equally flagged as areas of concern.

Finally the triaging of dental calls by dental nurses is currently in place from Friday (6-10pm) and Sat – Sunday (8-6pm) however going into winter there is greater opportunities to expand this triage capacity into the weekend evenings. Access to emergency dental provision also needs to increase at weekends to match demand

however a very clear challenge was given to the organisation regarding wider *Regional collaboration for dental calls and for C&V to take the strategic lead on this*.

It was also noted that the Health Board is keen to tap into the student population and being a *training HUB for dentistry*. It was advised that there is a real possibility to offer an all Wales training service and if not all ready, doing so look into whether it can offer this for more professions other than just dentistry.

The team had produced a protocol on death verification, which is being implemented across the Health Board however the training of individual should be reviewed and in-line with the All Wales work that is currently being finalised.

Governance and Risk

The use of clinical outcome data and the wider demand, capacity and workforce modelling is supporting your wider corporate risk registers and the dissemination of critical issues are being fed up via the appropriate governance structures to the sub-committees of the Board. It is encouraging to note that complaints, incidents and compliments are discussed at the Health Board's Quality and Safety forum and lessons learnt.

The organisation has invested considerable clinical and informatics support to the demand /capacity modelling (linked to workforce planning) and is to be commended. Trends are analysed on weekly basis and modelling is done on what needs to happen to capacity in order to meet demand. Key data points were skill and case mix, what pay bands are needed and this is then mapped into groups to see what is needed. Respiratory problems were noted as the biggest demand for triage in 2017. It was noted that the service are keen to test out the assumptions made by the exercise over Christmas and New Year.

It is equally encouraging that C&V and now working with 111 and the Delivery Unit to develop something similar for other organisations.

During the plenary part of the recent peer review it was useful to note that Datix is being used within the service on a regular basis and incidents are monitored through the PCIC Quality and Safety forum. Lessons learnt are also shared with clinicians and these can be used as part of their annual appraisals however there are some further opportunities to encourage DATIX usage by clinicians.

A significant event was highlighted in terms of a safe haven patient attending the CRI with a knife and threatening staff members which included a receptionist and GP. Following the incident, glass was put in place at the reception area and the issue recorded on the risk register. The staff involved were offered support through the

employee well-being service and have received ongoing support from the team however it was noted that lone working is still a live issue and need to be reassessed.

A flexible MDT workforce: As highlighted previously, the panel recognise you operate a Multi-Disciplinary Team (MDT) model which includes advanced nurse practitioners, advanced paramedic practitioners, triage nurses, minor illness nurses, dental nurses and paramedics as well as GPs and this will be used as a best practice model across Wales. It is reassuring to note that the MDT model is used. It was noted that the Health Board are advertising dental nurse posts permanently rather than bank. The Health Board are encouraged to look at recruit pharmacists in the future as noted previously.

Improvements in banding for career progression particularly within nursing was flagged as an area for concern as the organisation was at risk of losing clinicians between Health Board's or to in-hours primary care – particularly at the interface between a band 7 and 8a. There is a wider job match in process here that also needs to be considered on an all Wales basis.

Supervision and Training

As part of the debate we had with your clinical and operational leads, we discussed different ways to encourage staff to do as much as their skill set would allow and for GPs to provide a more supervisory role via triaging in the clinical area. Issues around MDT working have been covered previously and training /supervision for these individuals are more conducive within the CRI as noted.

In terms of staff training, recruitment packs are re-sent if GPs who have not worked for 6 months or more, and goes through the same process as a new starter, which is encouraging. Work is ongoing in terms of improving the current induction pack and recruitment of clinicians is ongoing. It was noted that triage training takes place on a regular basis for both new and existing staff.

There are good examples of CPD events for clinicians resulting from complaints and incidents the service has encountered and they are well attended.

Telephone Clinical Trainees are always supervised until the individual feels they are confident to triage on their own. This is self-assessed although, after time a decision is made by the trainees on job suitability. Calls are audited on a regular basis and it should be noted, this is not a skill for everyone and if the GP cannot do this, they are not offered triage shifts but placed on F2F or mobile shifts.

The OOHs Clinical /Management Team. The organisation is very fortunate to have good culture and excellent support management and leadership of the Health Board. The frontline staff are excellent and are aware there are good development opportunities for them to grow. The workforce plan is good with a potential to improve this further with the staff at disposal to the Health Board. In addition the ongoing work with skill mix in not ambitious enough and urges the Health Board to consider remuneration options to ensure skilled workforce members are able to use the training that has been provided.

In terms of general escalation, a weekend planning meeting takes place on a Wednesday, whereby an escalation level is decided and feedback is given to the Chief Operating Officer as well as the weekend planning overall Health Board forum. The on-call process within Cardiff and Vale has an OOHs manager, PCIC on call manager, Hospital site manager and then an Executive Director. This arrangement will be suggested to other Health Boards as good practice.

Although the Executive Team are supportive of urgent primary care, it was noted that clinical and managerial leaders are often unable to make quick decisions without consulting the Executive Team directly. This could not be fully tested in the time available however there should be a reassessment of the level of autonomy given to the Senior OOHs team to allow them to make appropriate decisions in a timely manner.

