

Bundle Strategy and Delivery Committee 11 September 2018

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- 20 Employment Policies Report
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- 20.1 Capability Policy - Appendix 1

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- 23 ITEMS FOR INFORMATION AND NOTING
- 24 To receive the minutes from other Board / Committees:
- 24.1 South Central & East Wales Regional Planning and Implementation Group Minutes - 12 July 2018
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16 - Att 3 SCEWRP IG draft notes 12 July 2018 V 2.docx
- 24.2 Information Technology and Governance sub Committee Minutes - 13 June 2018
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- 25 REVIEW AND CLOSURE
- 26 SCHEDULE OF MEETINGS
~ *8 January 2019*
~ *5 March 2019*
~ *30 April 2019*
~ *25 June 2019*
~ *3 September 2019*
- 27 To note the date, time and venue of the next Committee meeting:
- 27.1 Tuesday, 6 November 2018, 9.00am - Corporate Meeting Room, Headquarters, University Hospital of Wales

**UNCONFIRMED MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 5 JUNE 2018 AT 9AM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski
Dawn Ward
Eileen Brandreth

Chair – UHB Vice Chair
Independent Member – Trades Unions
Independent Member – ICT

In Attendance:

Abigail Harris
Martin Driscoll
Robert Chadwick
Ruth Walker
Sharon Hopkins
Steve Curry

Director of Planning
Director of Workforce and OD
Director of Finance
Executive Nurse Director
Director of Public Health
Chief Operating Officer

Apologies:

Gary Baxter
Maria Battle
Sara Moseley
Geoff Walsh
Len Richards
Marie Davies
Peter Welsh

Independent Member – University
UHB Chair
Independent Member – Third Sector
Assistant Director of Planning
Chief Executive
Deputy Director of Planning
Director of Corporate Governance

Secretariat:

Glynis Mulford

SD: 18/017 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SD: 18/018 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SD: 18/019 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he presided over the WHSSC Quality and Patient Safety Committee. Eileen Brandreth informed the Committee that she was employed by Cardiff University.

SD: 18/020

UNCONFIRMED MINUTES OF THE MEETING HELD ON 13 MARCH 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 13 March 2018.

SD: 18/021

ACTION LOG FROM MEETING HELD ON 13 MARCH 2018

The Committee **RECEIVED** the Action Log from the meeting of 13 March 2018 and **NOTED** the following:

18/009: *Shaping Our Future Wellbeing Strategy* – It was stated this was all in hand although there was more work to be done on the document. This item will be addressed further in the September meeting.

17/046: *Capital Programme Report* – The Committee was informed that neonatal was no longer an issue.

SD: 18/022

TERMS OF REFERENCE FOR THE STRATEGY AND DELIVERY COMMITTEE

The Chair invited members to consider the Terms of Reference and thanked those involved for their contribution. The Committee was happy with the content although it was acknowledged the document would still need fine tuning as the Committee is progressed. It was highlighted in relation to 3.5 on the attendees list, to change the name “Director of Nursing” to “Executive Nurse Director”.

ACTION: Secretariat

SD: 18/023

CAPITAL PROGRAMME REPORT

Mrs Abigail Harris, Director of Planning, presented an update on the above report. As the paper was so broad a more condensed flash report would be delivered to the next meeting. There were no outstanding risks to draw to attention of the Committee but in relation to neonatal, the work was progressing well. The risks around asbestos disturbance had brought slippage to the programme but this was now on track to deliver with a revised timetable.

There was some work to be undertaken around operational issues for implementing the model of service delivery between our Health Board and Cwm Taf. This was around paediatrics and neonates. It was noted that Cwm Taf is still refining the service model. The Rookwood business case was with Welsh Government (WG) the scrutiny questions had been sent to the Health Board. The responses are currently being finalised. There were no issues to report but it was

pointed out that the Health Board was still awaiting a letter of support from Welsh Health Specialised Services Committee (WHSSC).

The following points were discussed:

- Going forward there would need to be a better balance of estates, IM&T and medical equipment in the report as the issues were related. There was a need for the Committee to understand the breadth of the remit when reshaping the report and to look at what was essential by considering those things appropriate. The Executive Director lead for IM&T and medical equipment confirmed that these departments would contribute to the report.
- It was acknowledged that capital budgets are constrained and there was a need to prioritise expenditure to reflect the great risks.
- In response to any revenue implications for capital schemes in development being addressed and for these to be documented, it was stated that the projects go through the Capital Management Group and business cases through the Business Case Approval Group (BCAG) and highlight where there is a revenue consequence before being considered or approved.
- It was confirmed that the Welsh Government scrutiny process for capital business cases tested any assumptions about revenue implications.
- The report provided assurance to the Committee that there was a work programme in place which prioritise the most significant risks and service issues.
- There was a need to push the principle of cost neutrality or cost savings across the organisation on all projects undertaken.
- Regarding statutory compliance it was noted that progress had been made against capital compliance as previously the RAG ratings showed there had been a considerable amount of reds. It was pleasing to note the number of areas that were now green.
- The report was comprehensive and it was visible that a lot of work was being undertaken and the Committee asked for thanks to be conveyed to the team. It was suggested it would be helpful if the report highlighted the plans which are being delivered in the timeframe and for the key pieces of work to be shown.
- In response to whether lessons were being learnt from the annual inspections, it was stated the resources regarding statutory compliance was not adequate and therefore responded to these issues in a reactionary way. If anything on the list identified that the deterioration is greater than expected, surveys would be brought forward.
- An Estates Strategy plan was being finalised and a draft will be presented to the Board meeting.
- The Committee was asked to recognise the shared responsibility as timetables for completing capital works was influenced by operational requests and, for example, if there is an outbreak in a particular area, operational and estates responded quickly to these issues.
- It was noted that the age of some of our IT equipment meant it has increasing difficulties to apply new 'patches' when problems were detected. This presented a cyber security risk.

- An assurance paper from the Capital Management Group should be brought to the Committee.

ACTION: Mrs Abigail Harris

The Committee:

- **NOTED:** the content of the report and recognized the difficulty in managing a large and complex programme of works within a limited resource.
- **SUPPORTED:** the approach taken to manage the competing requirements of the Clinical Boards by engaging with them through a series of workshops to agree the priorities.
- **NOTED:** the risks outlined in the paper regarding backlog maintenance

SD: 18/024 HIGH LEVEL PERFORMANCE DASHBOARD

Mr Steve Curry, Chief Operating Officer, presented the Dashboard which outlined key performance against Integrated Medium Term Plan (IMTP) commitments.

The key points from the discussion were as follows:

- Cancer this year encountered problems with a rise in referrals. Urology increased by 68% in April, this was due some high profile cases and referral guidance had also changed. GI referrals had increased by 40% in April.
- Last year was a difficult winter, compounded by the severe weather this had an impact on variation in demand, critical care bed usage, increased by 15% and admissions were up by 30%. Presentations and calls to the GP Out of Hours Service reversed in trend over the Christmas period. This was on top of a baseline increase in demand overall. Secondly, the effect of the flu outbreak caused flow difficulties and capacity was lost through cohorting.
- The resilience of the staff was commended when working through these difficult circumstances.
- Looking ahead the Health Board would focus on delivery of healthcare outside of the hospital but will learn from last winter to cope better in the forthcoming winter.
- In terms of the Strategy and Shaping our Future Wellbeing (SOFW) this was designed to move patients closer to home and out of the hospital setting. Therefore, there was a need for primary care services to be more resilient before the transformational services could go ahead as this was whole system dependent.
- Regarding the challenges with the decrease in stroke, a 90 day plan had been put in place by the Medicine Clinical Board (CB). There were difficulties in sustaining normal business day to day but it was recognised they could make improvements and were working on how they can be adjusted and embedded in the programme.
- The Mental Health Part 1b measure and the time it takes to get to therapeutic intervention after assessment had fallen. It appeared the target

was in conflict with the intent of what the government wanted to achieve and the Health Board was in talks with the Welsh Government.

- Questions were raised regarding whether there was a plan to align why we are focusing on a particular set of targets, how we determine what data is received by the Committee and if there is a way we can expand our remit to ease what the Board can do.
- In response it was stated the Committee would decide what information would be received and the dashboard presented oversight of the tier 1 delivery targets and the issues it presented.
- There was a need to be clear what was to be presented from the 60 targets and oversee the licence to practice as this was part of the operational plan for this year. There was also a need to look at a broader spectrum of SOFW, milestones and measures. The Committee would be spending more time on IMTP delivery.
- Regarding delivery targets, it was proposed for each Committee to review what they are responsible for monitoring. The Strategy and Delivery Committee would look at the targets that are key around the Health Board's strategic intent.
- It was agreed that a performance map would be drawn up to show that the delivery targets are being scrutinised by the relevant Committee.
- It was suggested there was a need to review how we monitor the single cancer pathway. In regard to the Mental Health Measures it was asked to separate out the CAMHS performance.
- The team was commended for their performance last year and how well Unscheduled Care (USC) was doing. Over the last few weeks focus centred on the USC system in A&E and Assessments Units which showed a better access position compared to last June. Correspondence had been received from WG acknowledging the need to see a step change in this area. This would be worked on through this year.

ACTION: For a performance map to be drawn up showing the delivery targets and Committee they are scrutinized by

The Committee:

- **NOTED: 2017-18** performance and 2018-19 year to date performance against key operational performance targets

SD: 18/025 STUDY LEAVE PROCEDURE FOR MEDICAL STAFF

Mr Martin Driscoll, Director of Workforce and OD, presented the procedure which had been through local consultation. The procedure had been updated and amended to provide more clarity and understanding when study leave is applied for by medical staff. An appeal process should now take two weeks to complete. The procedure will be available via the intranet and clinical portal.

There were a number of comments around the contents of the procedure but it was emphasized that the procedure had been through the proper consultation process and relevant stages, any concerns should have been raised at that juncture, and addressed.

It was asked for the procedure to be placed on the Internal Audit plan to give assurance to the Committee that appropriate steps had been taken for the process to be embedded in the organisation.

ACTION: For procedure to be placed on Internal Audit program

The Committee:

- **APPROVED** the revised Study Leave Procedure For Medical & Dental Staff (Not In Training)
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

SD: 18/026 RECRUITMENT POLICY

The revised recruitment policy was presented to the Committee and informed the purpose of the policy was to move as many of our workers from temporary to permanent contracts.

It was commented:

- Since the consultation a student bursary streamlining process had been introduced. As this group of staff was recruited differently it was noted the policy may need to change.
- It was highlighted this would be true for all non-medical staff.
- Regarding the EHIA, it was perceived that consideration was giving preference to those speaking Welsh and would like assurance this was not discriminating against other minorities.

ACTION: M Driscoll to respond to F Jenkins outside the meeting

The Committee:

- **APPROVED** the revised Recruitment and Selection Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

SD: 18/027 THE ANNUAL COMPLIANCE REPORT ON THE WELSH LANGUAGE SCHEME

The Director of Workforce and OD presented the report. This was an annual update in terms on how the organization was performing against the Welsh Language Standards which will be in effect from the end of June. There was an

expectation for the Health Board to make the Welsh language available and to provide support. The Commissioner did recognize the Organisation has some way to go. In July there will be a number sessions to raise awareness of this with the workforce. The Health Board has a limited resource but it is required to make improvements.

It was discussed and commented:

- The standards are moving and there were potential resource implications. Some of standards we have to follow impacts on patient safety and a number of other areas. Difficult decisions had to be made to phase things in through different ways. It was emphasised there was no provision for investment this financial year.
- Work was being undertaken with patients and their preferred language.
- The Welsh Language Commissioner could fine Health Boards if they did not achieve the target. The scheme presented an improvement trajectory as well as the approach being undertaken.
- Consultation will take place with staff in July and the Commissioner will receive feedback of the outcome and what can be delivered in the proposed timescale.
- In response to whether we had appropriate risk coverage it was stated there was no contingency funds for fines. This item was on the risk register.

The Committee

- **APPROVED** the report

SD: 18/028 THE ANNUAL EQUALITY STATEMENT AND REPORT

Mr Martin Driscoll, Director of Workforce and OD presented a detailed report which highlighted activities the Health Board had undertaken over the last few months.

The Committee

- **APPROVED** the Annual Equality Statement and Report

SD: 18/029 STRATEGIC EQUALITY PLAN AND DELIVERY PLAN 2018/19

The above report was presented which showed an update of the third year of the four year plan. The report was an update of the activities that had been undertaken. This was an ongoing plan which had been presented and endorsed by the Committee.

The Committee:

- **NOTED** the contents of this paper
- **APPROVED** the third year SEP delivery Plan

SD: 18/030

DEVELOPMENT OF COMMITTEE WORK PLAN AND STANDARD AGENDA ITEMS

The Chair presented the draft workplan which reflected the key responsibilities of the Terms of Reference. The executive team was asked to review the plan and map out the timescales around which the work required should be dealt with on an annual cycle. He also requested that executives should make any changes necessary. It was asked that the lead executive bring key areas forward for consideration.

ACTION: To be brought back to September meeting with amendments.
To place on Management Executive agenda

ITEMS FOR INFORMATION AND NOTING

SE: 18/031

WORKING TOGETHER FOR OUR FUTURE WELLBEING: ACTION PLAN 2018/19 SUPPORTING DELIVERY OF THE UHB FRAMEWORK FOR WORKING WITH THE THIRD SECTOR

The Committee **RECEIVED** and **NOTED** the action plan 2018/19 which supports implementation of the UHB Framework for Working with the Third Sector.

SD: 18/032

REVIEW AND CLOSURE

The Chair of Information Technology and Governance sub Committee raised the following from the meeting held on 13 June 2018:

Development of the National Solution for Social Care & Mental Health

(WCCIS) - The Health Board has strategic intent to adopt the solution but was not in a position to sign a deployment order this year because of the financial position. The NWIS programme manager is now excluding Cardiff UHB (and Cardiff Council) from contributing to further development of the solution with Careworks (the supplier), prioritising those that have signed deployment orders. This leads to concern that the developed solution will not be fit for use at Cardiff in due course. Additionally, there was concern that there was insufficient clinical oversight and assurance in the governance of this programme.

It was commented: Following escalation the CEO is awaiting response to the letter. The meeting with NWIS had been positive where concerns were set out. Due to this problem, therapy activity had declined by 20%. Comments were taken on board and Counsellor Elsmore had been invited to meet with the relevant people. There was a need for a follow up meeting and the Committee was assured that progress had been made. It was noted that the Regional Partnership Board continues to have oversight of this issue.

Delays in provision of the Blood Transfusion Module in the national solution for laboratory results (WLIMS) - The UHB is currently reliant on the Telepath system to provide Blood Bank services. Supplier support for this is due to end in September 2018, and to date there has been no agreement about extension although NWIS are engaged in dialogue about this. Should this not be in place by September the UHB would be running a critical service on an unsupported platform. If it is provided, the underlying infrastructure is aging and this could represent an increased risk in relation to cyber security.

The Caldicott Guardian for Cardiff UHB noted his extreme concern about this situation and will be liaising with the other Caldicott Guardian's in Wales about this risk. The Director of Therapies has been asked to consider this and recommend what Cardiff UHB should do during the next 12 to 36 months in relation to Blood Bank services. Until this plan is in place, this represents a considerable risk to the ongoing provision of these services at Cardiff.

It was commented: There was only a 24 hour window for sustainability which raised significant concern regarding clinical care. Other HBs would be in a similar position. NWIS were minded this was an issue and there were conversations to try and extend the contract beyond September and be assured there was a platform with governance arrangements around this. If this issue was not resolved the organisation would lose accreditation to operate. Discussion will take place in Management Executives if not assured of continuity.

Discretionary capital allowance for IT - The sub Committee wished to record that the low level of allowance this year for IT increases the overall risk of disruption to clinical services. Equipment that goes beyond supportable life cannot be patched and this increases the vulnerability to cyber-attack.

The Committee:

- **NOTED** the concerns and **AGREED** that these issues should be highlighted at the July Board meeting.

Action – Mr Charles Janczewski

SD: 18/033 DATE OF NEXT MEETING

The next meeting would be held at 1.00pm on Tuesday 11 September 2018 in the Corporate Meeting Room, HQ, UHW.

STRATEGY AND DELIVERY COMMITTEE

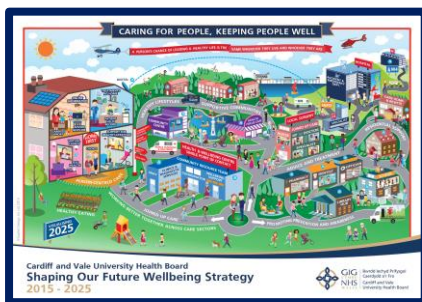
ACTION LOG FOLLOWING MEETING IN JUNE 2018

| MINUTE | DATE | SUBJECT | AGREED ACTION | ACTIONED TO | STATUS & ANTICIPATED COMPLETION DATE |
|---|----------|--|---|--------------|---|
| SD: 18/023 | 28.06.18 | Capital Programme Report | An assurance paper from the Capital Management Group to be submitted to the Committee | A Harris | COMPLETED. Item on 11 September S&D Committee agenda |
| SD: 18/024 | 28.06.18 | High Level Performance Dashboard | For a performance map to be drawn up showing the delivery targets and Committee they are being scrutinized by | S Hopkins | COMPLETED. Item on 11 September Committee agenda. An oral update will be provided. |
| SD: 18/025 | 28.06.18 | Study Leave Procedure for Medical Staff | For the procedure to be placed on the Internal Audit Programme | J Johns | Head of Internal Audit to have discussion on priorities of the Internal Audit Programme with Director of Governance and Lead Executive. |
| SD 18/009 | 13.3.18 | Shaping Our Future Wellbeing Strategy | Develop a series of performance/achievement measures and set a baseline for future reporting. | A Harris | COMPLETED. Item on 11 September Committee agenda |
| SD: 18/030 & | 28.06.18 | Committee Workplan & Standing Agenda items | Workplan to be brought back to September meeting with amendments. | Secretariat | COMPLETED. Secretariat to re-circulate workplan and information to be collated by next meeting in September. |
| COMPLETED ACTIONS (TO BE REMOVED ONCE REPORTED TO MEETING AS COMPLETE) | | | | | |
| SD: 18/032 | 28.06.18 | Review and Closure | Issues received from Information, | C Janczewski | COMPLETED. Board |

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|------------------|----------|--|--|------------------------|---|
| | | | Technology and Governance sub Committee to be raised at Board meeting. | | meeting 26 July 2018. |
| SD: 18/030 | 28.06.18 | Committee Workplan & Standing Agenda items | This item to be placed on the Management Executive agenda. | Secretariat | COMPLETED. Item noted at Management Executive Meeting 23 July 2018. |
| SD: 18/013 & 014 | 13.3.18 | | | | COMPLETED. The workplan and standing items would be deferred until Terms of Reference agreed. |
| SD: 18/026 | 28.06.18 | Recruitment Policy | To discuss outside meeting details referring to EHIA in regard to whether preference was been given to those who speak Welsh | M Driscoll / F Jenkins | COMPLETED. A meeting was scheduled for the Equality Manager to provide an update to F Jenkins. |











Cardiff and Vale UHB - 2018 – 2019 Annual Plan on a Page



The UHB provides local health services to the Cardiff and Vale population which is rapidly growing. This includes services from primary and community care services through to highly specialist services which are also provided to a larger population across South Wales.