Practical Operational Issues:

Clinical colleagues were asked to provide an insight into the issues they experience and what effect this has on work. Main issues were IT system crashes within OOHs which cause work to be lost, printers not fit for purpose and the telephone system required upgrading. The Health Board is confident that the move to the hosting environment and upgrade of Adastra in November will fix many of these issues. There is also ongoing work being done to explore the Welsh clinical portal getting access to IHR.

The group also noted that the working environment can be detrimental to day to day working. Key issues were that furniture is out of date and staff have trouble in findings rooms that are fit for purpose. There are issues with Adastra text on laptops being too small and there is a significant issue with 4WD cars. There is a need for specialised training for staff that require the use of these vehicles and there were a number of breakdowns last year due to the operation of the 4WD systems.

Currently only GPs go out in the snow, however this is being reviewed with the potential to trail with paramedics. This will help build relationships with Paramedics and GPs.

Wider strategic opportunities:
The Health Board presented initial thoughts on their plans to become an unscheduled care training HUB. The HB are currently considering options to earmark a location for a training HUB and Cardiff council are looking to develop a site, with a possibility to create conference facilities. This offers huge potential and The Health Board is up for the challenge and is to be encouraged.

There are significant opportunities with the development of 111 and Regional working and Cardiff & Vale UHB is in a unique opportunity to lead of some of this work e.g. dental triage. Early discussions with clinicians and operational staff will pre-empt any perceived issues with the transition and will assist with the wider transformation of urgent primary care 24/7.

Feedback from staff were unanimous in their agreement that urgent primary care (and more specifically) OOHs provides great flexibility for working opportunities and has a good environment, culture and support system. This facilitated learning is second to none and allows individuals to get a fuller understanding of the urgent care and whole system working. We would like to thank all those who actively participated in this process and would like to thank everyone for their open and constructive dialogue throughout.

If there is any further input that we can provide to your team as a result of this process then please do not hesitate to contact us directly.

Kind regards

Dr CDV Jones
Chair of the OOH Peer Review Panel

Cc

Andrew Havers
Richard Bowen
Lisa Dunsford

Cardiff and Vale University Health Board Action Plan

Position as at July 2019

	Key Issues to Address	Proposed Actions:	Lead	Progress
	Out-of-hours Service Model	A differential model of OOH care between the Cardiff Royal Infirmary (CRI), the University of Wales Hospital (UHW).and Barry Hospital. The physical environment in UHW is a shared facility with trauma and is far from conductive to encouraging GPs to work for the service. This differs significantly from the physical environment within the CRI which is fit for purpose. As the UHW site is only a short distance from the CRI, a strategic decision needs to be made as to what added benefits this base provides when the CRI has a number of consulting rooms and MDT working is possible. At UHW, there is only 1 consulting room, so from a training and education perspective, trainee GPs are unable to work at the base, plus other multi-disciplinary team clinical members. In terms of Barry Hospital, the facilities (although not well signposted) are adequate to meet clinical and patient needs and although a lot quieter than the CRI, is a good strategic base to manage demand from the Vale locality.	**CD, Ops Manager and Clinical Nurse Lead**	The OOHs Service is currently being reviewed in terms of the sites covered. There are plans to move the Barry Communications Hub to Cardiff Royal Infirmary (CRI). This is currently being progressed. Expected completion date October 2019 (due to the work required at the CRI building).
		A strategic decision on the OOH bases now need to be made jointly between the Clinical team and the executive team in the very near future. You are fortunate to have a very good cohort of experienced call handlers within your service however they noted that the call centre was physically 'isolated'	**Executive Team**	The Status Quo remains in relation to UHW. As outlined above, there is a plan relating to OOHs, in relation to the movement of the Barry Hub to CRI and these moves are currently taking priority.

		in the Communication Hub in Barry as clinicians generally worked at CRI and that they generally lacked support. They are also utilising decision support templates that are regularly reviewed as part of clinical incidents which is reassuring. The team also have trainers who call monitor calls and regular feedback takes place.		
		The provision of some dedicated clinicians within the call centre would immediately address this challenge, plus longer term the introduction of 111 would mean that the facility out of hours, would no longer be fit for purpose.	**CD/Clinical Nurse Lead/Ops Manager**	As outlined above there are plans to bring call handlers to CRI, this will resolve this issue.
	Clinical Pathways and support to urgent primary care	Following feedback by the clinical teams (and the completion of the clinical pathway 'dipstick' tool) it was clear that there are some clinical pathways that need to be reviewed if they are to be responsive to patient and clinical requirements in urgent primary care.		
		The mental health pathway and in particular the response by the Crisis Team should be reviewed and the transfer delays to UHW /Rookwood is a prime example and individual case can result in GPs spending many hours with a patient (often on their own).	**DOPC/CD/Clinical Nurse Lead/Exec Lead**	Collaborative work is ongoing with Mental Health, led by H Earland.
		Overnight provision for frail elderly with swollen leg (query DVT) and the management of palliative care	**As above**	Work to develop a national DVT OOHs pathway is being developed by the OOHs Forum, which C&V UHB staff are participating in the

		patients (in distress), particularly at weekends was equally flagged as areas of concern.		development. In addition, H Earland has linked in with the Emergency Unit teams, this work is ongoing.
		Finally the triaging of dental calls by dental nurses is currently in place from Friday (6-10pm) and Sat – Sunday (8-6pm) however going into winter there is greater opportunities to expand this triage capacity into the weekend evenings. Access to emergency dental provision also needs to increase at weekends to match demand however a very clear challenge was given to the organisation regarding wider	**Ops Manager/Clinical Nurse Lead/HOPC**	Pilot scheme was funded by 111 over the winter months. This is being evaluated and a Business Case is being submitted to provide a regional service.
	Governance and Risk	*Regional collaboration for dental calls and for C&V to take the strategic lead on this*. During the plenary part of the recent peer review it was useful to note that Datix is being used within the service on a regular basis and incidents are monitored through the PCIC Quality and Safety forum. Lessons learnt are also shared with clinicians and these can be used as part of their annual appraisals. *There are some further opportunities to encourage DATIX usage by clinicians.*		The OOHs team has introduced a rolling programme for training of all staff on Datix, this has resulted in an appropriate increase in Datix being completed.
		A significant event was highlighted in terms of a safe haven patient attending the CRI with a knife and threatening staff members which included a receptionist and GP. Following the incident, glass was put in place at the reception area and the issue recorded on the risk register. The staff involved were offered support through the employee well-being	**CD/Clinical Nurse Lead**	This specific incident had happened a significant time ago and a detailed investigation was carried out at the time and appropriate action taken. Staff who do experience any distressing event across the UHB are offered the

		service and have received ongoing support from the team. *It was noted that lone working is still a live issue and need to be reassessed.*		appropriate support through the well-being service. The lone worker issue for Barry and CRI will be addressed with the Barry Hub moving to CRI. The UHW lone worker issue remains outstanding. However, the service is provided in an area that has high number of staff 24/7 and on site security.
	A flexible MDT workforce	A Multi-Disciplinary Team (MDT) model which includes advanced nurse practitioners, advanced paramedic practitioners, triage nurses, minor illness nurses, dental nurses and paramedics is in place and is used through all periods of OOHs. T*he Health Board agreed to consider recruiting pharmacists in the future and also agreed to continue with the recruitment of dental nurses onto permanent contracts.*	**CD/Clinical Nurse Lead** **CD/Clinical Nurse Lead/111 Pharmacy Lead**	In June 2019, 111 offered to work with the OOHs team to trial a Pharmacist working within OOHs this is being pursued. The challenge for C&V taking this forward, remains the pay differential between a Pharmacist and for example a Nurse Practitioner, and the limitations of Pharmacists verses a Nurse Practitioner, when working in an OOHs environment.
	Practical Operational Issues		**Ops Manager/CD**	Work is ongoing to resolve the IT issues. The CRI telephony system has been upgraded, however new lines are telephones are required for Barry PCC. This will be included in some

		Main issues were the IT system crashes within OOHs which cause work to be lost, printers not fit for purpose and the telephone system required upgrading. *The Health Board is confident that the move to the hosting environment and upgrade of Adastra in November will fix many of these issues. There is also ongoing work being done to explore the Welsh clinical portal getting access to IHR, progress to be reported* *Key issues were that furniture is out of date and staff have trouble in findings rooms that are fit for purpose.* There are issues with Adastra text on laptops being too small and there is a significant issue with 4WD cars. *There is a need for specialised training for staff that require the use of these vehicles and there were a number of breakdowns last year due to the operation of the 4WD systems and rooms need to be fit for purpose.*		of the transformational work that is being taken forward relating to Barry Hospital. All Clinicians working for the OOHs service can now access the Cardiff and Vale Clinical Portal and also the Welsh Clinical Portal, once the E-Learning module is completed by the individual. The transfer of services from Barry to CRI will address the furniture upgrade issue. New Toughbooks have been purchased by the department, however the font size cannot be changed. This was an issue that was predominately raised by one member of staff.
	The OOHs Clinical Management Team	Although the Executive Team are supportive of urgent primary care, it was noted that clinical and managerial leaders are often unable to make quick decisions without consulting the Executive Team directly. *This could not be fully tested in the time available however there should be a reassessment of the level of*	**Executive Team/PCIC Senior Management Team**	Bi-weekly meetings take place between the OOHs management Team and the Clinical Board, chaired by the Director of Operations for PCIC. It is important that staff have autonomy, however, when there is a financial consequence, it is important that all staff work within the financial governance structure within the organisation. However, the team

		autonomy given to the Senior OOHs team to allow them to make appropriate decisions in a timely manner.		have direct access to Senior Team members for any urgent decisions.
		The Health Board presented initial thoughts on their plans to become an unscheduled care training HUB. *The HB are currently considering options to earmark a location for a training HUB and Cardiff council are looking to develop a site, with a possibility to create conference facilities. This offers huge potential and The Health Board is up for the challenge and is to be encouraged.*	**Ops Manager/Clinical Nurse Lead**	This initiative remains at a very early stage. The Clinical Lead and Deputy Clinical Lead have linked in with 111 and HEIW – looking at clinical competencies / career progression for clinical staff within the service. Additionally ongoing work includes work to produce educational pathways for all clinical staff working within the OOH service. A 3D Leadership programme was completed by 24 senior members of the OOH teams across Wales in June.
		There are significant opportunities with the development of 111 and Regional working and Cardiff & Vale UHB is in a unique opportunity to lead of some of this *work e.g. dental triage. Early discussions with clinicians and operational staff will pre-empt any perceived issues with the transition and will assist with the wider transformation of urgent primary care 24/7.*	**Ops Manager/Clinical Nurse Lead/HOPC** **Head of Workforce and OD/Clinical Nurse Lead**	A Business Case is in the process of being shared with 111 for consideration to fund. A number of actions from the workforce plan have been agreed and put into place, by using existing vacancies, for example minor illness staff. In relation to the full roll out, this is on hold in line with

		The workforce plan is good with a potential to improve this further with the staff at disposal to the Health Board. In addition the ongoing work with skill mix in not ambitious enough and urges the Health Board to consider remuneration options to ensure skilled workforce members are able to use the training that has been provided.		the requirement of workforce to shift from OOHs to 111. This work hasn't started yet, but will impact on triage staff and clinical practitioners, therefore, determining the workforce of the future, will need to link in neatly with the 111 requirements. The UHB is currently awaiting confirmation from 111 when C&V will be moved over to this service.