This plan on a page sets out the key actions the UHB is taking during 2018 – 2019 to progress the implementation of our ten year strategy *Shaping Our Future Wellbeing*. We are working towards having an Integrated Medium Term Plan (IMTP) for approval by Welsh Government for 2019- 2020 when we have made more progress towards achieving a sustainable financial and service position. Sitting alongside this plan on a page is a short Annual Plan, and a comprehensive three year plan, both of which are available on the UHB's website (www.

We work in close partnership with our local universities to train the next generation of doctors, dentists, nurses, therapists and health care scientists providing the very best training and learning facilities. We also work closely with our two local authorities, our wider partners in the public sector and the third sector in order to work together to improve the health and wellbeing of our local population.

|   | |   | |
|---|---|--|---|
| Outcomes that matter to people | | Taking forward our service priorities | |
| Action | Outcome | Action | Outcome |
| <ul style="list-style-type: none"> We already have the lowest overall smoking rates in Wales. During the year we will continue to focus on reducing smoking in pregnant women and in our more deprived communities where smoking rates are higher. Strengthen action to reduce smokers (patients and visitors) on our hospital sites. Extend the availability of healthy eating options in our hospital outlets. Work with Vale of Glamorgan PSB partners to implement eating well programme, supporting better access to healthy foods. Work with our Cardiff PSB partners to deliver our commitment to achieve and UNICEF recognised child friendly city. Finalise and start to implement our sustainable and active travel plan, working with our LA partners. | <ul style="list-style-type: none"> Continued downward trend in smoking prevalence over all, and in pregnant women. Reduced rates of smoking. Smoking enforcement office to challenge people found smoking. Open new healthy eating outlets in the Concourse at UHW. More people eating five portions of fruit and vegetables a day. Improved childhood emotional health and wellbeing. Reduced congestion on UHB site and contribute to improved air quality. More people using active travel. | <ul style="list-style-type: none"> Extend care and support services in the community to keep people living independently at home for longer. Develop and start implementing a new model of integrated community mental health services (following engagement) based on locality working/. Develop and implement the single cancer pathway Implement cancer improvement plan to ensure national cancer targets are achieved. Improve our stroke services so that people receive the right treatment in the right place, first time, every time. Implement the paediatric services changes from the South Wales Programme. Implement the regional Interventional radiology on-call service based at UHW as first step in fully regionalised vascular services. | <ul style="list-style-type: none"> Increase in number of people accessing services via single/first point of access services. Reduced fragmentation of the provision of community mental health services for adults. More timely access to a cancer diagnosis and treatment. 31 and 62 day targets achieved consistently Improved performance against the national stroke targets and SNAP audits – better outcomes for patients, with reduced lengths of stay. Increased provision of service for un-well Cwm Taf children who cannot be seen in the local Paediatric assessment service. Increased services provision for SE Wales population leading to better patient outcomes. |
|   | |   | |
| Ensuring our services are sustainable | | Our culture – being a great place to work, learn and develop | |
| Action | Outcome | Action | Outcome |
| <ul style="list-style-type: none"> Implement a range of support initiatives in primary care to make services more sustainable. Finalise plans for primary care expansion in response to rapidly growing population. Continue to implement our plan for improving emergency and urgent care and redevelop proposals for improving general medical services for older people. Continue to implement our plan for improving access to planned care and treatment, through new models of care enabled through technology, increased productivity and commissioning of additional capacity, including regional solutions where appropriate. Implement actions to improve the quality of our services focusing on safe and effective care. Evaluate CMATS pilot and roll-out if benefits intended being realised. Agree plan with ABM UHB to ensure sustainability of key specialist services. | <ul style="list-style-type: none"> Reduced number of GP practices at risk from a sustainability perspective. New residents are able to register with a GP practice. Achievement of unscheduled care targets (CRT activity, A&E and ambulance targets). Achievement of diagnostic and referral to treatment targets, increased admissions on day of surgery, reduced outpatient DNs, follow-ups and cancelled operations. Reduced falls, achievement of HCAI targets, reduced SEPSIS mortality. Increased management of care in community and few referrals for OP. Work programme for upper GI, complex spinal, liver and pancreas and neurophysiology in first instance. | <ul style="list-style-type: none"> Fully establish our Transformation Programme with clear measurable outcomes- unwarranted clinical variation, LOS and OP reduction and increase theatre productivity. Continue to develop our workforce plan aimed at being able to recruit and retain the right staff, have high levels of attendance and engagement, and to developing the range of roles we need for the future. Continue to strengthen out governance arrangements to ensure appropriate Board assurance. Deliver the finance plan agreed with WG and ensure that the savings programme is in place. Implement R&D plan ensuing increased activity and agree joint R&D office with Cardiff University. Implement Clinical Innovation Plan focusing on dementia and precision medicine/digital pathology. Finalise longer term clinical services plan and estates infrastructure plan. | <ul style="list-style-type: none"> Healthpathways introduced to reduce unwarranted clinical variation (initial pathways agreed). Reduced LOS, un-necessary OP activity, and cancelled operations. Improve staff engagement scores, sickness absence targets achieved, hard to fill vacancies reduced, variable and agency pay bill reduced. Achieve nurse staffing act requirements. Increase in staff training. Strengthened reporting to committees on deliver of our strategy and key performance areas. Meet end of year target of £19.9m deficit and improve underlying financial deficit in line with plan. Increased R&D income and activity, implementation plans agreed for new joint R&D office. Innovate UK bid successful, increased CI activity supported by Accelerate Programme. Engagement on clinical services plan completed and final proposals agreed, with infrastructure plan. |

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| Shaping Our Future Wellbeing Strategy Update 2018/19 |
| Name of Meeting : Strategy and Delivery Committee Date of Meeting 11 September 2018 |

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|---|
| Executive Lead : Director of Strategic Planning |
| Author : Corporate Strategic Planning Lead |
| Caring for People, Keeping People Well : The Strategy Updates focusses on the delivery of this mission |
| Financial impact : The Financial consequences of the strategy are included within the IMTP process |
| Quality, Safety, Patient Experience impact : |
| Health and Care Standard Number: 1.1, 2.7, 3.3, 6.1, 6.3, 7.1 |
| CRAF Reference Number: 1.1, 2.1, 3.1, 4.2, 4.3 |
| Equality and Health Impact Assessment Completed: |

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by progress monitoring of the IMTP and quarterly updates on strategy delivery

The Committee is asked to:

- **NOTE update on Shaping Our Future Wellbeing**

Shaping Our Future Wellbeing Update

Shaping Our Future Wellbeing was published in the autumn of 2015, and sets out how we will achieve joined-up care based on the principles of home first, avoiding waste, harm and variation, empowering people and delivering outcomes that matter to people. The vision described in the strategy is that for people living in Cardiff and the Vale of Glamorgan, their chance of leading a health life is the same wherever they live, and whoever they are.

The strategy was developed through a process of extensive engagement – with local communities, with people who use services and their families and carers, with our staff and with key stakeholders.

The Integrated Medium Term Plan (IMTP), updated annually, provides the detail on the actions being taken over the next three years to progress delivery of the aims and strategic objectives set out in our strategy.

The context in which we are implementing SOFW remains challenging, and since publishing the strategy, we have obtained further clarity on some of the key drivers:

- Working with Cardiff Council we have confirmed the population growth expected over the next ten and 20 year periods. We have been working closely with primary care clusters to develop plans to ensure that services are able to expand to respond to the needs of a bigger population. We continue to refine this work and note there is still challenges in meeting the need to the future population of the region.
- The financial climate is more challenging, with independent assessments (Nuffield Trust) that confirm that challenges facing the health services in Wales in the face of lower levels of growth in funding, and increases in demand from an ageing population and the burden of disease associated with poor lifestyles.
- Key new legislation is now in place which is shaping the way we work, in particular the Wellbeing of Future Generations Act and the Social Services and Wellbeing Act.

Progress in Quarter 1 2018/19

Transformation Programme- The transformation programme has established 7 enablers and 10 projects. These workstreams are focused on accelerating the implementation of Shaping Our Future Wellbeing.

| Enabler Project | Executive Lead |
|--|-----------------|
| HealthPathways | Sharon Hopkins |
| Alliancing | Abigail Harris |
| Leadership and Management | Martin Driscoll |
| Values and Behaviours | Len Richards |
| Health & Social Care Transformation Fund | Sharon Hopkins |
| Digitally Enabled Workforce | Fiona Jenkins |
| Accessible Information | Sharon Hopkins |

| Project | Deliverable |
|-------------------------|----------------|
| Sepsis | Length of Stay |
| Palliative Care | Length of Stay |
| Urology Out Patients | Outpatients |
| Virtual Fracture Clinic | Outpatients |
| Denosumab | Outpatients |
| HIV drugs | Variation |
| Inventory Management | Variation |
| HealthPathways* | Variation |
| Digital Dictation | Variation |
| Communications Platform | Variation |

Transformation Bid- Through the Regional Partnership Board we have jointly submitted ambitious proposals to Welsh Government for approval. Subject to agreement these plan would see new models of care developed which support the ambitions of Shaping Our Future Wellbeing. The proposal was developed drawing on the strategy with an emphasis on utilising community assets, skills and resources from a range of sectors to support people to live well in their communities.

Integrated Medium Term Plan- An Annual Plan for 2018/19 has been agreed with Welsh Government. The Annual Plan confirms the commitment of the organisation to the delivery of SOFW. There is a particular focus in the 2018/19 plan on delivering the Home First element of the strategy with the development of Primary Care Services and greater multi-agency working with Cardiff and the Vale local authorities in both preventative action and reablement services. The Plan on a page is attached at Annex 1.

Shaping Our Future Wellbeing in the Community- A significant milestone has been achieved with the submission of the Programme Business to Welsh Government. With support from Welsh Government the Programme Business Case will enable the detailed development of the first tranche of Wellbeing Hubs to be designed and built across Cardiff and Vale. Funding has been secured for the Wellbeing Hubs at Mealfa and Cogan with these facilities due to open in 2021.

Assessment- Strategic Objectives

| Strategic Objectives | Assessment |
|--|---|
| <ol style="list-style-type: none"> 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 (priorities = maternal and child health; oral and dental health; cancer; stroke; long term conditions (diabetes); mental health and dementia) 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. | Health inequalities gaps remain unchanged |
| | Evidence of outcomes that matter: positive patient experience; |
| | Measurable improvements in all priority areas. |
| | Unplanned care system improving but not yet consistently achieving national standards |
| | Planned care system improving but not yet consistently meeting national standards across all areas |
| | Improvements in patient safety measures overall, pathways developing to reduce variation but more work to do to ensure services sustainable within resources available. |
| | Staff engagement scores improving, Values into Action refreshed values and associate behaviours, recruitment challenges in some key areas. |
| | PSBs established and Wellbeing Plans approved. RBP established and Area Plan in Place. |
| | IMT SOC developed but implementation plan not resourced. |
| | Clinical Innovation Partnership in place with Cardiff University – action plan progressing. Proposals for joint research service being finalised and activity increasing, strengthened relationships with School of Medicine. |

Strategic Metrics – key high level

1. Improvement in slope index of inequality for healthy life expectancy
2. Reduction in smoking prevalence (particularly focusing on % of smoking in pregnancy)
3. Improve patient outcomes in orthopaedics as measured by change in median EQ-5D
4. Reduction in all-cause premature mortality (under 75s) with a focus on reducing premature cancer mortality (under 75s) as it is the biggest burden
5. Reduction in % of low birth weight babies
6. Reduction in avoidable strokes
7. Reduction in the % children with decayed or missing teeth
8. Reduction in hospital admission rates for >65s population
9. Reduction in sepsis prevalence rates
10. Reduction in Healthcare Acquired Infection rates
11. Increase 'outpatient' activity taking place in the community as a proportion of all OP activity
12. Increasing staff engagement scores
13. Increasing % pooled budgets with Local Authority partners for the provision of services in the community
14. Increasing % referrals made electronically

Assessment

Position remains unchanged.

Smoking prevalence falling – best performance in Wales.

Orthopaedics outcomes improving. PREMs/PROMs in place.

All-cause premature cancer mortality – improving but not at rate required.

Low birth weight babies – numbers reducing.

Stroke – service standards compliance improving

Rate of DMF teeth improving

Hospital admissions for >65s remains on a downward trend.

Not yet reported

HAIs – improvement in some areas but not consistently compliant with all national targets.

Increase in OP activity in the community: audiology, paediatrics, cardiology, diabetes running community clinics. E-referrals and e-advice improving appropriateness of OP referrals and activity.

Staff engagement scores have increased.

Pooled budget agreed in line with LAs for older peoples long term care services. Work progressing in relation to services for people with a learning disability.

As discussed previously at the Strategy and Delivery Committee, these metrics are currently under review.

| |
|---|
| Development of the IMTP 2019/22 |
| Name of Meeting : Strategy and Delivery Committee Date of Meeting 11 September 2018 |
| Executive Lead : Director of Strategic Planning |
| Author : Corporate Strategic Planning Lead |
| Caring for People, Keeping People Well : The IMTP is focused on the delivery of the origination's strategy |
| Financial impact : The Financial consequences of the strategy are included within the IMTP process |
| Quality, Safety, Patient Experience impact : |
| Health and Care Standard Number: 1.1, 2.7, 3.3, 6.1, 6.3, 7.1 |
| CRAF Reference Number: 1.1, 2.1, 3.1, 4.2, 4.3 |
| Equality and Health Impact Assessment Completed: |

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by progress monitoring of the IMTP, performance management process and the targeted intervention process.

The Committee is asked to:

- **NOTE the process for the development of the IMTP in 2019/22**

IMTP Process 2019/22

The intention is to be in a position to develop an approvable three year plan for 2019-22. This will be dependent on significant delivery in 2018-19 and the outcome of discussions with Welsh Government through the targeted intervention process.

Notwithstanding these discussions the NHS Wales Finance Act requires the submission of a document to Welsh Government as part of the IMTP cycle. It is however important that this does not become an exercise in simply meeting the requirements of the planning guidance but providing an approach to setting direction, prioritising and delivering Shaping Our Future Wellbeing.

The IMTP process can be the method by which we drive progress in achieving the ambition of our strategy, filter clinical desires and support effective decision making.

It is important that the IMTP is developed based on Clinical Board plans and driven by our clinical community, however this must be set within a clear strategic context. The process below allows for a clear direction to be offered at the start of the process with a focus on the development of clinical board plans. We are also developing the organisations commissioning intentions, these will be issued in July.

Reflecting on the process for the development of the IMTP over previous iterations we recognise the need to reduce the bureaucratic elements of the process, ensure alignment across the plethora of programmes the UHB is running and give as early as possible steer on financial and performance expectations.

The IMTP process is not a place to bid for resources but it does need to allow good scrutiny by the Board, Executives and clinical boards of the actions which are going to support the achievement of the vision set out in Shaping Our Future Wellbeing.

We are proposing to produce the document in two parts, a short (30-40 page) plan which sets out our core intentions, actions and interweaves finance and workforce elements. We will then develop annexes/ links/ web pages which allow us to provide the details necessary to comply with the IMTP planning

A detailed timeline is provided at Annex 1.

July 2018- OPG Session setting out process and commissioning intentions



Early September 2018- IMTP Event setting out core principles
Management Executives presentation of priorities and strategy



September 2018- Clinical Board and corporate areas IMTP development
First Draft plan developed by Clinical Boards



October 2018- Clinical Board Workshops
Joint development workshop with Corporate Planning, SDDG Leads and each Clinical Board



November 2018- Management Executive Review of Draft Clinical Board Plan
Management Executive Review Session of draft plan with each Clinical Board



December 2018- HSMB Review of Clinical Board Plans
Summary review paper of draft IMTP at HSMB

Board Development Session- Review of approach and priorities



January 2019- Draft Plan reviewed by Board and Submitted to Welsh Government
Full Board Discussion and agreement



February 2019- Refinement of plan following Welsh Government Feedback



March 2019- Final Plan signed of by Board and Submitted to Welsh Government



May 2019- Management Executive Review session with each Clinical Board on achievement in 2018/19 and Delivery in 2019/20

Draft IMTP Timeline 2019-22:

This schedule sets out the meetings and workshops through which the 2019/22 IMTP will be developed.

| Forum / Group | Date | Purpose | Product |
|---|--------------------------------|--|---|
| Management Executives | 11 th June 2018 | <ul style="list-style-type: none"> Review draft process for 2019/22 IMTP Development | <ul style="list-style-type: none"> 2019/22 IMTP Development Timeline ready for wider engagement |
| Quarterly Commissioning Meeting | 19 th June 2018 | <ul style="list-style-type: none"> Initial Review of 2019/22 Commissioning Intentions | <ul style="list-style-type: none"> Commissioning Intentions ready for wider engagement |
| Strategy and Delivery Committee | 28 th June 2018 | <ul style="list-style-type: none"> Board Engagement on IMTP approach and process for 2019/22 | <ul style="list-style-type: none"> Paper on IMTP approach and process |
| SDDG | 3 rd July 2018 | <ul style="list-style-type: none"> Review Commissioning Intentions and IMTP Templates | <ul style="list-style-type: none"> 2019/22 Commissioning Intentions IMTP Templates |
| Directors of Operations | 11 th July 2018 | <ul style="list-style-type: none"> Paper to review process for 2019/22 IMTP Development with Clinical Boards Presentation to review / discuss Commissioning Intentions | <ul style="list-style-type: none"> Clarity on 2019/22 IMTP Development Timeline and templates Commissioning Intentions to Clinical Boards |
| UHB Board | 26 th July 2018 | <ul style="list-style-type: none"> Review outline the process and approach for 2019/22 IMTP Development | <ul style="list-style-type: none"> Paper on 2019/22 IMTP Development |
| Local Partnership Forum | 22 nd August 2018 | <ul style="list-style-type: none"> Staff side engagement on IMTP process and expectations | <ul style="list-style-type: none"> |
| Management Executives | 3 rd September 2018 | <ul style="list-style-type: none"> Sign off on Organisational Priorities | <ul style="list-style-type: none"> List of organisational priorities |
| Strategy and Delivery Committee | 4 th September 2018 | <ul style="list-style-type: none"> Sign off on IMTP process and Commissioning Intentions | <ul style="list-style-type: none"> Formally Signed off IMTP process and Commissioning Intentions |
| Senior Clinical / Service Board and Management Executives | 10 th Sept 2018 | <ul style="list-style-type: none"> Dedicated workshop session to discuss delivery expectations and objectives Formal launch of process, templates and commissioning intentions | <ul style="list-style-type: none"> UHB Priorities Financial and Performance objectives |

| Forum / Group | Date | Purpose | Product |
|---|--------------------------------------|--|--|
| Clinical Board/ Corporate Areas and SDDG Lead Workshops | Through October 2018 | <ul style="list-style-type: none"> • Series of workshops with each clinical board and corporate areas to work through plans | <ul style="list-style-type: none"> • Draft plans and completed templates |
| Regional Partnership Board | 26 th October 2018 | <ul style="list-style-type: none"> • Discussion with regional partners on UHB priorities | <ul style="list-style-type: none"> • Presentation on IMTP priorities |
| Clinical Boards/ Corporate Areas | 2 nd Nov 2017 | <ul style="list-style-type: none"> • Submission of 1st Draft Clinical / Service Board IMTPs and PODS | <ul style="list-style-type: none"> • Draft Plans (Clinical Board and Corporate Areas) • Draft PODs |
| Management Executives | Nov 2017 (Dates TBC) | <ul style="list-style-type: none"> • Face to face Scrutiny of Clinical Board and Corporate Area plans and PODS | <ul style="list-style-type: none"> • Feedback for clinical Boards |
| HSMB | 6 th Dec 2017 | <ul style="list-style-type: none"> • Review of First Draft IMTP | <ul style="list-style-type: none"> • Draft IMTP Document |
| UHB Board Development Session | 13 th Dec 2018 | <ul style="list-style-type: none"> • Review of how plan is coming together and UHB Priorities | <ul style="list-style-type: none"> • Presentation to Board |
| Management Executives | 10 th Dec 2018 | <ul style="list-style-type: none"> • Prioritisation of Business Cases and PODs | <ul style="list-style-type: none"> • Business Cases prioritised for BCAG |
| Management Executives | 17 th December 2018 | <ul style="list-style-type: none"> • Review of Draft IMTP Document | <ul style="list-style-type: none"> • Draft IMTP Document |
| Management Executives | 14 th January 2019 | <ul style="list-style-type: none"> • Approved IMTP Document for submission to Board | <ul style="list-style-type: none"> • Final Draft IMTP Document |
| UHB Board | 31 st Jan 2019 | <ul style="list-style-type: none"> • Formal approval of 2019/22 Draft IMTP | <ul style="list-style-type: none"> • Final Draft 2019/22 IMTP |
| UHB Board | 28 th Mar 2019 | <ul style="list-style-type: none"> • Formal approval of 2019/22 IMTP | <ul style="list-style-type: none"> • Final 2019/22 IMTP |

Further engagement will be undertaken with the CHC and through the UHB's Local Partnership Forum and the Stakeholder Reference Group.

| CAPITAL PROGRAMME REPORT | |
|--|---------------|
| Name of Meeting : Strategy & Delivery Committee | |
| Date of Meeting : 11 th September 2018 | |
| Executive Lead : Director of Planning | |
| Author : Director of Capital, Estates and facilities | 029 2074 4335 |
| Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy. | |
| Financial impact : Capital Resource Limit (CRL) £36.099m | |
| Quality, Safety, Patient Experience impact : Improving the environment and Estate Compliance | |
| Health and Care Standard Number 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention Control (IPC) and Decontamination | |
| CRAF Reference Number 5.2, 6.4 | |
| Equality and Health Impact Assessment Completed: Not applicable but individual EHIA's are prepared on a project basis where required. | |

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Monthly reports presented to the Capital Management Group to ensure appropriate monitoring of the Estates and Compliance programmes
- Project dashboard reports for all schemes on a monthly basis as required by Welsh Government

The Committee is asked to:

- **NOTE:** the content of the report recognising the difficulty in managing a large and complex programme of works within a limited resource.
- **SUPPORT:** the approach taken to manage the competing requirements of the Clinical Boards by engaging with them through a series of workshops to agree the priorities.