Report Title:	**Workforce Key Performance Indicators**								
Meeting:	**Strategy & Delivery Committee**						**Meeting Date:**	**03.09.19**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	✓	
Lead Executive:	**Executive Director of Workforce & Organisational Development**								
Report Author (Title):	**Deputy Director of Workforce & OD/Workforce Information Systems Manager**								

SITUATION

The Executive Director of Workforce & OD presented a new design and format for workforce key performance indicators (KPI) at the Strategy & Delivery Committee on 3rd September 2019. This new format was welcomed and there was positive feedback.

Attached at Appendix 1 is the first report produced in this format. The purpose of the **People Dashboard** is to visually demonstrate key performance areas and trends against selected key workforce indicators.

REPORT

BACKGROUND

The Workforce & OD Director has provided regular KPI updates to the Committee and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

ASSESSMENT

The revised format for the People Dashboard is designed to be more visual, simpler and linking a number of performance areas across the workforce and leadership agenda. This doesn't substitute for the deeper dive reports but is in addition to them.

ASSURANCE is provided by:

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Health Care Standards process.

RECOMMENDATION

The Committee is asked to:

- **NOTE** and **DISCUSS** the contents of the report.

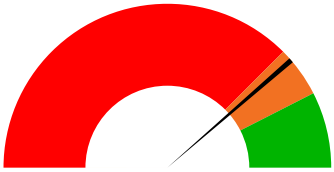
Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	✓	Involvement	✓

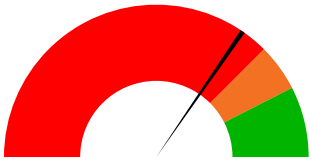
Equality and Health Impact Assessment Completed:	~~Yes / No~~ / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Workforce Key Performance Indicators June 2019

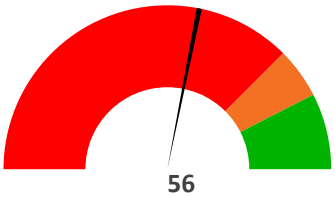
Stat & Mand e-Learning % Compliance



Fire e-Learning % Compliance



PADR & Medical Appraisal % Compliance



Voluntary Resignation Turnover

⇩ **6.53%**

Pay Bill Under/Overspend

⇧ **-0.32%**

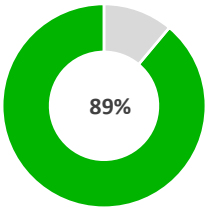
Variable Pay Rate

⇧ **8.64%**

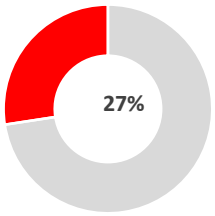
WTE Staff in Post

⇧ **12924.25**

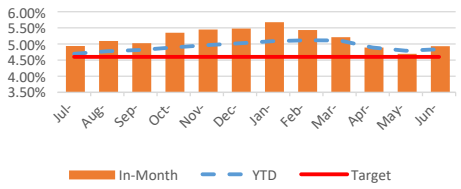
Consultant & SAS Job Plan % Recorded



Consultant & SAS Job Plan % 12-Month Review



In-Month and Year to Date Sickness Rates



Short-Term/Long-Term Sickness

28% **Short-Term**

72% **Long-Term**

Flu Immunisation Data

58%

Will only change between October and March

Engagement Score Index

⇧ **3.83**

Will only change after Staff Survey

Number of Disciplinary Investigations

⇨ **37**

Number of Grievances

⇧ **12**

Number of Dignity at Work Cases

⇨ **0**

Number of Appeals

5

Number of Staff in Apprenticeship Education Frameworks

⇩ **266**

This data is presently being validated

Report Title:	**Welsh Language Scheme**						
Meeting:	**Strategy & Delivery Committee**				**Meeting Date:**	**03.09.19**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**
Lead Executive:	**Executive Director for Workforce and Organisational Development**						
Report Author (Title):	**Welsh Language Officer**						

SITUATION

The Welsh Language (Wales) Measure 2011 replaced the Welsh Language Act 1993 and as part of the new legislation, in Wales the Welsh language has equal legal status with English and must not be treated any less favourably. Public bodies no longer need to develop and implement Welsh Language Schemes and must comply with a set of national Welsh Language Standards instead.

The Welsh Language Commissioner issued the Health Board with their Compliance Notices on 30th November 2018. This document lists which of the 176 Standards (as listed in full in the Welsh Language Standards Regulations (No.1) 2015) an organisation must comply with, along with any exemptions and their implementation dates.