SITUATION

The purpose of this report is to provide the group with an update on the Capital Programme and Estate Compliance.

BACKGROUND

The UHB received a Major and Discretionary Capital allocation of £33.008m for 2018/19 which is allocated to support, Major Capital schemes, Estate

Backlog maintenance and small developments in addition to Medical Equipment replacement and IT infrastructure and Equipment.

ASSESSMENT AND ASSURANCE

The Project Dashboard identify in appendix 1 show all schemes in various forms of development or implementation.

The committee are asked to note the following exceptions taken from appendix 1.

- **Neonatal development**-Low level of contingency remaining to complete the project
- **CRI Safeguarding**-Completion due Sept 18
- **Interventional Radiology**-Programme delay with no financial implication anticipated
- **Renal Dialysis Suite 18**-Commencement of works due September 18.
- **Woodland House** (Tesco House)-Acquisition completed 7th August 18, programme for relocation of departments is being developed
- **UHW Ward Refurbishment**-A2 North complete, work on Paeds South and T5 commenced.
- **Sustainable Transport Hub**-Planning application submitted
- **CRI Chapel**-Bid submitted for ICF funding
- **UHL Substation**-Single point of failure identified technical solution prepared and being progressed to seek funding support from welsh government.
- **Rookwood-FBC** scrutiny responses submitted to Welsh Government
- **UHB Estate Strategy**-Document in draft stage for discussion at UHB Board September 2018

Appendix 1

| | | | | | | |
|--|----------------------------|--------------------------------|-------------|---------|---------|--------|
| Project | Neonatal BJC2 | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| The development has been expedited in response to the proposed configuration of the services following public consultation relating to paediatrics, neonatal and obstetrics as part of the South Wales Programme (SWP). This configuration of services will increase flow to UHW to accommodate specialist neonatal activity and consequently there is a need to increase cots at all level of care to accommodate the increased flow expected to following the reconfiguration of neonatl services within Cwm Taf and Aneurin Bevan Health Boards, particularly the closure of neonatal services at the Royal Glamorgan Hospital. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Works completed to Neonatal Phase 3 and Obstetrics 1.• 2a final finishing partitions - Nov-18• MRI / 2b up to second floor construction - works completion July-19 (2b April-19)• Obs 2 refurbishment nearing completion - works completion Nov-18 | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• SOG/OBG• WG approval• FBG/BJC Submission• WG approval• Start on Site• Handover• | Feb-17 May-17 Jul-19 | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | £m | £m | £m | £m |
| | | Approved Funding | 17.368 | 13.990 | 5.734 | 37.092 |
| | | Discretionary Usage | 0.256 | 0.000 | -0.256 | 0.000 |
| | | Annual expenditure | 17.624 | 13.990 | 5.478 | 37.092 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Disruption from drilling• MRI Supply contract liaison• Low level of contingency•• | | | | | | |

| | | | | | | |
|---|----------------------------|--------------------------------|----------------|---------------|---------------|-------------|
| Project | CRI Safeguarding | Current Risk Rating | 1 | Low | 1 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Remedial works to stabilise the building and to provide a facility that is free from harmful substances/materials, is watertight and left in a safe condition for future development | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Facade works nearing completion - Sept 18• Asbestos removal being undertaken - Sept 18•• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• SOG/OBG• WG approval• FBG/BJC Submission• WG approval• Start on Site• Handover | Jan-17 Jan-18 Sep-18 | | Pre 2018-19 | 2018-19 £m | 2019-20 £m | Total £m |
| | | Approved Funding | 1.601 | 0.548 | 0.000 | 2.149 |
| | | Discretionary Usage | 0.028 | -0.028 | 0.000 | 0.000 |
| | | Annual expenditure | 1.629 | 0.520 | 0.000 | 2.149 |
| | | Overspend | 0.000 | 0.000 | 0 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Condition of existing drainage• Asbestos found in areas not surveyed• Need to replace ground floor construction• Heating to first floor may need replacement• | | | | | | |

| | | | | | | |
|---|------------------------------|--------------------------------|-------------|---------|---------|-------|
| Project | Interventional Radiology UHW | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Full refurbishment to develop a interventional radiology suite providing new equipment and upgrading the facilities | | | | | | |
| Current Status | | | | | | |
| Floor channels currently being installed, Whiterock of walls, Unistrut for camera gantry. Installations of medical gases being progressed. Later this month, ceiling to go up, decoration, commissioning of M&E services. | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">SOC/OBCWG approvalFBG/BJC SubmissionWG approvalStart on SiteHandover | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 1.000 | 0.500 | 0.000 | 1.500 |
| | | Discretionary Usage | -0.185 | 0.569 | 0.000 | 0.384 |
| | | Annual expenditure | 0.815 | 1.069 | 0.000 | 1.884 |
| Overspend | 0.000 | 0.000 | 0.000 | 0.000 | | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Delay of 5 weeks to contract impact on openingDelay of 5 weeks cost implication | | | | | | |

| | | | | | | |
|---|--------------------------------------|--------------------------------|----------------|---------------|---------------|-------------|
| Project | Renal Facility UHW | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| The 'Renal Services in Wales 2016-2020 Delivery Plan' has instigated in the expansion of satellite haemodialysis unit services within the South-East Wales region. The accompanying enhanced service specifications allow for patients with more complex needs to be cared for within satellite units than was previously the case. This means that, as more patients become suitable for satellite unit care, Suite 19 can refocus its role upon meeting the needs of patients with higher acuity and more complex needs and to improve the support available to the satellite units, rather than continue in its established role of providing outpatient dialysis for a broad range of patients in the Southeast region. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Carry out remedial work on T5 to allow decant of Suite 19 Renal to Ward B5 | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">SOG/OBCWG approvalFBG/BJC SubmissionWG approvalStart on SiteHandover | Nov-17 Apr-18 Sep-18 Mar-19 | | Pre 2018-19 | 2018-19 £m | 2019-20 £m | Total £m |
| | | Approved Funding | 0.000 | 1.197 | 0.000 | 1.197 |
| | | Discretionary Usage | 0.048 | -0.048 | 0.000 | 0.000 |
| | | Annual expenditure | 0.048 | 1.149 | 0.000 | 1.197 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">General disruptionService modifications during constructionService isolation requiring out-of-hours workingAchieving vacant possession | | | | | | |

| | | | | | | |
|---|----------------|--------------------------------|-------------|---------|---------|-------|
| Project | Woodland House | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| The Health Board's estate rationalisation plan identifies the need to move staff from leased accommodation to UHB owned accommodation and reduce the number of staff from acute hospital sites where applicable, Woodland House has been purchased to enable transfer of staff from leased accommodation. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Building has been purchased• Specification in design development•• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">••••• | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 2.950 | 0.000 | 2.950 |
| | | Discretionary Usage | 0.000 | 1.750 | 0.000 | 1.750 |
| | | Annual expenditure | 0.000 | 4.700 | 0.000 | 4.700 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Sale of lowerth Jones• Sale of Amy Evans• Sale of Colcott•• | | | | | | |

| | | | | | | |
|---|------------------------------|--------------------------------|-------------|---------|---------|-------|
| Project | Ward Refurbishment Programme | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Modernisation of wards to improve patient experience. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">UHL Ward East 1 Phase 3 Final snaggingPaeds South works commencedT5 Bathrooms works commencedUHW Ward A2 South, awaiting T5 completion | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">UHW Ward A2 NorthUHL Ward East 1 Phase 3Paeds SouthT5 BathroomsUHW Ward A2 South | Aug-18 | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | Aug-18 | | | £m | £m | £m |
| | Nov-18 | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | Sep-18 | Discretionary Usage | 2.101 | 1.694 | 0.000 | 3.795 |
| | Nov-18 | Annual expenditure | 2.101 | 1.694 | 0.000 | 3.795 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">T5 Bathrooms potential delay due to accessibility | | | | | | |

| | | | | | | |
|--|------------------------------|--------------------------------|-----------|---------|---------|-------|
| Project | Lift Modernisation Programme | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Refurbishment programme to modernise the aging lifts across the Health Board | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• B Block Lifts 19 operational• B Block Lifts 18 anticipated completion Sept 18•• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• B Block Lifts 19• B Block Lifts 18• Phase 2 lifts••• | Aug-18 | | Pre | 2018-19 | 2019-20 | Total |
| | Sep-18 | | 2018-19 | £m | £m | £m |
| | Mar-19 | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.306 | 0.300 | 0.000 | 0.606 |
| | | Annual expenditure | 0.306 | 0.300 | 0.000 | 0.606 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Phase 2 lifts contractual issues•••• | | | | | | |

| | | | | | | |
|--|---------------------------|--------------------------------|-----------|---------|---------|-------|
| Project | Sustainable Transport Hub | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Transport Hub to include bus terminal, café, bike storage, showers & toilets facilities for staff, commercial shop and electrical car charging points | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Planning Submitted Aug-18 | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">Stage 2 Concept designStage 3 Detail designStage 4 Technical design | Dec-17 | | Pre | 2018-19 | 2019-20 | Total |
| | May-18 | | 2018-19 | £m | £m | £m |
| | Aug-18 | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.177 | 0.147 | 0.000 | 0.324 |
| | | Annual expenditure | 0.177 | 0.147 | 0.000 | 0.324 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Planning Approval | | | | | | |

| | | | | | | | |
|--|------------|--------------------------------|---------------------|---------|---------|-------|-------|
| Project | CRI Chapel | Current Risk Rating | 1 | Low | 1 | | |
| | | | 3 | Medium | | | |
| | | | 5 | High | | | |
| Description | | | | | | | |
| Design and refurbish Grade II listed chapel located at CRI, works to include café area, public library, IT information hub, offices and meeting rooms | | | | | | | |
| Current Status | | | | | | | |
| <ul style="list-style-type: none">In design development for tender document preparation | | | | | | | |
| Programme | | Financial Resource Performance | | | | | |
| <ul style="list-style-type: none">Stage 2 Concept designStage 3 Detail designStage 4 Technical designBJC Submission | Dec-17 | | Pre | 2018-19 | 2019-20 | Total | |
| | Mar-18 | | 2018-19 | £m | £m | £m | |
| | Nov-18 | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | Dec-18 | | Discretionary Usage | 0.169 | 0.467 | 0.000 | 0.636 |
| | | | Annual expenditure | 0.169 | 0.467 | 0.000 | 0.636 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 | |
| Risks | | | | | | | |
| Current Risks | | | Decisions | | | | |
| <ul style="list-style-type: none">Affordability of scheme | | | | | | | |

| | | | | | | |
|--|----------------|--------------------------------|-------------|---------|---------|-------|
| Project | UHL Substation | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Develop new substation with new transformers, generate and switch gear | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Design | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none"> | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Single point of failure for electrical supply serving theatres | | | | | | |

| | | | | | | |
|---|-----------------|--------------------------------|-------------|---------------|---------------|-------------|
| Project | Cystic Fibrosis | Current Risk Rating | 1 | Low | 3 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Provision of a Cystic Fibrosis inpatient facility with increased bed capacity and en suite provision | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Pre Construction Design• Planning application being prepared•• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• SOC/OBC• WG approval• FBC/BJC Submission• WG approval• Start on Site• Handover | | | Pre 2018-19 | 2018-19 £m | 2019-20 £m | Total £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.246 | 0.000 | 0.246 |
| | | Annual expenditure | 0.000 | 0.246 | 0.000 | 0.246 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Planning consent• Welsh Government funding••• | | | | | | |

| | | | | | | |
|---|-------------------|--------------------------------|-----------|---------|---------|-------|
| Project | Rookwood Enabling | Current Risk Rating | 1 | Low | 1 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| To provide accommodation to support the future configuration of specialist neuro and spinal rehabilitation at University Hospital Llandough and elderly care services at St David's Hospital in Cardiff, thus enabling the Rookwood Hospital Charity to dispose of the Rookwood Hospital Site. The project also takes account of the investment required that underpins and facilitates the implementation of these developments by relocating some other services to facilities better suited to supporting their models of care across other ares of the existing UHB estate to release the space required. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">FBC scrutiny responses submitted | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">SOG/OBCWG approval OBCFBC/BJG SubmissionWG approvalStart on SiteHandover | Oct-12 | | Pre | 2018-19 | 2019-20 | Total |
| | Aug-15 | | 2018-19 | £m | £m | £m |
| | May-18 | Approved Funding | 0.000 | 0.000 | | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | | 0.000 |
| | Overspend | 0.000 | 0.000 | | 0.000 | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Delay of approval could increase capital costs | | | | | | |

| | | | | | | | |
|--|-----------------|--------------------------------|---------------------|---------|---------|-------|-------|
| Project | Estate Strategy | Current Risk Rating | 1 | Low | 5 | | |
| | | | 3 | Medium | | | |
| | | | 5 | High | | | |
| Description | | | | | | | |
| Development of an overarching estates strategy to support the delivery of clinical services across the UHB | | | | | | | |
| Current Status | | | | | | | |
| <ul style="list-style-type: none">Document in draft stage for discussion at UHB Board September 2018 | | | | | | | |
| Programme | | Financial Resource Performance | | | | | |
| <ul style="list-style-type: none"> | Jun-19 | | Pre | 2018-19 | 2019-20 | Total | |
| | May-20 | | 2018-19 | £m | £m | £m | |
| | Jun-22 | | Approved Funding | 0.000 | 0.000 | | 0.000 |
| | | | Discretionary Usage | 0.000 | 0.000 | | 0.000 |
| | | | Annual expenditure | 0.000 | 0.000 | | 0.000 |
| | | Overspend | 0.000 | 0.000 | | 0.000 | |
| Risks | | | | | | | |
| Current Risks | | | Decisions | | | | |
| <ul style="list-style-type: none"> | | | | | | | |

| | | | | | | |
|---|--|--------------------------------|-------------|---------|---------|-------|
| Project | Vascular Hybrid Theatre and Major Trauma Theatre | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| accommodate the hybrid theatre in the courtyard adjacent to the SSSU. This location would allow for the provision of a second theatre for general/Major Trauma cases. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Feasibility Stage | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none"> | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Agreement of service plan for theatresAvailability of capital funding | | | | | | |

| | | | | | | |
|--|-------------|--------------------------------|-------------|---------|---------|-------|
| Project | Haematology | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Reprovision in inpatient and daycase accommodation to address environmental issues of existing accommodation threatening accreditation of facility | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Feasibility being undertaken as a combined development with theatres radiopharmacy and ward accommodation | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none"> | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | | 0.000 |
| Overspend | 0.000 | 0.000 | | 0.000 | | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Progress against JACIE compliance | | | | | | |

| | | | | | | |
|---|----------------------|--------------------------------|-------------|---------|---------|-------|
| Project | Radio Pharmaceutical | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| | | | | | | |
| Current Status | | | | | | |
| <div><div></div><div></div><div></div><div></div><div></div></div> | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | | 0.000 |
| Overspend | 0.000 | 0.000 | | 0.000 | | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | | | | | |

| | | | | | | |
|--|----------------------------|--------------------------------|----------------|---------------|---------------|-------------|
| Project | CAVOC Theatres | Current Risk Rating | 1 | Low | 1 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Replacement of Theatres 5 and 6 and with 3 theatres and of a 24 bedded ward. | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Design proposals being considered for 24 bed ward and 3 laminar flow theatres | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">Stage 2 Concept designStage 3 Detail designStage 4 Technical designBJC Submission | Feb-18 Apr-18 Jul-18 | | Pre 2018-19 | 2018-19 £m | 2019-20 £m | Total £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Overspend | 0.000 | 0.000 | 0.000 | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">Reduced number of orthopaedic theatres available at present | | | | | | |

| | | | | | | |
|---|--------|--------------------------------|-------------|---------------|---------------|-------------|
| Project | Maelfa | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Replacement of Llanedeyrn Health Centre with Wellbeing Hub as part of SOFW | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Supply Chain Partner Appointed• Project Manager Appointed• Cost Advisor Appointed• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• SOG/OBC• WG approval• FBC/BJC Submission• WG approval• Start on Site• Handover | Dec-18 | | Pre 2018-19 | 2018-19 £m | 2019-20 £m | Total £m |
| | | Approved Funding | 0.000 | 0.000 | | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | | 0.000 |
| | | Overspend | 0.000 | 0.000 | | 0.000 |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Land Transfer• • • • • | | | | | | |

| | | | | | | |
|---|---------|--------------------------------|-------------|---------|---------|-------|
| Project | Penarth | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Replacement of Penarth Health Centre with Wellbeing Hub | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Supply Chain Partner Appointed• Project Manager Appointed• Cost Advisor Appointed• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• SOG/OBC• WG approval• FBC/BJC Submission• WG approval• Start on Site• Handover | Dec-18 | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | 0.000 | 0.000 |
| Overspend | 0.000 | 0.000 | 0.000 | 0.000 | | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• Land Transfer• Site conditions• • • | | | | | | |

| | | | | | | |
|---|------------|--------------------------------|-------------|---------|---------|-------|
| Project | SARC (CRI) | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| Relocation of SARC to 54-56 Newport Road | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">Currently developing strategic outline case for September 2018 | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">SOG/OBCWG approvalFBC/BJC SubmissionWG approvalStart on SiteHandover | | | Pre 2018-19 | 2018-19 | 2019-20 | Total |
| | | | | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | 0.000 | 0.000 |
| Overspend | 0.000 | 0.000 | 0.000 | 0.000 | | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none"> | | | | | | |

| | | | | | | |
|---|------------------------|--------------------------------|-----------|---------|---------|-------|
| Project | Mortuary Refurbishment | Current Risk Rating | 1 | Low | 5 | |
| | | | 3 | Medium | | |
| | | | 5 | High | | |
| Description | | | | | | |
| To address environmental issues identified in the HTA report | | | | | | |
| Current Status | | | | | | |
| <ul style="list-style-type: none">• Scope of works being developed and options considered for business case development•••• | | | | | | |
| Programme | | Financial Resource Performance | | | | |
| <ul style="list-style-type: none">• SOG/OBC• WG approval• FBC/BJC Submission• WG approval• Start on Site• Handover | | | Pre | 2018-19 | 2019-20 | Total |
| | | | 2018-19 | £m | £m | £m |
| | | Approved Funding | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Discretionary Usage | 0.000 | 0.000 | 0.000 | 0.000 |
| | | Annual expenditure | 0.000 | 0.000 | 0.000 | 0.000 |
| Overspend | 0.000 | 0.000 | 0.000 | 0.000 | | |
| Risks | | | | | | |
| Current Risks | | | Decisions | | | |
| <ul style="list-style-type: none">• HTA non compliance•••• | | | | | | |