The Health Board has a statutory duty to comply with standards listed along with the compliance date in the “Compliance notice – Section 44 Welsh language (Wales) Measure 2011”, issued by the Welsh Language Commissioner on the 30th of September 2015.

The Health Board is expected to comply with most standards by the 30th of May 2019. The organisation submitted a challenge to the Commissioners' office, setting out 30 of the 121 standards that were deemed unrealistic by the May deadline as well as those standards that are due to come into force in November 2019.

This paper provides an update on the progress made and some of the actions required to meet compliance.

REPORT

BACKGROUND

The standards explain how organisations are expected to use the Welsh language across a wide range of areas in Wales. Standards aim to make it clear to organisations what their duties are in relation to the Welsh language, make it clearer to Welsh speakers about the services they can expect to receive in Welsh and make Welsh language services more consistent and improve their quality. The Health Board will have to meet the majority of the standards by the 30th of May 2019, but will have until the 30th of November 2019 to meet some additional standards and the 30 of November 2020 to meet other standards.

The standards detail how the University is expected to use the Welsh language across a wide range of activities in Wales. They aim to:

- make it clear to the Health Board what its duties are in relation to the Welsh language,
- make it clearer to Welsh speaking patients, staff and the public what services they can expect to receive in Welsh from the Health Board
- make Welsh language provision more consistent and improve quality.

The Health Board is committed to taking a proactive and inclusive approach to meeting the standards and offering high quality services in Welsh to patients, staff and the public. Achieving this commitment will have many benefits for the Health Board, such as:

- support the objectives of the Health Board's strategic plan to Offer services that deliver the population health our citizens are entitled to expect and reduce harm, waste and variation sustainably making best use of the resources available to us
- enhanced services for Welsh speaking patients that will improve the patient experience
- enhanced services for Welsh speaking staff that will improve recruitment and retention
- enhanced relationships with Welsh speaking communities and stakeholders
- rationalization and standardization of documentation that will lead to improved services for all patients, staff and the public
- alignment with Welsh Government policies and strategies such as the Well-being of Future Generations Act

ASSESSMENT

We are still waiting for a response from the Commissioner regarding the challenges we made about 30 of the standards. We have made steady progress in complying with the standards. For example, standard 65 expects the organisation to provide information on the website about Welsh-speaking GP's and Standard 47, where the organisation has provide bilingual signs across its sites. The organisation is already complying with this.

However, there are some Standards, such as Standard 23. This standards state that patients should be given a choice on whether they would like to communicate in Welsh as part of their admission. If so, then that choice should be respected during their treatment. Furthermore standards 50 expects that the organisation provides a fully bilingual website.

These standards the organisation can only meet with active senior management ownership, support, and leadership, especially by Clinical Boards, in order for compliance to occur. There is an expectation that the organisation complies with the statutory legislation. Failure to comply could mean legal sanctions placed on the organisation by the Welsh Language Commissioner, ultimately leading to a fine of £5,000 for each breach.

If the organisation is to meet its goal of being an inclusive organisation as the forthcoming Strategic Equality Plan 20-24 suggests, then it is imperative that the next actions be followed:

1. Establish a time limited senior management group that covers both the Welsh Language and Equality agenda in the manner of the previous Equality Strategy Steering Group which can focus on the service and operational aspects of those agendas.

2. Clinical Board Directoirs to continue to be actively engaged in their leadership roles around Welsh Language and Equality as described in AMPLIFY 2025.

3. Board level leadership and scrutiny through the Champion role to be established more formally.

ASSURANCE is provided by:

- Compliance to the Welsh Language Standards
- Establishing an group to progress the Equality and Welsh Language agenda Scrutiny and leadership on a board level through a Welsh Language Champion.

RECOMMENDATION

The Committee is asked to:

- **NOTE** the content of reports
- **SUPPORT** the actions to assist the organisation in complying with the standards

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	✓

Equality and Health Impact Assessment Completed:	**Not Applicable** If "yes" please provide copy of the assessment. This will be linked to the report when published.

Report Title:	Appraisal Rates – Deep Dive - Values Based Appraisal								
Meeting:	Strategy and Dellivery Committee						**Meeting Date:**		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**X**	**For Information**	
Lead Executive:	Executive Director of Workforce and OD (Leadership)								
Report Author (Title):	Head of Learning Education and Development								

SITUATION

Cardiff & Vale UHB is a values-based organisation and as such has re-designed the Personal Appraisal Development Review (PADR) process to further support these values which has been relaunched as the Values Based Appraisal (VBA). Cardiff and Vale UHB strongly believe that it is vital our leaders exhibit the behaviors and values that we expect from all our staff who we recognise are our most important asset. As an organisation we want to develop and nurture our staff to have the skills and confidence to live up to our values every day.

On an annual basis all staff are expected to engage with the VBA, this is a focussed conversation around development and recordable outcomes. The VBA should include the development staff need, the value they bring, and the position(s) that best suit their skills now and into the future.

BACKGROUND

CAVUHB has previously utilised the annual PADR process following the implementation of the Knowledge and Skills Framework (KSF) which focused the discussion around pay progression. The KSF was developed as part of the Agenda for Change restructuring as a single framework on which to base personal development plans and reviews. It was part of the national terms and conditions of employment for NHS staff. However, the provision and quality of performance appraisal and personal development using the KSF across the NHS has been at best mixed.