Strategy and Delivery Committee

- 11 September 2018

Workforce Plan

Martin Driscoll

Executive Director of Workforce &
Organisational Development

Presentation Agenda

- Workforce Metrics Update
- Workforce Performance and Plans
- Workforce Enablers
 - Nurse Recruitment and Retention
 - Talent Management and Succession
 - Leadership
 - Values and Behaviours
- Back up Slides

Workforce Metrics

| Key Performance Indicator | 2017-18 Outturn | YTD | Monthly Actual | 2018-19 Target |
|--|-----------------|----------|----------------|----------------|
| 1. Sickness Absence Rate | 4.87% | 4.66% | 4.84% | 4.60% |
| 2. Job Plan Compliance | 50.80% | 50.05% | 50.15% | 85.00% |
| 3. Voluntary Resignation Turnover Rate (WTE) | 6.34% | 6.32% | 6.37% | 6.34% |
| 4. Pay Bill Over/Underspend | -0.43% | +0.05% | -0.05% | Underspend |
| 5. Variable Pay Rate | 8.06% | 8.46% | 8.42% | Improve |
| 6. Actual (Contracted) WTE | 12758.00 | 12778.46 | 12778.46 | 12726.00 |
| 7. Fire Safety Mandatory Training Rate | 65.32% | 67.61% | 67.61% | 85.00% |
| 8. PADR Rate | 57.19% | 59.35% | 59.35% | 85.00% |

End of Year Forecasted Workforce Plan

2018 / 19

| Department | TOTAL Workforce @ 31.03.18 | Core Workforce @ 31.03.19 | Variable Workforce @ 31.03.19 | Agency Locum Workforce @ 31.03.19 | TOTAL Workforce @ 31.03.19 | Net Change 2018 to 2019 |
|---------------------------------|-------------------------------|------------------------------|-------------------------------------|---|-------------------------------|----------------------------|
| Capital, Estates and Facilities | 1069.56 | 1069.56 | 0.00 | 0.00 | 1069.56 | 0.00 |
| Children & Women | 1731.36 | 1700.41 | 30.30 | 0.00 | 1730.71 | -0.65 |
| CD & T | 2002.04 | 1916.53 | 37.29 | 0.00 | 1953.82 | -48.22 |
| Corporate | 689.14 | 689.14 | 0.00 | 0.00 | 689.14 | 0.00 |
| Dental | 387.74 | 331.38 | 0.00 | 0.00 | 331.38 | -56.36 |
| Medicine | 1726.40 | 1711.89 | 0.00 | 0.00 | 1711.89 | -14.51 |
| Mental Health | 1270.85 | 1185.10 | 64.03 | 0.00 | 1249.13 | -21.72 |
| PCIC | 699.66 | 661.86 | 35.29 | 0.40 | 697.55 | -2.11 |
| Specialist Services | 1728.98 | 1697.10 | 9.57 | 0.00 | 1706.67 | -22.31 |
| Surgery | 1823.05 | 1763.44 | 39.24 | 11.83 | 1814.51 | -8.54 |
| UHB | 13448.89 | 12726.41 | 376.15 | 171.91 | 13274.47 | -174.42 |

Statutory and Mandatory Training

Review of Awareness Level 1

- From September 2018 Level 1 E learning training (awareness) will be reduced for employees. This is to ensure the right staff gain the right training at the right level.
- ESR will highlight which training is required for individuals.
- Benefits: To avoid employees undertaking training that is not required for their role.
- To stop repetition and duplication of training hence increasing efficiency and productivity and ultimately impacting on patient care / experience.

Nurse Recruitment and Retention Programme

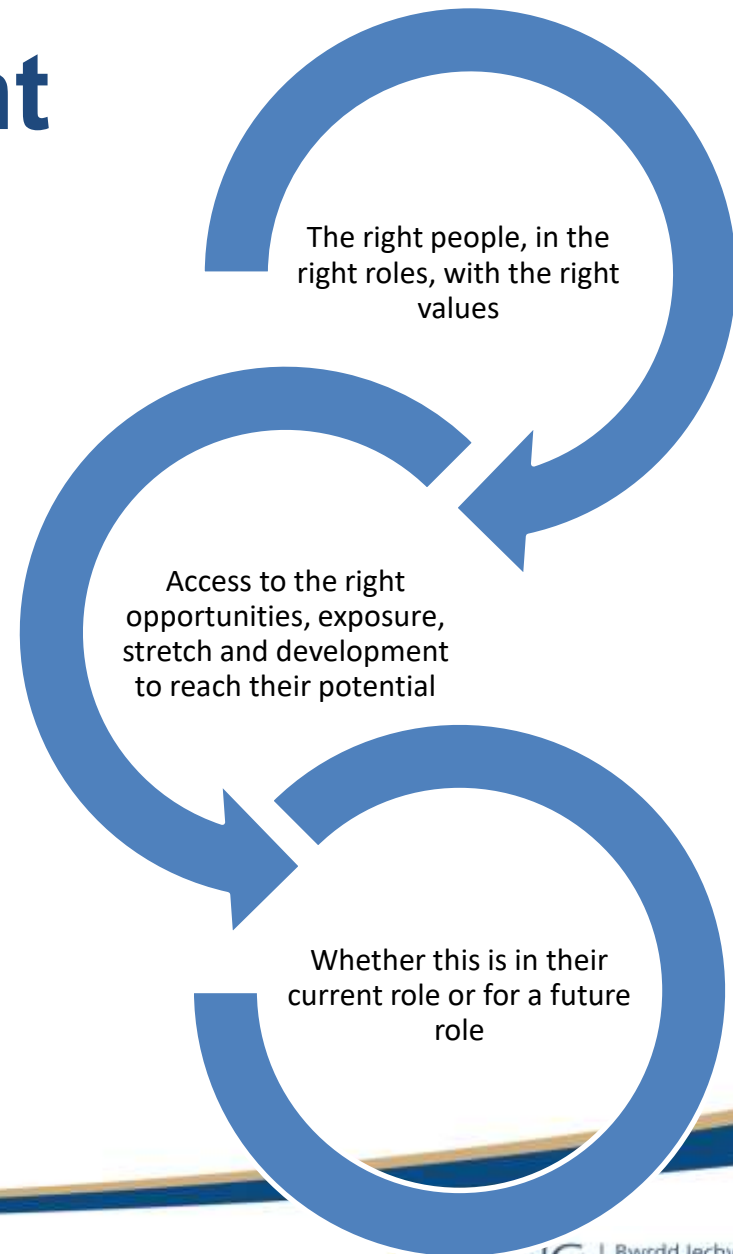
- Quantitative and Qualitative data – hotspot determination – Action Plans.
- Bounce Back Scheme
- Enhance New Starter Engagement and Support
- Streamline Internal Transfer Scheme
- 'Itchy Feet' Programme – Management Development Interventions
- Partnership Developments – England and University
- Enhance Communications with Marketing – Exploit Cardiff USP
- Additional External Focussed Support
- Consider Enhanced Recruitment and Retention Packages

Talent Management & Succession Planning



Talent Management

- Important to allow us to consider potential and value staff bring to their current roles as well as reaching and maximising their future potential in the NHS
- Evidence shows if we foster a culture where we engage and care for our staff they will value and care for our patients.



Using a Conversation tool

- Open, honest and constructive conversation between a manager and a member of staff about where they are now, where they want to be and how to get there.
- Can simply be to identify and maximise how they are currently performing.
- Informs talent identification and succession planning

Tools Available

- Talent Management tool available from NHS Leadership Academy
- Supports a focussed conversation around development and recordable outcomes for staff
- Allows directed support depending on which area of the tool is a best fit for each staff member

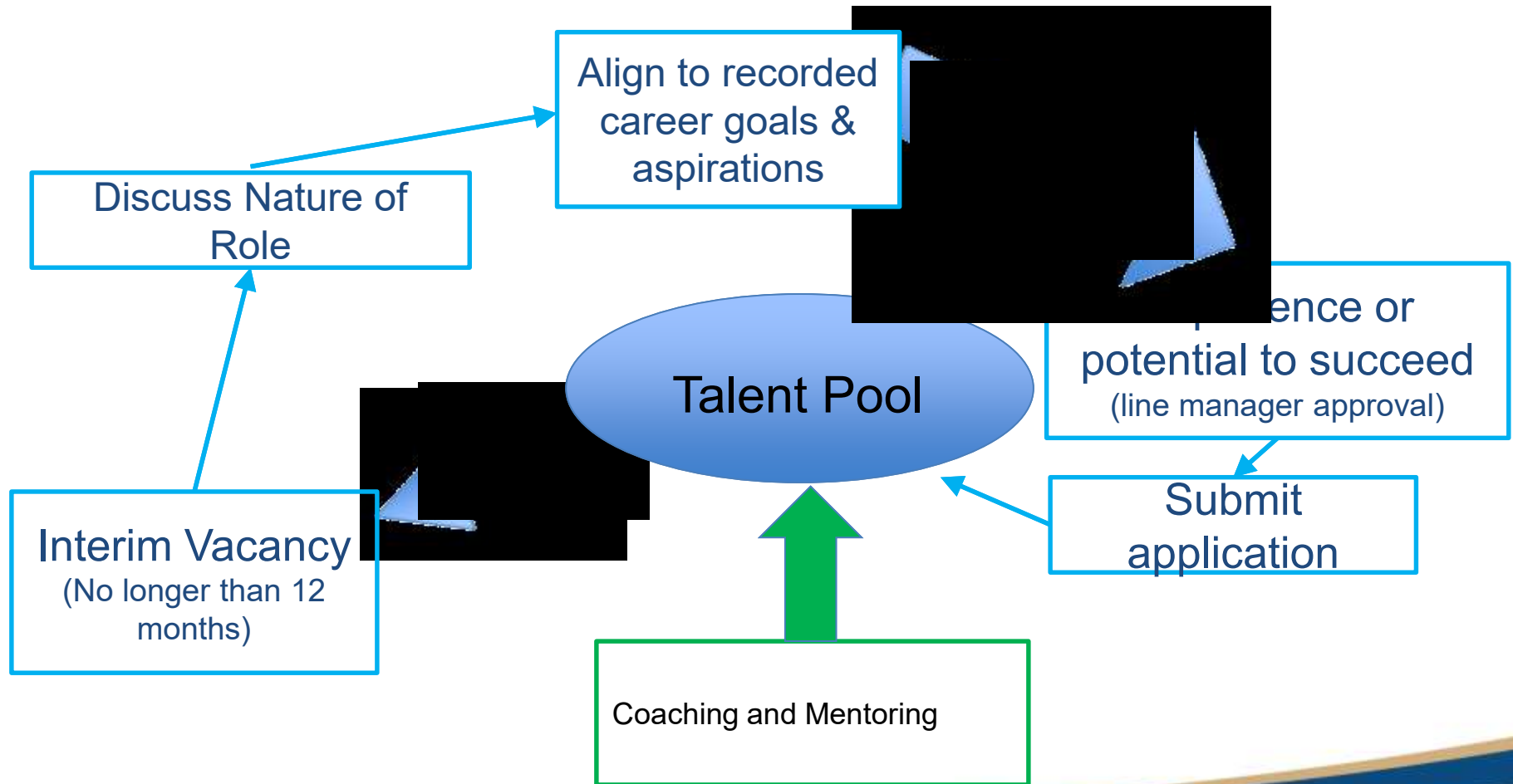
Talent Management

Once staff have been placed using the tool, there needs to be clear instructions for managers about what to do next.

As an organisation we need to decide which areas lead to:

- Talent Pool
- Coaching
- Mentoring
- Development Programmes
- Corrective action

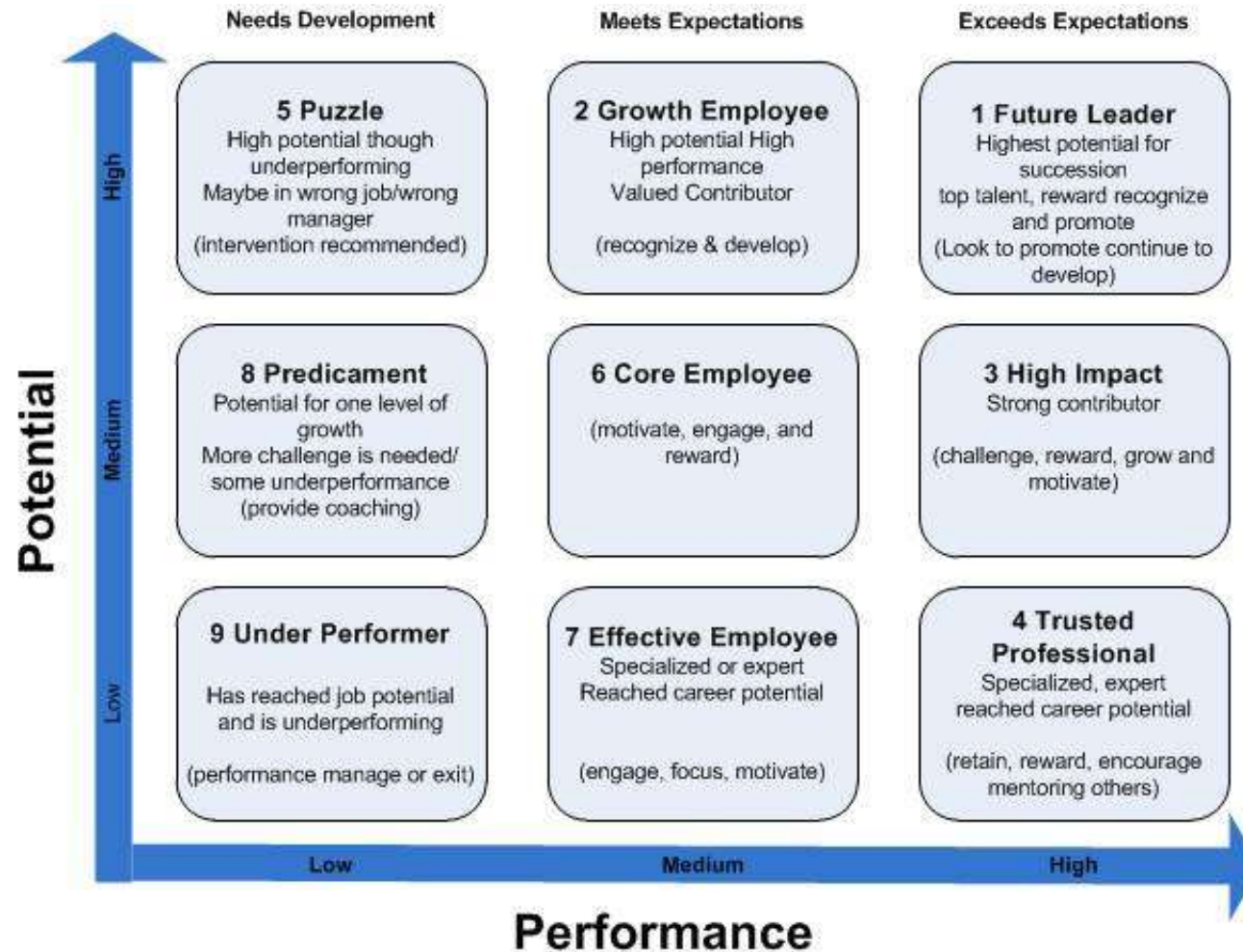
Succession Planning



When to have the Conversation

- Combined PADR / talent conversation would be most beneficial to the participant
- Relies on PADR being focussed on values and performance
- This may demand a review of our current PADR process and format
- Benchmarking suggests that an embedded performance framework should be in place before conversations are held
- Initially, a separate meeting for the conversation is scheduled so that focus from the potential element is not lost

9 Box Grid



Leadership Diagnostic Tool

- 180 degree process – Feedback on Leadership Impact
- Provides insight on Organisational Climate
- Leadership:
 - Key Inspector on results and performance of others
 - It can be defined and Measured
 - Leaders can understand their impact and how to improve their approach

Leadership Styles

- 180 degree diagnostic tool:
 - Personal feedback
 - 6 patterns of behaviour that influence and motivate
 - All styles are careful – adaptation of appropriate styles is essential
- Six Styles are:

| | |
|-------------|---------------|
| Directive | Participative |
| Visionary | Pacesetting |
| Affiliative | Coaching |
- Provide feedback on the breadth of a person's leaderships credibility
- Raises awareness of current approach and examines the possibility of developing other styles.
- Feedback on how they think they are leading versus how the team experiences that leadership.

Organisational Climate

- 180 Degree Diagnostic Tool:
 - How does it feel to work within the team
 - Gathers impact on employee engagement and discretionary effort.
- Measures Six Elements:

| | |
|----------------|-----------------|
| Clarity | Flexibility |
| Responsibility | Rewards |
| Standards | Team Commitment |
- Allows Leaders to clearly see the impact they have on team performance
- How they can increase the performance of the team
- Can drive team development and cultural change

Back up Slides



Living our Values

Klud ariad canol / Caredig a gofdrwg / Respectful / Uwchmudiol / Trust and integrity / Ffawddyspeth a'r uwchmudiol / Personal responsibility / Cyfrifoldeb personol

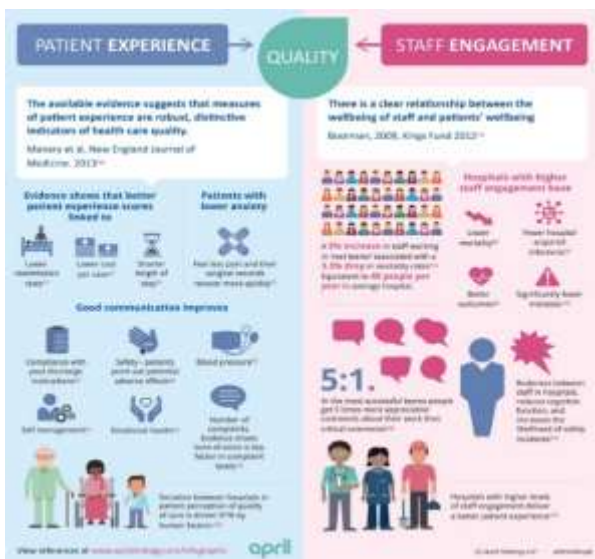


Living our life through the values and behaviours

Purpose

In line with the UHBs strategy, Shaping Our Future Wellbeing, and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transform our services to ensure we can meet future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for both our staff and the population we serve.

Evidence



Communication

- ✓ This piece of work is linked to all of the other transformational enablers, but specifically connected to developing the leadership capability.
- ✓ The task and finish group are very proactive and passionate about making a cultural difference in the organisation and meet weekly to progress this piece of work.
- ✓ A narrative has been developed in the form of an animation to illustrate the Cardiff and Vale UHB transformational story. This will be ready in October 2018.
- ✓ The website is being refreshed and updated, which will provide a selection of information and tools, for example, a presentation slide deck. This will provide a template for staff to utilise.

Proposal

In January 2019 three accessible interactive experiences will be launched in the organisation. This will allow all staff to understand the importance of living our values and behaviours, and the influence on their role and how it impacts on a persons healthcare pathway. The experience will be targeted initially to the senior leaders in the UHB, to role model and share a consistent message around the values and the case for change. Following the day the leaders will make a pledge and nominate a further 3 individuals "to get up and be involved". The three tier experiences are based around the Canterbury model and will be known as:

1. **Accelerate** - (performance) by mobilising, executing and transforming with agility - Audience: senior leaders - 1 day experience
2. **Collaborate** - Audience: management and key influencers - 1 day experience
3. **Participate** - All staff - Accessible and mobile in nature (e.g. pop ups). These are raising awareness sessions

The experiences will be creative and interactive generating "buzz events". Key messages will be cascaded to all staff with the CAV characters, Sam, Cerys and Wyn being at the heart of the sessions.

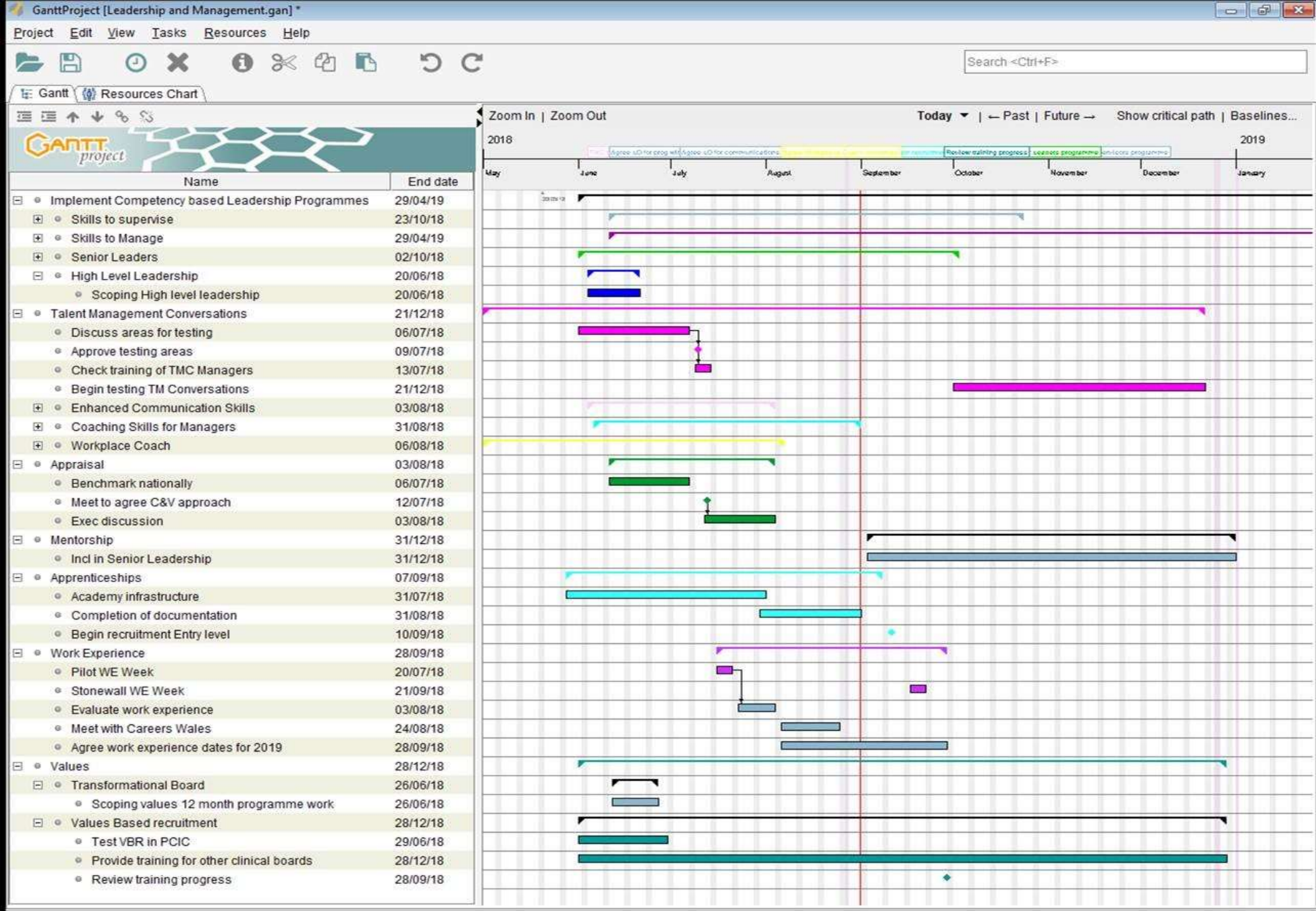
Recommendation

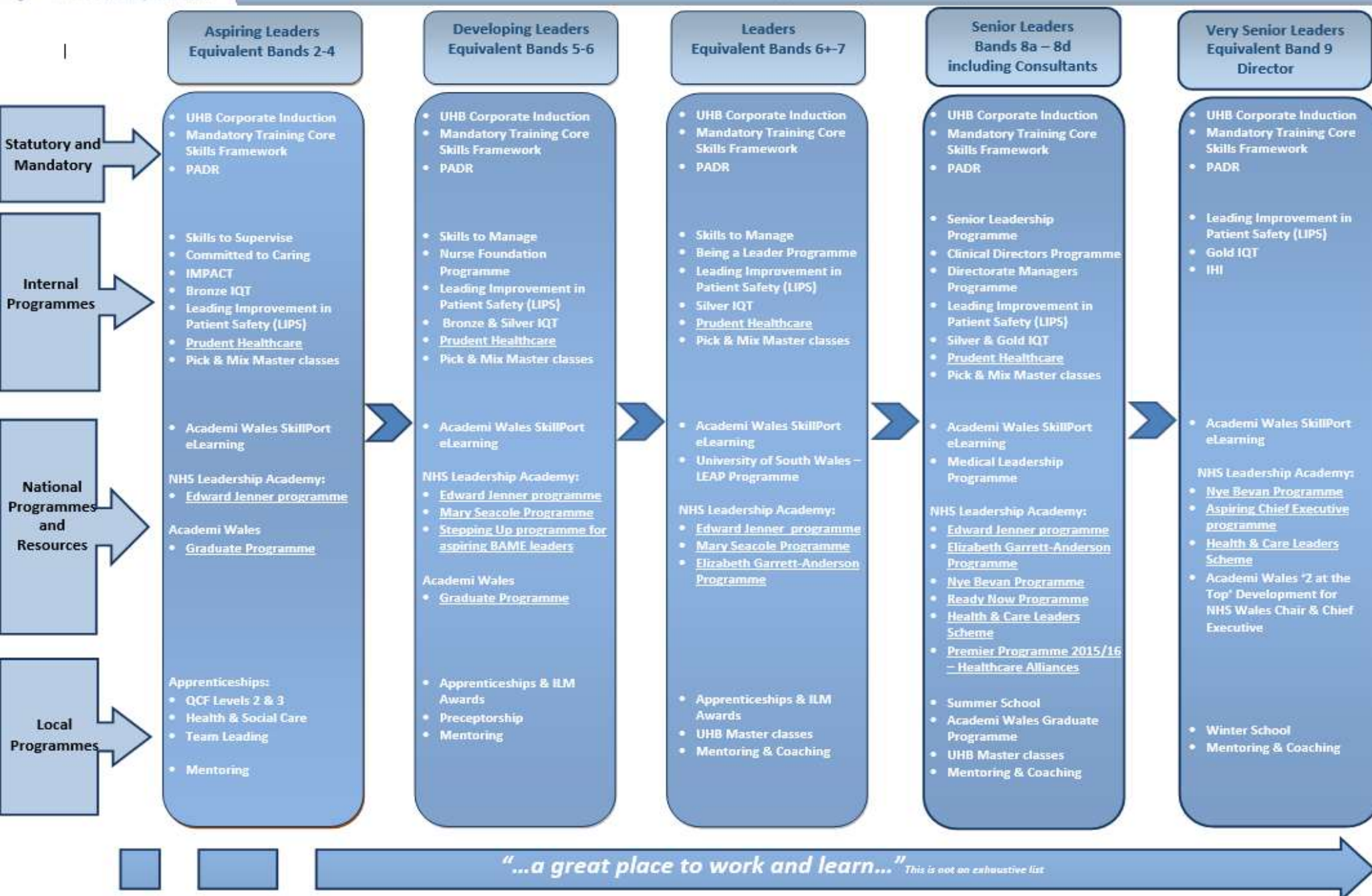
- That the Executive team note and endorse the progress and potential proposal for the forthcoming invigorated values experiences
- To commit to promote and engage with the work, integrating the key messages in existing presentations, meetings and events on an ongoing basis.
- To support resourcing the programme of work.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board





| TRANSFORMATION UPDATE | |
|---|--------------------------|
| Name of Meeting :Strategy and Delivery Committee | |
| Date of Meeting : September 2018 | |
| Executive Lead : Deputy Chief Executive | |
| Author : Assistant Director of Strategic Development & Transformation | |
| Caring for People, Keeping People Well : Transformation underpins the 'sustainability' element of the UHB's strategy. | |
| Financial impact : Unquantified currently with active work underway to determine likely impact | |
| Quality, Safety, Patient Experience impact : Potential positive impact on quality, safety and patient experience as length of stay, wait times and outpatient appointments on hospital sites are reduced ; reduction in unwarranted variation. | |
| Health and Care Standard Number : 3.1 Safe and Clinically Effective Care 5.1 Timely Access 6.1 Planning Care to Promote Independence 7.1 Workforce | |
| CRAF Reference Number : | 1.1, 3.1, 5.1, 6.7, 10.1 |
| Equality and Health Impact Assessment Completed : Not applicable | |

ASSURANCE AND RECOMMENDATION

NOTE the

- Content and scale of the programme
- progress on the –
 - application against the Welsh Government Transformation Fund ; implementation of the Health pathways programme
 - development of dashboards
 - systemisation of project management and continuous service improvement approaches

SITUATION

This report updates members of the Strategy and Delivery Committee on the Transformation Programme.

BACKGROUND

The Transformation programme is intended to support the implementation of SoFW encouraging new approaches and systems in the delivery of care and wellbeing. The programme is built on an assumption of strong and continuing management and continuous improvement, skills and processes.

At present the defined programme comprises 7 enabling streams and 10 topic specific projects. The 7 enablers are each very sizeable programmes of work

stretching across the organisation and often working with partners. They are at various stages of development, including measurement and outcome definition, timelines and resource input. The 10 specific projects have all arisen in response to clinical improvement and benchmarking opportunities. These 10 projects are being utilised to develop approaches, learn what works in our organisation and importantly to understand where we have weaknesses that need to be addressed. So for example our ability to define and realise benefits against measurable outcomes and timelines is weak, particularly for systems change and cross discipline activity.

In order to 'hard wire' transformation (the future) to operations (today) we have agreed four key deliverables, meaning that all activities have to be able to impact on at least one of these arenas.

1. Reduce outpatient appointments on hospital sites (includes virtual approaches, challenging traditional practice);
2. Reduce length of stay (LoS);
3. Reduce unwarranted harm, waste and variation; and
4. Reduce theatre inefficiencies and improve productivity.

A dash board has been developed to track progress against these and is undergoing some further refinement. For each of the four areas the dashboard considers outcome, activity impact and resource impact.

The seven enabling programmes have been set to :

1. Secure a pathway approach and methodology in order to minimise unwarranted variation, accelerate best practice through clinical co-production and transparency.
2. Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement
3. Secure a digitally enabled organisation and workforce
4. Develop a Cardiff and Vale Alliance approach which integrates with partner organisations, putting the patient/person at the centre of all considerations and ensuring front line 'clinical' design.
5. Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity;
6. Secure the model for primary care to drive a population outcomes approach for the system, enabling sustainability for general practice; and
7. Embed our vision (SoFW), values and behaviours (which with enabler 5 supports culture change)

Each of the enabling programmes has an executive sponsor to champion and challenge the emerging work plan for each enabler. Infrastructure support for each enabler is at differing stages.

ASSESSMENT AND ASSURANCE

Overarching Programme Status

Each enabler and project is RAG rated using the criteria outlined in appendix 1 (the same criteria applied to the UHB's cost reduction programme ('CRP') tracker). The RAG ratings are discussed at each project team meeting, challenged by the collective Transformation Team and brought for oversight or discussion (as required) to the Health Service Management Board (HSMB) and the Management Executive (ME). The status of each project is summarised in a single page highlight report. (These are available on request).

The following tables summarise the status of the projects and enablers:

| | Enabler | Aug18 | Executive Lead | Transformation Team Lead |
|---|--|-------|-----------------|---|
| 1 | HealthPathways | Amber | Sharon Hopkins | Brendan Boylan |
| 2 | Alliancing | Amber | Abigail Harris | Ruth Jordan |
| 3 | Leadership and Management | Amber | Martin Driscoll | Rachel Gidman |
| 4 | Values and Behaviours | Amber | Len Richards | Rachel Gidman & Joanne Brandon |
| 5 | Health & Social Care Transformation Fund | Green | Sharon Hopkins | Emma Wilkins Rachel Jones, Chris Dawson-Morris Chris Darling |
| 6 | Digitally Enabled Workforce | Amber | Fiona Jenkins | Mark Cahalane Joy Whitlock |
| 7 | Accessible Information | Amber | Sharon Hopkins | Andrew Nelson |
| | | | | |

| Deliverable | Project | July 18 |
|----------------|-------------------------|------------|
| Length of Stay | Sepsis | Green |
| Length of Stay | Palliative Care | Amber |
| Outpatients | Urology Out Patients | Amber |
| Outpatients | Virtual Fracture Clinic | Amber |
| Outpatients | Denosumab | Green |
| Variation | HIV drugs | Amber |
| Variation | Inventory Management | Red |
| Variation | HealthPathways* | Amber |
| Variation | Digital Dictation | Red (July) |
| Variation | Communications Platform | Red (July) |

The team are currently completing a stocktake of the transformation work undertaken to date to understand lessons learnt, what changes need to be

made, results to date together with what the projects will achieve by 31 March 2019.

Enabler 1: Health Pathways

Health Pathways (Streamliners New Zealand) was launched at the beginning of July with over 70 attendees from across primary and secondary care and partner organisations. It followed a successful procurement process and detailed planning for its implementation within the organisation. This has included establishing a small team with a co-ordinator and sessional General Practitioner leads amongst others. Intensive training events completed in the launch week.

This is a very large programme which will impact every service area over time and is a key component of our approach to tackling unwarranted variation. It is closely aligned with the digital programme in particular to secure measurement of variation and ability to utilise decreasing variation in a planned way.

The launch event outlined the rationale for progressing with Health Pathways and presenters from Canterbury District Health Board and South Tyneside Clinical Commissioning Group outlined the benefits that they had derived from the system (2 of 40 organisations across the world using Health pathways). Feedback from the event has been positive with more requests for pathways to be included on the programme stemming from the clinicians who attended.

Subsequent to the launch event, the team have been developing the work programme. Based on their experience with a number of other organisations throughout the UK, Australia and New Zealand, HealthPathways have developed a list of circa 400 pathways that are considered core and should be prioritised for development and/or agreement. The team have also advised that complex pathways, notably those that link to multiple other areas, should not be included in the first wave of pathways to be agreed. All pathways are clinically designed.

Given the need for a cyclical review (three yearly), the C&V team are currently considering the synergies that might be gained from reviewing all of the pathways in the specialties selected. The specialty areas selected in the first wave of priorities have been agreed by HSMB with 15 pathways already submitted for translation to the system.

Phase two is now getting underway which will concentrate on benefits expected, outcome measurement, timelines for development, implementation and benefits realisation.

Enabler 2 :Alliancing

The approach insists on front line clinical design of services and systems and recognises that for the majority of issues 80% of what is required is available but often not organised in a clinically effective way. It also insists that management enable the clinical design to be implemented, acting as significant enablers. This is a serious change to how the organisation works

as a whole, where in general our approaches are designed through clinical managers with some front line input with variable success in implementation.

We are using 'Falls' as the test bed for the approach and this is progressing with much more learning and change required than we had anticipated.

The programme is not yet at a stage to articulate detailed measures.

Enabler 4: Values and Behaviours

This enabler is seeking to refresh and re-invigorate Shaping our Future Wellbeing and our values and behaviours so that these are lived and contributing actively to our changing culture. The work includes a short, very accessible animation which explains and tracks our journey in seeking to implement SOFW and why this matters (available October 2019). Three levels of interactive experience will be on offer which allow our staff to understand the importance of living our values and behaviours. Each staff member participating will be expected to make an active pledge and to invite three more people to attend the experience. This approach will go live in January 2019.

This is early in development with measurement and benefits realisation with timelines under discussion.

Enabler 5 :Bid into the Welsh Government Transformation Fund (Health and Social Care)

Following the launch of [A Healthier Wales](#) in July 2018, a 2 year Transformation fund was announced and was opened to applications, signed off by the relevant Regional Partnership Board, from mid- August.

The fund is time limited to support the acceleration, adoption and scaling of new models of health and social care and not to be used to support the additional costs of new models on a recurrent basis. Significantly, the guidance confirmed that expressions of interest can be submitted on a rolling basis and will be considered by the Transformation Programme within a four week period. Criteria are aligned to 'Our Healthier Wales'.

The submitted Cardiff and Vale proposal "Well-being Matters" covered seven areas:-

- Social prescribing – creation of a single point of entry to services followed by a "What Matters" assessment. This will also include the development of a chatbot to provide insight to citizens on a 24/7 basis.
- Accelerated cluster development – a service similar to the Compassionate Frome project that has served to maximise community assets and to reduce emergency admissions. This project would also support the development of a social enterprise model for the cluster and enable them to develop a population based approach to the needs of citizens.
- GP triage service – building on the success of the Single Point of Access service in the Vale, a skilled call handler would support the

patient getting to the right service for their need. This might involve signposting to nurse-led services, pharmacists, housing advice, mental health services or third sector.

- Get Me Home – a single point of contact for hospitals services to connect with the community. The team will connect patients and carers to the right services to support their discharge, taking a proactive approach to the needs of that patient and linking seamlessly across health and social care, including the third sector. The project will also enhance therapeutic support in the community.
- Get Me Home + - a new model of care that will assess patients with more complex needs in their own home, supporting their return to independence. The service will focus upon re-ablement and importantly, night care as a wrap around service.
- An ACE aware approach to resilient children and young people – introduction of a resilience team to work in parallel with education services to support emotional wellbeing and specifically understanding ACE's and attachment.
- Development of integrated community teams – development of a blueprint for integrated community teams, focusing efforts on how to best deliver a place based approach to population need.

The application has been considered by the WG transformation panel, feedback has been positive and a recommendation is being put to the Minister for his consideration in early September.