Following the implementation of the PADR process, the emphasis has been placed on the quantity of appraisals undertaken to achieve 100% compliance rather than the quality of the discussion. The VBA process has been designed to focus the discussion around the value and behaviors expected of staff along with a discussion around how staff can be developed and nurtured to further develop talent management and succession planning across the organisation.

The PADR process included a discussion relating to pay progression, yet while the VBA process focusses on development and encouragement of staff rather than pay progression, it is recognised that pay progression will continue to play an important part of the VBA process.

ASSESSMENT

A series of focus groups were established to consult with staff about the revised process and approximately sixty members of staff contributed to this process. The results of this engagement and staff feedback have been included in the revised VBA documentation.

The VBA process was launched in June 2019 and a rolling programme of training sessions are being delivered by the Learning Education and Development (LED) Department which are targeted at senior managers across Cardiff and Vale UHB. Training sessions have been developed to encourage Line Managers to use a Coaching style when undertaking the VBA to encourage a positive and developmental environment.

The front page of the VBA documentation includes space for Line Mangers to record the date staff are due a pay step. If this date is within 12 weeks of the Appraisal being undertaken, Line Managers will be able to include this discussion in VBA meeting. If not, staff will have another Pay Progression discussion closer to the Pay Step date.

During the revision of the PADR process the VBA documentation has been redesigned and a self-assessment questionnaire has been produced. The self-assessment questionnaire asks specific questions around:

- Desire/ambition
- Current performance
- Readiness to develop
- Skills into practice
- Teamwork
- Relationship building
- Drive to change
- Self-belief

Following completion the self-assessment questionnaire then produces a web diagram which can be used at any time and the results should be the starting point for the conversation with Line Managers.

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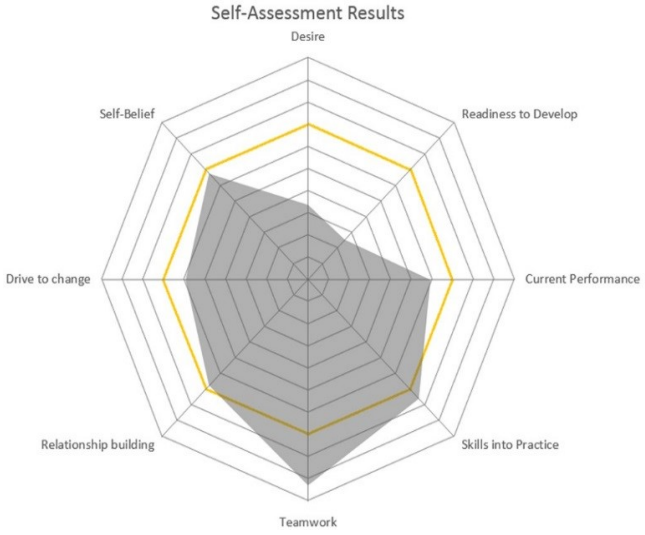


In addition to the self-assessment questionnaire the VBA discussion can be used to support a Career Conversation using the following framework. This is particularly useful for posts where there is not a natural successor or hard to fill posts.

Using a cascade approach Senior leaders are being encouraged to hold peer discussions within their triumvirates prior to VBA discussions. This will provide a robust 360 degree approach and develop a talent pool within the organisation. Twice a year there will be opportunities to highlight to the Executive Team those staff identified for the talent pool.

The process allows staff and Line Managers to decide together where staff are placed on the framework by agreeing a score on the horizontal scale for performance (towards better results) and the vertical scale for behaviour (towards better ways of working).