Enabler 7; Accessible information

In the first instance dashboarding is being utilised as compelling and easy to use user interface. The programme for development has been agreed, is being continually added to as demand for this increases and is being worked through (the development team is small and in very high demand).

Data sharing across primary and secondary care is a very important component of realising systems change and service redesign. Agreement has been reached on how best to achieve this and it is awaiting discussion with the full Local Medical Committee (primary care) in late September.

Lightfoot solutions have won the tender to support 'real'time' data user interface to support decision making with multidisciplinary teams. We will using this as a test piece to determine if the accessibility offered can make a measurable difference to decision making in resource utilisation (patient flow and service design). The procurement process involved clinical users as well as our informatics experts. Compliance with the new GDPR requirements have been a challenge to work through and we seem to have been one of the first public sector organisations to set this type of relationship under the new regulations.

The work will be tested in pathways for patients with falls; fractured neck of femur, frailty (through FOPAL) and chronic obstructive airways disease (COPD). This work is aligned to our winter plan and will complete over the next three months.

Supporting infrastructure

Systematic approaches to project management and continuous service improvement are being put in place. These are aimed at enabling generic tools, common standards, ready access, transparency and expert support resource. The systematic approach will enable the trained capability within the organisation to be readily identified, supported, grown and utilised. The detailed plans and timelines for this will be finalised by the end of September.

Appendix 1 – RAG Rating Criteria

| | Red Pipeline | Amber | Green |
|---|---|--|---|
| Project plan/brief | <ul style="list-style-type: none"> ▶ Evidence of project planning (project brief, milestones with timescales etc.) appears incomplete considering level of complexity / risk | <ul style="list-style-type: none"> ▶ Non complex project ▶ Evidence of some important elements of a project plan (project brief, milestones with timescales etc.), however some key areas are not sufficiently addressed ▶ Project planning not deemed sufficiently specific / comprehensive | <ul style="list-style-type: none"> ▶ Appropriate degree of project planning (project brief, milestones with timescales etc.) evidenced considering the level of complexity / risk |
| Lead responsible & support | <ul style="list-style-type: none"> ▶ Lead to be identified | <ul style="list-style-type: none"> ▶ Project lead identified, however indication that roles & responsibilities are not entirely clear ▶ Inappropriate lead assigned to project ▶ Indication that not all the necessary individuals are involved in supporting the delivery of the project | <ul style="list-style-type: none"> ▶ Appropriate individual identified and actively leading the project ▶ The appropriate individuals appear to be included within the delivery team |
| Financial & activity calculation | <ul style="list-style-type: none"> ▶ Calculation of savings ongoing ▶ Significant factors to be worked through ▶ Savings to be fully quantified | <ul style="list-style-type: none"> ▶ Evidence that the majority of the key financial implications have been factored into calculations, some specific factors have been omitted / are yet to be clarified ▶ Number represents actual savings identified, not a target | <ul style="list-style-type: none"> ▶ Simple project, limited financial planning deemed sufficient ▶ All elements of the saving adequately identified and incorporated into the calculation ▶ Number represents actual savings identified, not a target |
| Financial phasing | <ul style="list-style-type: none"> ▶ Rationale for financial phasing outstanding | <ul style="list-style-type: none"> ▶ Rationale deemed appropriate ▶ Financial savings phased according to timing of plans and milestones | <ul style="list-style-type: none"> ▶ Financial savings phased according to timing of plans and milestones |

- Gastroenterology
- Mental health
- Musculo-skeletal
- Respiratory
- Cardiology
- Renal
- Gynaecology
- Urology
- Paediatrics
- Mental Health
- Diabetes

APPROVAL AND ADOPTION OF EMPLOYMENT POLICIES

Name of Meeting : Strategy and Delivery Committee

Date of Meeting: 11 September 2018

Executive Lead : Executive Director of Workforce and OD

Author : Workforce Governance Manager, 47559

Caring for People, Keeping People Well : This report underpins the Values elements of the Health Board's Strategy.

Financial impact : not applicable

Quality, Safety, Patient Experience impact : The implementation of this policy will impact positively on the delivery of clinical services through the raising of standards

Health and Care Standard Number 7.1

CRAF Reference Number not applicable

Equality and Health Impact Assessment Completed: [Yes](#)

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Agreed local processes have been followed to review this Procedure
- Information is contained within this procedure on the criteria, types and standards of study leave and the processes to be followed
- Dissemination of information across the UHB

The Strategy and Delivery Committee is asked to:

- Formally **ADOPT** the revised NHS Wales Capability Policy
- **APPROVE** the recommendation that the following Employment 'Policies' be re-designated as Procedures
 - Fixed Term Contract Policy
 - Professional Registration Policy
- **AGREE** that the Professional Registration Policy should be rolled forward for a further 3 years but as a Procedure
- **APPROVE** the full publication of these documents in accordance with the UHB Publication Scheme

SITUATION

This paper summarises for the Strategy and Delivery Committee details of Employment Policies and Procedures for approval and adoption by the UHB. It also asks the Committee to change the status of two control documents to reflect that they are effectively procedures rather than policies.

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, through 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 Capability Policy

The NHS Wales Capability Policy and Procedure (Appendix 1) was approved by the Welsh Partnership Forum and issued to all NHS Wales Organisations by NHS Employers on 27 June 2018.

There are significant changes from the previous policy and procedure including a much more formal approach with three stages of hearings, as well as an additional reference to the NHS Wales Core Principles towards the beginning of the document. These changes were discussed at the EPSG meeting held on 11 July 2018 and it was noted that template letters, guidance for managers and other supporting information was being developed by the HR Operations Centre.

The UHB is now required to replace the current policy and procedure with these versions as per the letter issued to Chief Executives throughout NHS Wales (Appendix 2).

2. 'Policies' to be re-designated as Procedures

In November 2014 the UHB changed the way we used 'policies' and procedures'. Previously we had documents which were called policies, but which actually contained both policy statements and procedural elements. These were subsequently split into two separate documents and defined by the UHB as follows:

Policy – A written statement of intent, describing the broad approach or course of action that the UHB is taking with a particular issue.

Procedure - A standardised method of performing clinical or non-clinical tasks by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. This will ensure all concerned undertake the task in an agreed and consistent way. These are

often the documents detailing how a policy is to be achieved. Procedures are considered mandatory within the UHB.

On examining the list of Workforce and OD Policies and other control documents which are currently due for review, it has become apparent that two documents are referred to as 'policies' but actually fit the definition of a procedure. This was discussed at the EPSG meeting on 11 July 2018 and the Strategy and Delivery Committee is now asked to consider the status of the following documents and agree that they can be re-designated as procedures:

| Policy | Summary |
|--|---|
| Fixed Term Contract Policy | <p>The UHB employees staff on permanent contracts of employments as the norm, with fixed term contracts only used where necessary and appropriate. However, where employees are engaged on a fixed term basis they are entitled to terms and conditions of employment that are not less favourable than the terms and conditions of a comparable permanent employee.</p> <p>The principles surrounding the recruitment of employees on a fixed term contract have been incorporated into the Recruitment and Selection Policy and EHIA so there is no longer any requirement for a stand-alone policy.</p> <p>This is currently under review and should be re-designated as a Procedure when the revised document is approved.</p> |
| Professional Registration Policy | <p>It is a requirement that individuals who work within certain professional groups are registered with their respective professional and/or regulatory organisation. If a member of staff's registration lapses they will not contractually, and in many cases legally, be able to continue to carry out the duties of their post if their post requires them to be registered.</p> <p>Where professional registration is required it forms part of the Employment Contract. On this basis it is no longer considered necessary to have a stand-alone policy.</p> <p>Following consultation with key stakeholders, the current Professional Registration Policy is otherwise considered fit for purpose. The Strategy and Delivery Committee is therefore also asked to roll this forward for a further 3 years with no changes apart from transferring it into the current UHB</p> |

| | |
|--|--|
| | <p>format and re-designating it as a Procedure. A copy has been attached as Appendix 3.</p> <p>An EHIA has been completed for this document and was approved by EPSG on 11 July 2018.</p> |
|--|--|

The primary source for dissemination of these Policies and Procedures 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.

| | | |
|--|---------|---|
| Document Title: <i>Capability Policy and Procedure</i> | 1 of 22 | Approval Date: 26 Jun 2018 |
| Reference Number: UHB 058 | | Next Review Date: June 2021 |
| Version Number: 3 | | Date of Publication (UHB): dd mmm yyyy |
| Approved By: Welsh Partnership Forum | | Adopted by Strategy & Delivery Committee: dd mmm yyyy |

Cardiff and Vale University Health Board

Capability Policy and Procedure

Approved by: Welsh Partnership Forum

Issue Date: 27 June 2018

Review Date: June 2021

Capability Policy
Version 21 (June 2018)

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| Document Title: <i>Capability Policy and Procedure</i> | 2 of 22 | Approval Date: 26 Jun 2018 |
| Reference Number: UHB 058 | | Next Review Date: June 2021 |
| Version Number: 3 | | Date of Publication (UHB): dd mmm yyyy |
| Approved By: Welsh Partnership Forum | | Adopted by Strategy & Delivery Committee: dd mmm yyyy |

| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
|----------------|-------------------------|----------------|---|
| 1 | May 2011 | June 2011 | New All Wales Policy issued |
| 2 | 25.06.13 | 04.06.13 | Review at All Wales level |
| 3 | 26.06.18 | | <ul style="list-style-type: none"> Review at All Wales level More formal approach with three stages of hearings introduced Reference to the NHS Wales Core Principles included |
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| Approved By: Welsh Partnership Forum | | Adopted by Strategy & Delivery Committee: dd mmm yyyy |

C O N T E N T S

1. Policy statement
2. About this policy
3. Principles
4. Rights of accompaniment
5. Identification of a capability issue
6. Initial assessment
7. Incapability to due to disability
8. Confidentiality
9. Redeployment/Downgrading
10. Timescales for achieving improvement
11. Notification requirements for formal capability hearings
12. Procedure at capability hearings
13. Stage 1 hearing: Improvement notice
14. Stage 2 hearing: Final written warning
15. Stage 3 hearing: Dismissal or redeployment
16. Appeals against action for poor performance
17. Training and/or Awareness Raising
18. Equality
19. General Data Protection Regulations 2018
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21. Records Management
22. Review

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| Approved By: Welsh Partnership Forum | | Adopted by Strategy & Delivery Committee: dd mmm yyyy |

23. Monitoring

24. Approval

Appendix 1 – Capability Hearings Flowchart

NOT ADOPTED BY UHB - DO NOT USE YET

| | | |
|--|---------|---|
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| | |
|----|---|
| 1. | <u>Policy Statement</u> |
| | <p>The Core Principles of NHS Wales are:</p> <ul style="list-style-type: none"> • We put patients and users of our services first: We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times. • We seek to improve our care: We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste. • We focus on wellbeing and prevention: We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations. • We reflect on our experiences and learn: We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us. • We work in partnership and as a team: We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff. • We value all who work for the NHS: We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns. |

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| Document Title: <i>Capability Policy and Procedure</i> | 6 of 22 | Approval Date: 26 Jun 2018 |
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| Version Number: 3 | | Date of Publication (UHB): dd mmm yyyy |
| Approved By: Welsh Partnership Forum | | Adopted by Strategy & Delivery Committee: dd mmm yyyy |

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| | <p>They have been developed to help and support staff working in NHS Wales.</p> <p>NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.</p> <p>The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.</p> <p>These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.</p> <p>As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.</p> <p>The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.</p> <p>They have been developed in partnership with representatives from employers and staff side.</p> <p>The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.</p> |
| 2. | <u>About this Policy</u> |
| 2.1 | The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary. |

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| Document Title: <i>Capability Policy and Procedure</i> | 7 of 22 | Approval Date: 26 Jun 2018 |
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| Approved By: Welsh Partnership Forum | | Adopted by Strategy & Delivery Committee: dd mmm yyyy |

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|------------|---|
| 2.2 | It is the policy of Cardiff and Vale University Health Board (the UHB) to ensure that concerns over performance are dealt with fairly and that steps are taken to establish the facts and to give employees the opportunity to respond at an initial informal discussion before any formal action is taken. |
| 2.3 | <p>This policy is applicable to all employees, employed in the UHB, except Medical and Dental staff where specific arrangements apply in cases of professional conduct or competence. It does not apply to bank workers (see bank register principles - June 2017), agency workers or self-employed contractors.</p> <p>Before considering any action in accordance with this policy, the relevant code of conduct and professional code of practice should be considered, and advice should be sought from the relevant professional lead.</p> |
| 2.4 | Where an employee is either jointly employed or is not employed by the UHB but provides a service for the UHB, the capability issue will be addressed under the scope of the policy of the lead employer. The UHB will still have an active involvement in the management of the issue to ensure that the performance standards required by the UHB are met. |
| 2.5 | Managers should be aware that, depending on the outcome of discussions at either the informal or formal stages, it may be appropriate to defer handling the issue under the Capability Policy and refer instead to the alternative appropriate policies, e.g. Disciplinary Policy or Sickness Absence Policy. |
| 3. | <u>Principles</u> |
| 3.1 | All employees should be treated fairly and with dignity and respect. |
| 3.2 | An appropriate Workforce and OD (W&OD) representative will be available to support managers and employees in the application of this policy |
| 3.3 | Line Managers are responsible for ensuring that all new employees undertake both UHB and local induction on commencement of their new post. In addition, they will receive a job description and person specification and will be given a clear understanding of their duties and the standards expected. To support new or promoted employees, the line manager will also need to assess any immediate development needs which they may have and the timescales within which these need to be |

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| | <p>addressed. All employees will participate in a performance review at which a Personal Development Plan will be agreed on at least an annual basis, in line with the pay progression policy.</p> <p>If an individual is in the formal stage of the capability policy at the beginning of sickness and/or maternity/adoption leave and there is evidence to show that they would be unlikely to have met their pay progression criteria, it may be possible to withhold their pay increment. However, advice must be sought from a relevant member of the W&OD team and such a decision must take account of any potential discrimination claims.</p> <p>During the normal course of their duties, line managers should meet regularly with their employees and bring to their attention any issues relating to their performance. During an induction period, the expectation would be that the level of support required would be greater than once the employee has settled in.</p> |
| 4. | <u>Rights of accompaniment</u> |
| | <p>All employees have the right to be accompanied by a Trade Union representative or a UHB workplace colleague, at all formal hearing stages of the procedure. However, as long as a suitable alternative representative is available, unavailability of a preferred representative or workplace colleague should not delay the hearing taking place.</p> <p>Where reference is made in this policy to the employee's "representative", this will refer to the Trade Union representative or work place colleague.</p> |
| 5. | <u>Identification of a Capability Issue</u> |
| | <p>In the first instance, performance issues should normally be dealt with informally between the employee and their line manager as part of day-to-day management. Where appropriate, a note of any such informal discussions should be shared with the employee and placed on the employee's personal file.</p> |

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| | <p>Informal discussions may help:</p> <ul style="list-style-type: none"> a) clarify the required standards; b) identify areas of concern; c) establish the likely causes of poor performance and identify any training needs; and/or d) set targets for improvement and a time-scale for review. <p>This procedure should be used for more serious cases, or in any case where an earlier informal discussion has not resulted in a satisfactory improvement.</p> |
| 6. | <u>Initial Assessment</u> |
| 6.1 | <p>If initial discussions have not resulted in a satisfactory improvement and if the <i>UHB</i> has ongoing concerns or more serious concerns come to light about an employee's performance, an Initial Assessment will be undertaken, which may be by the line manager, to decide if there are grounds for taking formal action under this policy. The procedure involved will depend on the circumstances but may involve reviewing the employee's personal file including any appraisal records, gathering any relevant documents, monitoring the employee's work and, if appropriate, interviewing the employee and/or other individuals confidentially regarding the employee's work.</p> |
| 6.2 | <p>Managers need to consider in the light of relevant <i>UHB</i> policies and procedures any underlying issue such as:</p> <ul style="list-style-type: none"> • Health and/or domestic issues; • Bullying/harassment or feeling intimidated for any other reasons; • Inadequate resources to do the job; • Insufficient training or the need for further training; • Changes in the job environment. |
| 7. | <u>Incapability Due to Disability</u> |

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| 7.1 | Consideration will be given to whether poor performance may be related to a disability and, if so, whether there are reasonable adjustments that could be made to the employee's working arrangements, including changing duties or providing additional equipment or training. The UHB has a duty under the Equality Act 2010 to make reasonable adjustments as appropriate. |
| 7.2 | If an employee wishes to discuss this or inform the UHB of any medical condition the employee considers relevant, the employee should contact his/her line manager who may refer the employee to Occupational Health for assessment and support. |
| 8. | <u>Confidentiality</u> |
| 8.1 | The aim of the UHB is to deal with performance matters sensitively and with due respect for the privacy of any individuals involved. All employees must treat as confidential any information communicated to them in connection with a matter which is subject to this capability procedure. |
| 8.2 | The employee and anyone accompanying the employee (including witnesses), must not make electronic recordings of any meetings or hearings conducted under this procedure. |
| 8.3 | The employee will normally be told the names of any witnesses whose evidence is relevant to the employee's capability hearing, unless there are exceptional circumstances in which the UHB believes that a witness's identity should remain confidential. |
| 9. | <u>Redeployment/Downgrading</u> |
| | <p>If it is mutually agreed at any stage in the process that redeployment/downgrading is in the best interests of both the employee and the organisation, every effort will be made to find a suitable appointment. In particular, the following must be considered:</p> <p>Temporary redeployment:</p> <ul style="list-style-type: none"> • The availability of opportunities; • It will be for the manager and employee to agree a suitable trial period for these arrangements; • Review arrangements whilst in the new post; • Protection of all earnings would apply. <p>Permanent redeployment:</p> |

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| | <ul style="list-style-type: none"> • The availability of opportunities; • Protection of earnings will not be applied. |
| 10. | <u>Timescales for Achieving Improvement</u> |
| | <p>The timescales for achieving improvement will be dependent on various factors such as the risks of the role not being carried out competently within the UHB, the impact on the service, the complexities of the job itself, and the availability of the necessary training and support. However, managers are responsible for setting SMART (Specific, Measurable, Achievable, Relevant, Timely) targets for improvement. As a guideline the timescales to achieve the improvement should normally be a minimum of one month and no more than three months. During the period, there is an expectation that the manager and employee will have regular meetings to review performance. Periods of review may be paused if an employee is absent from work for an extended length of time in excess of 28 days, to cover the length of the absence where improvement cannot be monitored.</p> |
| 11 | <u>Notification requirements for formal capability hearings</u> |
| | <p>If the UHB considers that there are grounds for taking formal action over alleged poor performance, the Employee will be required to attend a capability hearing. The employee will be notified in writing of the concerns over their performance, the reasons for those concerns, and the likely outcome if it is decided after the hearing that the employee's performance has been unsatisfactory. The UHB will also include the following where appropriate:</p> <ul style="list-style-type: none"> a) A summary of relevant information gathered as part of any investigation. b) A copy of any relevant documents which will be used at the capability hearing. c) A copy of any relevant witness statements, except where a witness's identity is to be kept confidential (which will only be in exceptional circumstances), in which case the employee will be given as much information as possible while maintaining confidentiality. <p>All documentation will be passed to the employee as soon as possible but no later than 21 calendar days prior to a capability</p> |

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| | hearing. Any additional information which the employee wishes to rely upon should be submitted as soon as possible but no later than 10 calendar days prior to the hearing. In exceptional circumstances, the employee may request to make a submission which has not been made available within the above timescale. The list of agreed witnesses will be provided no later than 14 calendar days before the hearing date. | | |
| 12. | <u>Procedure at capability hearings</u> | | |
| | <p>If the employee or their representative cannot attend the hearing they should inform the UHB immediately and the UHB will usually arrange an alternative time. The employee must make every effort to attend the hearing, and failure to attend without good reason may be treated as misconduct. If the employee fails to attend without good reason or is persistently unable to do so (for example, for health reasons), the UHB may have to take a decision based on the available evidence including any written representations made by the employee.</p> <p>The hearing will normally be held by the employee's line manager (save for at Stage 3 when it is likely that a more senior manager will hear the case) and it is likely that the manager will be supported by an appropriate professional advisor, and a member of the W&OD Department. The employee may bring an employee representative to the hearing (see paragraph 4). The employee representative may make representations, ask questions, and sum up the employee's case, but will not be allowed to answer questions on behalf of the employee. The employee may confer privately with their employee representative at any time during the hearing.</p> <p>The employee may ask relevant witnesses to appear at the hearing, provided sufficient notice is provided to arrange their attendance. The employee will be given the opportunity to respond to any information given by a witness and be permitted to cross examine witnesses in an appropriate manner.</p> <p>The aims of a capability hearing will usually include:</p> | | |
| | <table border="1"> <tr> <td>a.</td><td>Setting out the required standards that the UHB believes the employee may have failed to meet and going through any relevant evidence that gathered.</td></tr> </table> | a. | Setting out the required standards that the UHB believes the employee may have failed to meet and going through any relevant evidence that gathered. |
| a. | Setting out the required standards that the UHB believes the employee may have failed to meet and going through any relevant evidence that gathered. | | |

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| | b. | Allowing the employee to ask questions, present evidence, call witnesses, respond to evidence and make representations. |
| | c. | Establishing the likely causes of poor performance including any reasons why any measures taken so far have not led to the required improvement. |
| | d. | Identifying whether there are further measures, such as additional training or supervision, which may improve performance. |
| | e. | Where appropriate, discussing targets for improvement and a time-scale for review. |
| | f. | If dismissal is a possibility, establishing whether there is any likelihood of a significant improvement being made within a reasonable time and whether there is any practical alternative to dismissal, such as redeployment (see section 9). |
| | <p>A hearing will be adjourned if the UHB needs to gather any further information or give consideration to matters discussed at the hearing. The employee will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened.</p> <p>The UHB will inform the employee in writing of its decision and the reasons for it, usually within seven calendar days of the hearing.</p> | |
| 13. | <u>Stage 1 Hearing</u> | |
| | <p>Where performance issues have not been resolved at an informal level, or where there is a failure to reach and sustain the required standard, a stage 1 hearing will be held.</p> <p>Following a Stage 1 capability hearing, if it is decided that the employee's performance is unsatisfactory, the NHS Organisation will give the employee an improvement notice, setting out:</p> | |
| | a. | The areas in which the employee has not met the required performance standards. |
| | b. | Targets for improvement. |

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| | c. | Any measures, such as additional training or supervision, which will be taken with a view to improving performance. |
| | d. | A period for review (see section 10). |
| | e. | The consequences of failing to improve within the review period, or of further unsatisfactory performance. |
| | <p>The improvement note will normally remain active for six months from the end of the review period. After the active period the warning will remain permanently on the employee's personal file but will be disregarded in deciding the outcome of any future capability proceedings.</p> <p>The employee's performance will be monitored during the review period and the UHB will write to inform the employee of the outcome:</p> | |
| | f. | if the line manager is satisfied with the employee's performance, no further action will be taken at this stage but the improvement notice will remain active from the end of the review period; |
| | g. | if the line manager is not satisfied, the matter may be progressed to a Stage 2 capability hearing; |
| | h. | if the manager feels that there has been a substantial but insufficient improvement, the review period may be extended. |
| 14. | <u>Stage 2 Hearing</u> | |
| | <p>If the employee's performance does not improve within the review period set out in an improvement note, or if there is further evidence of poor performance while the improvement note is still active, the <i>UHB</i> may decide to hold a Stage 2 capability hearing. Written notification will be provided as set out in paragraph 11.</p> <p>Following a Stage 2 capability hearing, if it is decided that the employee's performance is unsatisfactory, the UHB will ordinarily give a final written warning, setting out:</p> | |

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| | a. | the areas in which the required performance standards have not been met; |
| | b. | targets for improvement; |
| | c. | any measures, such as additional training or supervision, which will be taken with a view to improving performance; |
| | d. | a period for review; and |
| | e. | the consequences of failing to improve within the review period, or of further unsatisfactory performance. |
| | <p>A final written warning will normally remain active for 9 months from the end of the review period. After the active period, the warning will remain permanently on the employee's personal file but will be disregarded in deciding the outcome of future capability proceedings.</p> <p>The employee's performance will be monitored during the review period and the UHB will write to inform the employee of the outcome:</p> | |
| | f. | if the line manager is satisfied with the employee's performance, no further action will be taken; |
| | g. | if the line manager is not satisfied, the matter may be progressed to a Stage 3 capability hearing; or |
| | h. | if the manager feels that there has been a substantial but insufficient improvement, the review period may be extended. |
| 15. | <u>Stage 3 hearing</u> | |
| | <p>Following the Stage 2 Hearing and subsequent review period, and where an improvement to the degree required has not been achieved, termination of employment will be considered. This will take account of all previous action that has been taken in an attempt to improve the employee's performance.</p> | |

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| | <p>The decision maker at this stage should not have been involved previously and should have the authority to dismiss.</p> <p>The UHB may decide to hold a Stage 3 capability hearing if there is reason to believe:</p> | |
| | <u>a.</u> | the employee's performance has not improved sufficiently within the review period set out in a final written warning; |
| | <u>b.</u> | the employee's performance is unsatisfactory while a final written warning is still active. |
| | <p>Written notification of the hearing will be sent as set out in paragraph 11.</p> <p>Following the hearing, if it is found that the employee's performance is unsatisfactory, a range of options will be considered including:</p> | |
| | <u>a</u> | extending an active final written warning and setting a further review period (in exceptional cases where it is believed that a substantial improvement is likely within the review period); |
| | <u>b</u> | giving a further final written warning; A final written warning will normally remain active for 9 months from the end of the review period. After the active period, the warning will remain permanently on the employee's personal file but will be disregarded in deciding the outcome of future capability proceedings. |
| | <u>c</u> | redeployment (subject to a trial period of a duration to be agreed but a minimum of 12 weeks) at the end of which the situation will be reviewed and if the redeployment has been successful for all parties, a permanent variation of contract will be put in place. If the redeployment has been unsuccessful in the view of any party, then a stage 3 hearing will be reconvened, and the likely outcome will be dismissal. |

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| | d | <p>dismissing the employee;</p> <p>Dismissal will be with full notice or payment in lieu of notice.</p> |
| 16 | <u>Appeals against action for poor performance</u> | |
| | <p>Should the employee feel that a decision about poor performance under this procedure is wrong or unjust the employee should appeal in writing, stating the full grounds of appeal, to [APPROPRIATE POSITION] within 14 calendar days of receiving the written notification.</p> <p>If appealing against dismissal, the date on which dismissal takes effect will not be delayed pending the outcome of the appeal. However, if the appeal is successful the employee will be reinstated with no loss of continuity or pay.</p> <p>If an employee raises any new matters in the appeal, the <i>UHB</i> may need to carry out further investigation. If any new information comes to light it will be provided to the employee with a summary including, where appropriate, copies of additional relevant documents and witness statements. The employee will have a reasonable opportunity to consider this information before the hearing.</p> <p>The administrative arrangements will be put in place within 14 calendar days and wherever possible the appeal heard within 28 calendar days of the notification of appeal being received. At least 7 calendar days before the Appeal Hearing the Appeal Officer must receive the nature of the appeal and all documentary evidence in support of it. Failure to comply may result in either the appeal being postponed or the appeal going ahead without this information.</p> <p>There will be two levels of constitution of appeal hearings: -</p> <p>For appeals against warnings short of dismissal, the appeal will normally be heard by a manager one level above the manager who imposed the penalty.</p> <p>A Workforce and OD Advisor will be in attendance in order to give advice and to support the Appeal Officer in ensuring that all aspects of the appeal are fully explored.</p> | |

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In cases of appeals against dismissal, the appeal will normally be heard by a senior officer nominated (by the Director of Workforce and Organisational Development), in line with the organisation's scheme of delegated authority.

The officers nominated to hear an appeal must not have been involved in the process at any earlier point.

The purpose of the appeal is to establish if the decision taken at the hearing was reasonable in light of the grounds raised by the employee. The appeal is not a re-hearing of the original evidence.

The appeal hearing must restrict itself to looking at the grounds of appeal made by the employee and ensuring that these grounds are adequately examined in order to reach a proper judgement on whether the appeal should be upheld.

The appeal hearing will consider specifically whether the action decided upon was fair and reasonable at the time that the action was taken. The appeal hearing may look at whether the procedure was applied correctly when deciding on the action.

The appeal will take account of any substantial new information cited in the grounds for appeal.

The decision reached by any level of appeal hearing is considered final. No further appeal mechanism will operate within the UHB.

Where possible, the appeal hearing will be conducted by a more senior manager who has not been previously involved in the case. A member of the W&OD Department and/or the manager who conducted the capability hearing will also usually be present. The employee may bring an employee representative to the appeal hearing.

An appeal hearing will be adjourned if there is a need to gather any further information or give consideration to matters discussed at the hearing. The employee will be given a reasonable opportunity

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| | <p>to consider any new information obtained before the hearing is reconvened.</p> <p>Following the appeal hearing the UHB will:</p> <ul style="list-style-type: none"> a) confirm the original decision; or b) revoke the original decision; or c) substitute with a different sanction. <p>The UHB will inform the employee in writing of its final decision as soon as possible, usually within one week of the appeal hearing. There will be no further right of appeal.</p> |
| 17 | <u>Training and/or awareness raising</u> |
| | All staff will be made aware of this policy upon commencement with the UHB. Copies can also be viewed on the UHBs internet/ intranet or obtained via the W&OD department. Training will be provided as appropriate. |
| 18 | <u>Equality</u> |
| | The UHB recognises the diversity of its workforce. Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The UHB recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed in September 2017. |
| 19 | <u>General Data Protection Regulations 2018</u> |
| | All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the UHB's Data Protection Policy. |
| 20 | <u>Freedom of Information Act 2000</u> |
| | All UHB records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of |

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| | Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the UHB may be found in the UHB's publications scheme. |
| 21 | <u>Records Management</u> |
| | All documents generated under this policy are official records of the UHB and will be managed and stored and utilised in accordance with the UHB Records Management Policy. |
| 22 | <u>Review</u> |
| | This policy will be reviewed in 3 years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance. |
| | <u>Monitoring</u> |
| | Details of all capability procedure outcomes will be monitored and reported as deemed appropriate by the employing organisation. |
| | <u>Approval</u> |
| | <p>Signed on behalf of the Staff Side:</p> <p>Signed: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Signed on behalf of the Management Side:</p> <p>Signed: _____</p> |

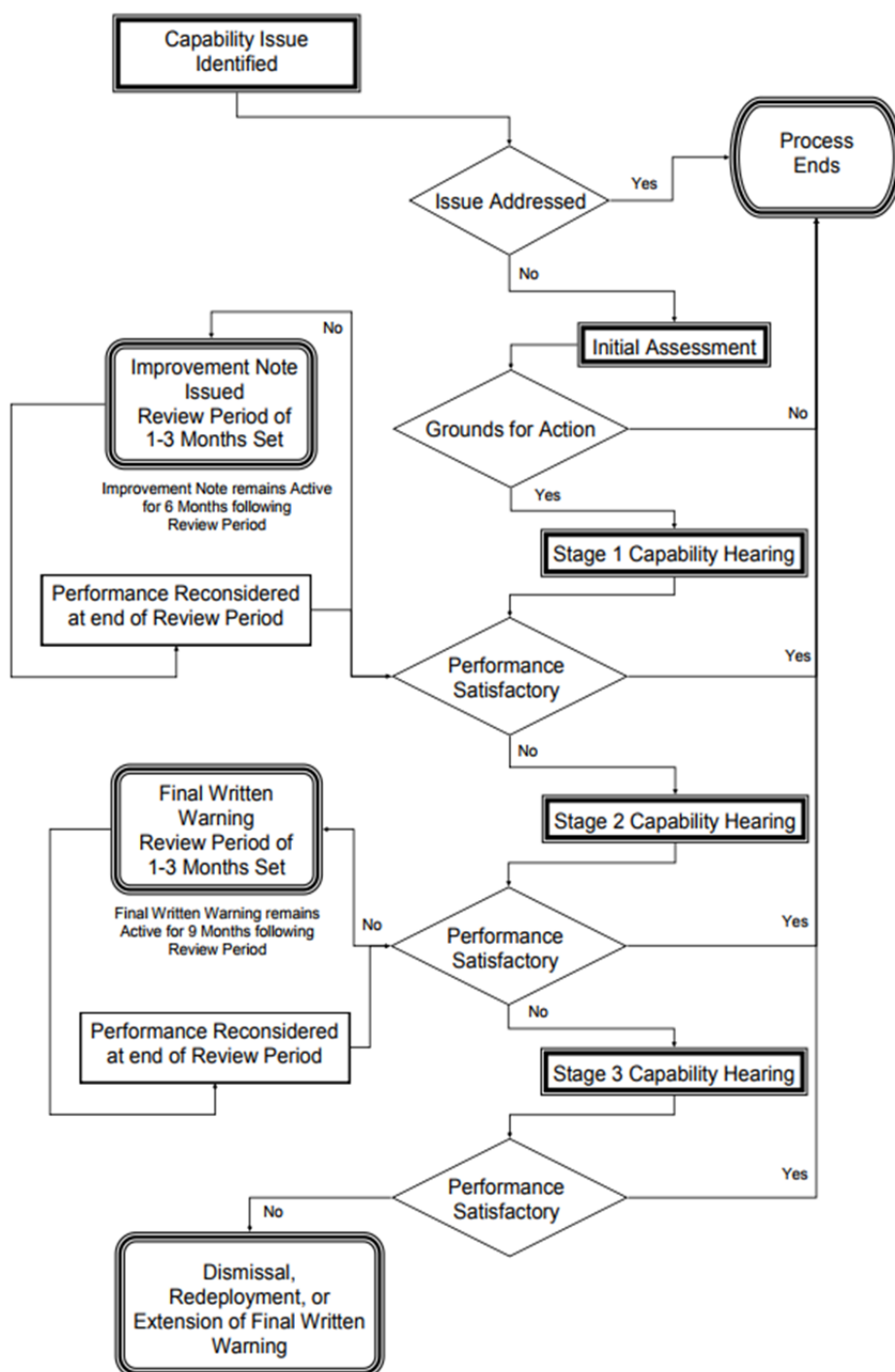
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NOT ADOPTED BY UHB - DO NOT USE YET

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Appendix 1 - Capability Hearings Flowchart



LHB/Trust Chief Executives
LHB/Trust Chairs
LHB/Trust Directors of Workforce & Organisational Development
WPF Members

27 June 2018

Dear colleague,

Please find attached the revised Capability policy and procedure for NHS Wales together with an updated Equality Impact Assessment.

There are significant changes from the previous policy and procedure including a much more formal approach with three stages of hearings, as well as an additional reference to the NHS Wales Core Principles towards the beginning of the document.

The current policy and procedure should now be replaced with these versions which were approved for implementation by Joint Chairs' action on behalf of the Welsh Partnership Forum on 26 June 2018.

I would be grateful if the revised policy and procedure could be adopted by your Board (or sub committee) and implemented at the earliest opportunity. Please note that individual organisations will need to ensure that references to "NHS Organisation" are changed to your organisation's name.

Yours sincerely



Richard Tompkins
Director
NHS Wales Employers
On behalf of the Joint Chairs of the Welsh Partnership Forum

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| Reference Number: 169 Version Number: 1A | <i>Date of Next Review: To be included when document approved</i> <i>Previous Trust/LHB Reference Number: tr/52</i> |
| PROFESSIONAL REGISTRATION PROCEDURE | |
| Introduction and Aim <p>Cardiff and Vale University Health Board (UHB) recognises that professional regulation is intended to protect the public, making sure that those who practice a health profession are doing so safely. The purpose of this Procedure is to ensure that the UHB is fully able to exercise its duty to protect the public and patients through the employment of registered staff.</p> <p>It is a requirement that individuals who work within certain professional groups and who are employed and/or undertake work on behalf of the Cardiff and Vale University Local Health Board (the UHB), are registered with their respective professional regulatory organisation.</p> <p>If a member of staff's registration lapses they will not contractually, and in many cases legally, be able to continue to carry out the duties of their post if their post requires them to be registered.</p> <p>In view of the professional and legal obligations, it is the policy of the UHB to ensure that all staff who have a requirement to be registered with a statutory regulatory body in order to practice their profession are appropriately registered at all times.</p> <p>Failure to obtain or maintain registration may lead to disciplinary action, including dismissal. During any investigation into failure to be registered and while registration is being sought, staff will be required to take any annual leave accrued up until the date registration lapsed or if this is not possible, will be required to take unpaid leave.</p> | |
| Objectives <ul style="list-style-type: none"> • To set out UHB's requirements for all professionally registered staff to maintain their professional registration • To provide guidance to managers on the processes for checking and recording professional registration at the recruitment stage • To ensure that all staff employed (whether on substantive, temporary or fixed term contracts) or engaged on honorary appointments maintain their registration during employment. • To provide information on the actions managers should take if it is discovered that a practitioner's registration has lapsed. | |
| Scope | |

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This Procedure applies to all staff within the UHB whose employment requires them to be registered with their respective professional regulatory organisation. The Procedure also applies to staff engaged by the Nurse Bank, Honorary Contract, Locum/Agency staff and Contractors.