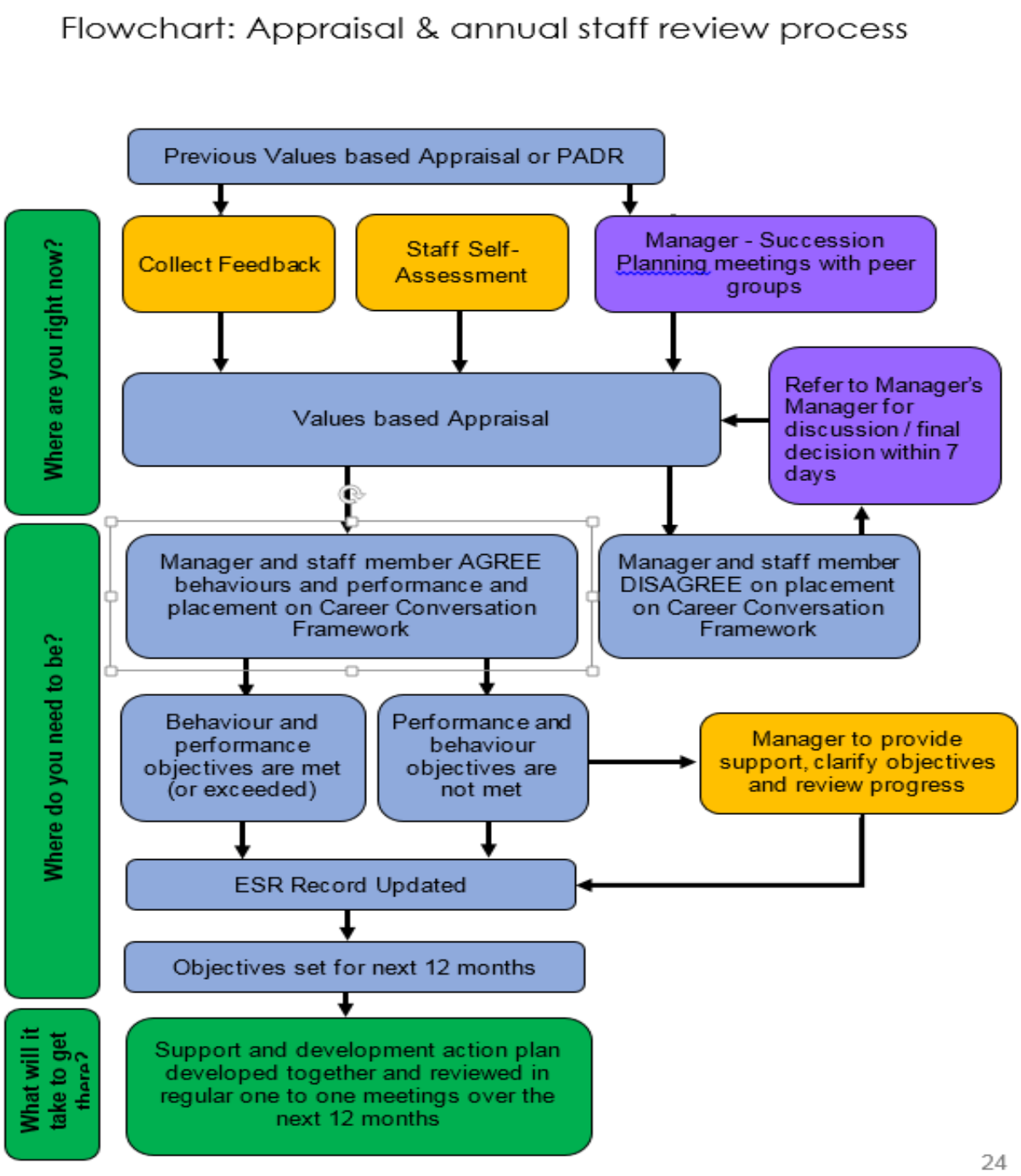
Purple:
Staff who fall into the purple areas should be exposed to leadership development opportunities to reach their next goal / potential. Staff may be offered additional projects or stretch goals to allow a greater challenge and will need to consider specific development gaps to allow further progression.

Blue:
Staff who fall into the blue areas are doing a good job and have potential to do more. They may be clearly meeting both behaviour and performance and behaviour objectives or be focussing too much on one or the other. Either way, it's important to remember without these staff the NHS would not continue to deliver great results.

Green:

For staff in green areas, it's about acknowledging that they may need targeted development to reach their potential in their current role. Staff may be new into post, need development or just need support to utilise their skills and reach their potential
It is anticipated that many staff within Cardiff and Vale UHB will find themselves at the centre of this framework, where they are meeting performance outcomes using the right values and behaviours. When staff start to move away from the centre, it may mean they are in need of a new challenge or a career change.

The following flowchart is included within the revised documentation and clearly demonstrates the revised process.



RECOMMENDATION

The committee is asked to support and promote the revised Values Based Appraisal process.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Report Title:	**Board Assurance Framework – Capital Assets**						
Meeting:	**Strategy and Delivery Committee**				**Meeting Date:**	**03.09.2019**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**
Lead Executive:	**Director of Corporate Governance**						
Report Author (Title):	**Director of Corporate Governance**						

SITUATION

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the risks on the Board Assurance Framework which link specifically to the Strategy and Delivery Committee.

BACKGROUND

The Board Assurance Framework has now been presented to five Board Meetings after discussion with the relevant Executive Director and the Executive Directors Meeting. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

ASSESSMENT

There are currently six key risks set out in the Board Assurance Framework and the risks which link to the Strategy and Delivery Committee are:

1. **Workforce**
2. **Sustainable Primary and Community Care**
3. **Sustainable Culture Change**
4. **Capital Assets**

It has previously been agreed by the Committee that one of the four risks will be reviewed at each meeting and the risk attached for review at the September Meeting is **Capital Assets.**

The role of the Committee in relation to the risk is to review it, check that the controls are in place and working and agree any further actions required in order to mitigate the risk further. The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time. The Executive Director Lead for this risk is split between the Executive Director for Strategic Planning and the Executive Director for Health Therapies and Health Science.

RECOMMENDATION

The Strategy & Delivery Committee is asked to:

- **REVIEW** the attached risk in relation to Capital Assets to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.

Shaping our Future Wellbeing Strategic Objectives			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.

BOARD ASSURANCE FRAMEWORK 2019/20 – JULY 2019

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

Strategic Objectives

1. Reduce health inequalities
2. Deliver outcomes that matter
3. Ensure that all take responsibility for improving our health and wellbeing
4. Offer services that deliver the population health our citizens are entitled to expect
5. Have an unplanned care system that provides the right care, in the right place, first time.
6. Have a planned care system where demand and capacity are in balance
7. Reduce harm, waste and variation sustainably so that we live within the resource available
8. Be a great place to work and learn
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology
10. Excel at teaching, research, innovation and improvement.

Principle Risks

Risk	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	**25**	**15**	**10**	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	**25**	**20**	**5**	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.	Executive Director of Finance	Finance Committee

3. Sustainable Primary and Community Care	**20**	**15**	**10**	The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	**16**	**12**	**4**	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	**16**	**8**	**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	**25**	**20**	**10**	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

Capital Assets (Estates, IT Infrastructure, Medical Devices)

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.

Risk **Date added:** 12.11.2018	The condition and suitability of the estate, IT and Medical Equipment impacts on the delivery of safe, effective and prudent health care.		
Cause	Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B. Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule. Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement		
Impact	The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. Service provision is regularly interrupted by estates issues and failures. Patient safety and experience is sometimes adversely impacted. IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	**25 (Extreme)**
Current Controls	Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. IT SOP sets out priorities for next 5 years, to be reviewed in early 2019 Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes. Medical Equipment prioritisation is managed through the Medical Equipment Group Additional discretionary capital £1.7m for IT and £1.6m for equipment which enabled purchasing of equipment urgently needing replacement.		
Current Assurances	The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build. The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.		

	The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee IT risk register regularly updated and shared with NWIS. Health Care Standard completed annually Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	**20 (Extreme)**
Gap in Controls	The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly. Traceability of Medical Equipment		
Gap in Assurances	The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year		

Actions	**Lead**	**By when**	**Update since 30.05.2019**
1. Progress implementation on the estates strategic plan	AH	30/11/2019	Forms part of IMTP. Annual report against Estates Plan to be presented to the Board in November 2019
2. Review of IT SOP to be undertaken	DT	~~31/03/2019~~ 31/08/2019	**Commenced –** new Director in post who will be taking this forward This will be reported to the newly established Digital Intelligence Committee
3. Strengthen Clinical Board engagement with Medical Equipment Group	FJ	31/03/2019	**Complete** - agreed that this group will in future report into HSMB on a regular basis
4. Traceability of Medical Equipment sits with Medical Equipment Group	FJ	31/08/2019	Clinical lead working with Welsh Government National Group to get advice on plan to be developed.

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

Key:

1 -3	**Low Risk**
4-6	**Moderate Risk**
8-12	**High Risk**
15 – 25	**Extreme Risk**

REPORT TITLE:	**Employment Policies**								
MEETING:	**Strategy & Delivery Committee**						**MEETING DATE:**	**03.09.19**	
STATUS:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
LEAD EXECUTIVE:	**Executive Director of Workforce and Oragnisational Development**								
REPORT AUTHOR (TITLE):	**Workforce Governance Manager**								

PURPOSE OF REPORT:

SITUATION:

This paper summarises for the Strategy & Delivery Committee details of changes to the NHS Wales Special Leave Policy and UHB Maternity, Adoption, Paternity and Shared Parental Leave Policy for approval and adoption by the UHB.

The primary source for dissemination of these Policies within the UHB will be via the intranet and clinical portal. They will also be made available to the wider community and our partners via the UHB internet site.

REPORT:

BACKGROUND:

Within Cardiff and Vale University Health Board (the UHB), employment policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, though the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the Strategy and Delivery Committee. The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum.

ASSESSMENT:

1. **NHS Wales Special Leave Policy**

Following recent changes to NHS Terms and Conditions in relation to child bereavement leave, an amendment to the Special Leave Policy has been issued.

The existing paragraph reads: -

An employee will be allowed to take a reasonable amount of time off, for bereavement, in the following circumstances:

- Death of an immediate family member or partner. Normally from the day of death up to and including the day of the funeral. (In some circumstances this may be a significant period of time and in these circumstances, discussions will need to be held between the employee and manager in a sensitive manner about the amount of leave required).
- Death of extended family member. Normally the day of the funeral but, dependent upon the circumstances of each individual case.
- Death of close friends; normally unpaid leave or alternatively annual leave or flexi-leave should be taken wherever possible.

The paragraph has now been amended to also include the following:

1. Death of a child for which an employee has had primary caring responsibility. Section 23 of the NHS Terms and Conditions of Service Handbook provides for two weeks leave. In line with the bullet point above, a significant period of time off in excess of two weeks may be required and appropriate conversations will need to be held on an ongoing basis between the employee and manager in a sensitive manner about the amount of ongoing special leave required and flexibility and support for the employee on their return to work. Section 23 also provides further detail regarding the wider provisions of support for employees in such difficult circumstances.

The UHB is now required to incorporate this additional paragraph into its Policy. A copy of the current Policy and relevant EHIA can be found on the UHB website.

2. Maternity, Adoption, Paternity and Shared Parental Leave Policy

Two small changes have been made to the UHB Maternity, Adoption, Paternity and Shared Parental Leave Policy to ensure that we comply with recommendations from Stonewall following the last Index assessment.

These changes are:

- Replacing a reference to 'mother' with 'pregnant employee'
- Adding sexual orientation to the following sentence 'All employees will be treated with dignity and respect regardless of any binary / gender identity *or sexual orientation*.'

A copy of the current Policy and relevant EHIA can be found on the UHB website.

RECOMMENDATION:

The Strategy & Delivery Committee is asked to:

- **ADOPT** the revised NHS Wales Special Leave Policy
- **APPROVE** the revised Maternity, Adoption, Paternity and Shared Parental Leave Policy
- **APPROVE** the full publication of these documents in accordance with the UHB Publication Scheme

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information											
Sustainable development principle: 5 ways of working	Prevention		Long term		Integration		Collaboration	x	Involvement		

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	UHB Policies cannot be approved without an EHIA – relevant EHIAs are attached as appendices to this report