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| Equality & Health Impact Assessment | An Equality & Health Impact Assessment has been completed and found there to be a positive impact. |
| Documents to read alongside this Procedure | Recruitment and Selection Policy Disciplinary Policy |
| Accountable Executive or Clinical Board Director | Executive Director of Workforce and OD |
| Author(s) | Head of Workforce Governance /UNITE staff representative |
| <p style="text-align: center;"><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p> | |

| Summary of reviews/amendments | | | |
|--------------------------------------|-----------------------------|-----------------------|--|
| Version Number | Date Review Approved | Date Published | Summary of Amendments |
| Trust 1 | | January 2005 | New Policy |
| Trust 2 | January 2006 | January 2006 | Rolled forward to September 2009 |
| Trust 3 | October 2008 | October 2008 | No changes to version 2. Rolled over to September 2012 |
| UHB 1 | 29.01.2013 | 29.01.2016 | Updated to UHB document – Title changed from Statutory to Professional Registration Policy |
| UHB 1A | | | Rolled forward with no changes. Amended from Policy to Procedure |

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| 1 | ROLES AND RESPONSIBILITIES |
| 1.1 | RESPONSIBILITIES OF THE EMPLOYEE |
| | <p>The UHB regards it as the responsibility of the individual employee to register and ensure that they maintain such registration as is necessary to enable them to practise their profession.</p> <p>As such, it is the responsibility of the individual employee to:</p> <ul style="list-style-type: none"> • provide evidence of statutory registration and qualifications prior to commencement with the UHB. • be aware of when his/her registration is due for renewal. • ensure they maintain their registration and meet the requirements of CPD for their profession throughout their employment with the UHB including: <ul style="list-style-type: none"> ○ when a member of staff is on maternity, adoption or paternity leave (see maternity guidance and Keeping in Touch days); ○ absent from work due to sickness; ○ on secondment; ○ on an employment break; ○ any other period away from the workplace • have taken account of the need to pay the required fee and submit the correct documents to enable registration or renewal to occur. • have the responsibility to inform their manager of any issues relating to re-registration. • ensure that their manager is provided with evidence of their registration and the expiry date, on renewal of his/her registration. • inform the relevant statutory regulatory body and the UHB of any change in personal circumstances, e.g. change of address, name, status • Medical staff practising medicine are required to maintain a licence to practice and a requirement to comply with the GMC requirements for revalidation of their professional registration. • understand that failure to obtain or maintain registration may lead to disciplinary action, including dismissal. • utilise any annual leave accrued up to the date of the registration lapse or taking unpaid leave, during any investigation into failure to be registered and while registration is sought. • notify his/her manager immediately of any material facts inside or outside of work which may impact on his/her registration, such as being arrested or receiving a police caution • understand that if they are removed from the register by their own Professional body they will no longer be able to be legally employed by the UHB |
| 1.2 | UHB RESPONSIBILITIES |
| | Within the UHB managers must ensure that: |

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| | <ul style="list-style-type: none"> • they are familiar with the requirements of relevant legislation governing employment of registered professional staff. • they verify the qualifications and professional registration of any new employees at the recruitment stage. • each Directorate must designate an appropriate manager(s) with responsibility for ensuring that the follow up process for checking statutory registration is undertaken and that a centralised record of statutory registrations, including registration numbers and renewal dates, is maintained. • establish procedures within their area to ensure the registration of honorary contracts holders, agency and locum workers is verified. • prompt action is taken to protect the interests of the public and patients where a member of staff is found not to be registered (see Section 7 below). |
| 2 | DEFINITIONS |
| | <p>Professional Registration</p> <p>The process of compiling and maintaining a list of names of people who have met specified professional standards</p> <p>Regulatory Body</p> <p>An association responsible for setting and maintaining standards of professional training, performance and conduct of healthcare professions that it regulates.</p> |
| 3 | PROCEDURE FOR VALIDATION OF STATUTORY REGISTRATION |
| 3.1 | <p>NEW EMPLOYEES</p> <p>All prospective employees of the UHB are required to submit details of professional qualifications and professional registration details as part of the recruitment process. Validation of professional registration will be undertaken by the appointing manager or nominee before offering the position to the successful applicant. This should take place as soon as the decision is made to follow up applicants successful at interview. The original documentation will also be viewed during the enrolment process and a copy of the registration certificate will be placed on the practitioner's personal file. For all staff, the appropriate manager or nominee will confirm registration status, including relevant part(s) of the register, using the appropriate registration confirmation service. (Appendix A)</p> <p>Once the registration has been confirmed, the registration details will be included in the Staff Enrolment Form and then entered on the Electronic Staff Record (ESR) system. Employees whose evidence of statutory registration cannot be verified will not be allowed to commence their duties and their offer of employment will be withdrawn.</p> |
| 3.1.1 | <p>NEW ENTRANTS TO REGISTER</p> <p>There may be occasions where newly qualified professional staff commence employment prior to receipt of confirmation of registration.</p> |

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| | <p>In such circumstances the individual will initially be employed and may work supervised at the pay scale for the relevant level for a Health Care Support Worker in that area until their registration is confirmed. Once registration can be confirmed the individual will change to the appropriate registered grade, pay will not be retrospectively adjusted as staff will not have worked to the job description of a registered member of staff during this period.</p> |
| 3.2 | <p>EXISTING STAFF</p> <p>Each Directorate/Division must have an active follow up process which ensures regular checks of statutory registration.</p> <p>For all staff where registration is required the appropriate manager or nominee will confirm registration status (including relevant part of the register where appropriate) using the appropriate registration confirmation service, either online, by telephone or in writing (Appendix A).</p> <p>The UHB will additionally monitor the ongoing registration of Medical and Nursing staff via the Electronic Staff Record (ESR) interfaces with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC)</p> |
| 3.3 | <p>BANK STAFF</p> <p>Staff engaged on Bank duties will be subject to the arrangement for new employees and existing staff detailed above.</p> |
| 3.4 | <p>AGENCY / LOCUM STAFF</p> <p>The relevant agency/locum provider will be asked to provide the UHB with the registration details (registration number, renewal date and date of birth) of the individual identified for the placement.</p> <p>The department concerned will check the registration with the appropriate regulatory body using the appropriate registration confirmation service, either online, by telephone or in writing.</p> <p>Outside office hours the information will be provided to the Site Manager who will forward it to the Department for checking at the earliest working day opportunity.</p> |
| 3.5 | <p>CONTRACTORS</p> <p>Any professional staff contracted to provide a service on behalf of the UHB, will be required to be registered with the appropriate registration body.</p> <p>The Contractors will be asked to verify the statutory registration of each individual providing a service on behalf of the UHB, prior to the engagement of the individual.</p> <p>The Contractors will be asked to provide the UHB with the registration details of the professional, including the registration number and renewal dates.</p> |

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| 3.6 | <p>WORK PLACEMENTS AND TRAINEES</p> <p>Any registered professional staff attending the UHB to participate in specific work placements or participate in training will be required to be registered with the appropriate professional body.</p> <p>The host employer of the professional will be required to verify the statutory registration of the individual prior to their commencement of their work placement or training.</p> |
| 3.7 | <p>HONORARY CONTRACT HOLDERS</p> <p>Any professional staff holding an Honorary Contract with the UHB will be required to be registered with the appropriate professional body.</p> <p>The host employer of the professional will be required to verify the professional registration of the individual prior to their commencement of their duties. In addition, the employer will be asked to provide the UHB with the registration details of the professional, including the registration number and renewal dates.</p> <p>In respect of medical staff, the Medical Workforce Department will verify that the GMC professional registration is current and appropriate.</p> |
| 4 | <p>PROCEDURE FOR DEALING WITH INSTANCES OF LAPSED PROFESSIONAL REGISTRATION</p> |
| | <p>Within the UHB there should be clear and robust audit mechanisms in place to ensure that there is adherence to registration and re-registration procedures, as outlined above.</p> |
| 4.1 | <p>INVESTIGATION & ACTION</p> <p>From time to time situations arise whereby individual members of these professions allow their registration with the appropriate professional body to lapse.</p> <p>Failure to have or to renew registration will result in the practitioner being managed and supported as follows:</p> <ul style="list-style-type: none"> • The practitioner concerned will be advised that until they are restored to the appropriate register they cannot continue to undertake their professional duties. • As such, they will be required to remain away from the workplace until their re-registration has been confirmed. To facilitate this, the individual may take up to 5 days Annual leave, paid at the band at which it was previously accrued. |

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| | <ul style="list-style-type: none"> • In situations where the registrant does not have any remaining Annual Leave, this will be taken as unpaid leave. • Where this is not resolved in the given timescales unpaid leave will need to be taken unless extenuating circumstances can be proved. <p>This will support the individual to ensure they are able to be compliant with registration requirements.</p> <p>If registration is not renewed within the given timescales, this will be investigated under the UHB Disciplinary Policy and could lead to disciplinary action in relation to all those individuals concerned. It is worth noting that the Disciplinary Policy states that failure to maintain registration with relevant mandatory professional body is categorised as Serious Misconduct.</p> <p>Any issues around lapsed Registration, including the individual's culpability, will be fully investigated by the appropriate manager concerned to ensure that robust systems are in place. Risk assessments will also be carried out into clinical practice.</p> <p>In circumstances where lapsed registration has occurred due to the failure of the statutory regulatory body the manager will clarify the position with the professional body concerned.</p> <p>The subsequent return to work of the member of staff and/or the resumption of pay will be subject to the availability of confirmation of re-registration. As soon as re-registration can be confirmed, whether or not the person is immediately returned to duty, their pay should be reinstated where they have taken unpaid leave.</p> <p>The relevant manager or nominee will confirm re-registration via the appropriate registration service either online, by telephone or in writing.</p> |
| 4.2 | <p>PROFESSIONAL UPDATING</p> <p>In the circumstances where the lapse of registration requires an extended period of professional updating, the individual will be paid at the relevant pay band (bottom point of scale) of an unregistered Health Care Support Worker in the area concerned for the complete period of updating.</p> |
| 5 | <p>REPORTING</p> |
| | <p>In all cases of lapsed registration, a full report of the circumstances and action taken should be submitted to the Divisional HR Manager and the appropriate Divisional Director (or named representative).</p> |
| 6 | <p>NOTIFICATION TO REGISTERING BODIES OF BREACHES OF PROFESSIONAL CODES OF CONDUCT</p> |

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| | In circumstances where an individual, registered with a professional registering body, is proven to have breached their relevant professional code of conduct, the UHB will follow the relevant professional registering body's mechanism for notification in such circumstances. |
| 7 | CHANGES TO THE REGISTER |
| | The UHB is advised by the Welsh Government, via Alert Letters, of any changes to professional registers (including removals and suspensions) on an ongoing basis. |

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Appendix A

Registration Bodies

General Medical Council (GMC)

Doctors' registration with the General Medical Council is renewable on an annual basis.

Licence to Practice - every doctor who wants to practise medicine must not only be registered, but also hold a Licence to Practise from the GMC.

In addition, licensed doctors must be revalidated by the GMC every five years. This means that doctors will be asked to evidence that they have been practising medicine in line with the principles set out in the guidance booklet, Good Medical Practice Full Registration – allows doctors to engage in any form of professional employment within the United Kingdom.

It should be noted that for Doctors to work in an **unsupervised capacity** in their chosen category of medicine need to be on the GP or Specialist Register of the GMC.

Provisional Registration – is held by newly qualified doctors for one year to enable them to complete their Foundation Programme Year 1 posts within hospital settings.

General Ophthalmic Practitioners must be registered with the General Medical Council as detailed above.

Address for Correspondence:

General Medical Council
178 Great Portland Street
London
W1W 5JE

Telephone Number: 0207 915 3630

Website: www.gmc-uk.org

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Nursing and Midwifery Council (NMC)

All Nurses, Midwives and Health Visitors must be registered with the NMC, and registrations are renewable annually. The Register is split into three parts as follows:

- Nursing
- Midwifery
- Specialist Community Public Health Nursing

Registration with the NMC may not be the only requirement needed for employment in certain positions. Appointing managers must ensure that they are familiar with all the necessary requirements for the profession concerned and that, prior to making offers of employment; they check that each appointee complies with those requirements.

Address for Correspondence:

Nursing and Midwifery Council
23 Portland Place
London W1B 1PZ

Telephone Number: 0207 333 9333

Website: www.nmc-uk.org

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Health and Care Professions Council (HCPC)

Practitioners covered by the HCPC are registered every two years, with set expiry dates for practitioner groups (their expiry years all differ). The practitioner groups covered are:

| | |
|---|--------------|
| Radiographers | 28 February |
| Physiotherapists | 30 April |
| Art Therapists (including Art, Music & Drama) | 31 May |
| Practitioner Psychologists | 31 May |
| Dietitians | 30 June |
| Chiropodists/Podiatrists | 31 July |
| Hearing Aid Dispensers | 31 July |
| Orthoptists | 31 August |
| Paramedics | 31 August |
| Clinical Scientists | 30 September |
| Prosthetists and Orthotists | 30 September |
| Speech and Language Therapists | 30 September |
| Occupational Therapists | 31 October |
| Biomedical Scientists | 30 November |
| Operating Department Practitioners | 30 November |

Registration with the HCPC may not be the only requirement needed for employment in certain positions. Appointing managers must ensure that they are familiar with all the necessary requirements for the profession concerned and that, prior to making offers of employment; they check that each appointee complies with those requirements.

Address for Correspondence:

HCPC
Park House
184 Kennington Park Road
London S11 4BU

Telephone Number: 0207 582 0866 / 0845 3004 472

Website: www.hcpc-org.uk

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General Pharmaceutical Council (GPhC)

All Pharmacists and Pharmacy Technicians must be registered with the GPhC (formerly the Royal Pharmaceutical Society of Great Britain) and registrations are renewable annually.

Address for Correspondence:

General Pharmaceutical Council (GPhC)
1 Lambeth High Street
London SE1 7JN

Telephone Number: 020 3365 3400

Website: www.pharmacyregulation.org/register

General Dental Council (GDC)

The GDC holds two registers that provide registration information on all dental care professionals:

- The Dentists Register, and
- The Dental Care Professionals Register which includes Dental Hygienists, Dental Therapists, Orthodontic Therapists, Clinical Dental Technicians, Dental Nurses and Dental Technicians

For Dentists, there are two categories of registration, full and temporary, although the latter is granted only in certain circumstances. There are also Specialist Lists - Oral Surgery, Surgical Dentistry, Endodontics, Periodontics, Prosthodontics, Restorative Dentistry, Dental Public Health, Orthodontics, Paediatric Dentistry, Oral Medicine, Oral Microbiology, Oral Pathology and Dental and Maxillofacial Radiology. Registrations are renewable annually.

Address for correspondence:

General Dental Council
37 Wimpole Street
London W1G 8DQ

Telephone 020 7887 3800

Website: www.gdc-uk.org

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General Optical Council (GOC)

This is a statutory Register. There are two registers of optometrists; one for those who test sight and fit and supply optical appliances (the majority); the second register is for those optometrists who test sight only. There is one register for dispensing opticians. Dispensing opticians do not test sight. Dispensing Opticians fit and supply optical appliances and, if qualified to do so, may fit contact lenses. Registrations are renewable annually.

Address for correspondence:

General Optical Council
41 Harley Street
London W1G 8DJ

Telephone 020 7580 3898

Website: www.optical.org

South Central & East Wales Regional Planning & Implementation Group

**Action Notes from the Meeting held on Thursday, 12th July 2018 in
Mawr Room, Welsh Health Collaborative, River House, Cardiff**

Attendees:

Ian Morris (IJM) Chair AB
Abi Harris (AH) C&V
Ruth Treharne (RT) CT
Hannah Evans (HEv) WAST
Samantha Ruthven-Hill (SRH) Powys
Rachel Marsh (RM) CT
Rob Tovey (RTo) NHS Collaborative
Lee Davies (LD) C&V

In attendance:

Eithne Hunter (EH) AB

Apologies:

Alison Williams (AW) CT
Len Richards (LR) C&V
Judith Paget (JP) AB
Nicola Prygodzicz (NP) AB
Marie Davies (MD) C&V

Martin Driscoll (MD) C&V
Sian Harrop-Griffiths (SHG) ABM
Karen Miles (KM) HD
Linda Donovan (LD) C&V

Action

1. Notes of the last meeting

The notes of the last meeting were accepted as accurate **EH**
subject to amending apologies to include HEv.

2. Matters arising:

Attendance of CEOs at Planning and Implementation Group.
AH notes that planning leads are linking with CEOs on
individual issues and areas of critical concern.

NP

However the meeting recognised the need for dialogue and
discussion with CEOs as a collective outside of the Planning
and Delivery Forum and agreed that further consideration will
be given to how this can be facilitated.

3 SC&EW Regional Planning and Delivery Forum (" the Regional Forum")

RT shared her perspective of the recent Regional Forum (held
of 19th June 2018).

As a general observation that the paper this group prepare for
the Regional Forum forms the substance of the meeting. She
suggested that the paper be designed to explicitly set out:

- What we want the Forum to know, specifically ensuring a common understanding of the facts on issues that will be discussed
- What we need the Forum to make a decision on

NP/IJM

RT did not recognise the very draft notes of the meeting as a full reflection of the issues discussed. She summarised the following as key issues of note for this group.

Financial Framework – the general view of the Regional Forum is that the Collaborative Framework has been adopted. If disputes arise then they will go through the “disputes resolution forum”.



TOR South Central
East Joint Regional I

RT is now aware of a disputes resolution process as part of the collaborative framework. Group queried whether this is part of the Regional Forum's role. EH agreed to locate and circulate Terms of Reference (attached opposite).

ENT – discussed position on emergency ENT – Chair and CEOs of C&V and CT agreed to meet outside of Forum to work through issue.

Approval to progress Head and Neck on a bi-lateral basis (AB CEO not sighted on regional discussions).

Regional Diagnostics – did not approve RFA as part of scope of regional diagnostics. RFA to be addressed by Collaborative. CT agreed to share scoping work with Mark Dickinson and Rosemary Fletcher. **RT**

Did not support proposal for scoping regional, super-regional and wider MRI reporting solutions. Director General proposed the National Imaging Group as the mechanism to deliver this work.

Director General reinforced that Endoscopy is the key priority.

Orthopaedics – the Regional Forum has asked that the regional orthopaedic group revive, revisit and refresh the work that Dr Marysia Hamilton-Kirkwood (PHW) completed on orthopaedic demand/need. **MD**

Resources – AB's Chair set out the case for releasing resources from the Collaborative to support the Regional Programme. A Project Manager for each work stream was suggested. Agreed that this would be followed up by AB. **NP**

4 Legacy Programmes

VASCULAR – IJM confirmed some key progress and outputs since the last meeting, specifically confirmation from lead CEO (C&V) that **OOH Vascular Interventional Radiology Regional Rota** will go live in October 2018 (see letter attached opposite).



LR-jb-07-6977.pdf

LD set out some of the key issues that have been addressed to and actions that are being progressed.

- Consultant capacity to support Regional Rota was resolved quickly. Addressing Nursing and Radiographer capacity out-of-hours proved more difficult, particularly in the context of maximising existing resource and delivering best value for NHS Wales.
- Initial proposition was to create a new dedicated rota to cover OOH IR at a cost of £450,000 but has subsequently been revisited. This would run in parallel to existing nurse rota and the two radiographer rotas at UHW which cover IR, neuroradiology, ERCP. Several iterations later, the view is that the existing nurse rota will be maintained (one nurse) and the radiographer rota supplemented to ensure that 3 radiographers can be available simultaneously in the OOH period. This will require recruitment of additional staff who need to be in place by October 2018.
- It was recognised that this would need to be reconsidered in time as part of NATSSIPS compliance, but it was confirmed that the C&V IR consultants had agreed the proposals.
- Volume of activity likely to be 26 IR transfers/annum, however equivalent units' activity across the UK is closer to 200 IR transfers/annum.

As Region will need to continuously review implementation, and respond to any increases in activity. The impact of changing standards on the service will be addressed as they become live.

IJM noted that a detailed plan needs to be drafted and shared with clinicians ASAP – this is vital to provide reassurance that there is a plan in place to deliver the Regional IR (OOH) Rota by October 2018.

This will inform early communications on the details and describe the further work that needs to be done, critically it

LD
(17/7/18) to
include the
further work
required to
finalise the
detailed plan.

will enable clinicians to be involved in resolving them.

Regional Vascular Hub; (phased V one step implementation)

– IJM confirmed that it was now not possible to complete a feasibility study on a phased or one step implementation by end of July. He noted the importance of getting the message out that this work is progressing albeit the timeline has extended and agreed to draft a communications on behalf of the group.

IJM

HEv sought confirmation on the impact of the Regional model on paramedics. IJM confirmed that there will be no change in prospective flows, ED remains the front door. A meeting is scheduled with WAST for 25th July where this will be tested and any issues identified and resolved.

IJM set out that the feasibility study has two discrete strands, namely:

1. Physically how are beds and theatres made available to support a centralised service
2. Workforce to support a centralised service

LD confirmed that historical activity analysis (3 years old) suggested 9 beds are required for the vascular hub. This work needs to be refreshed and numbers validated, cognisant of learning from Morriston Hospital.

- B2 (UHW) is a 38 bedded vascular ward – case mix suggests that ≥ 30 beds routinely house acute vascular patients. The plan is to re-provide 10 -12 vascular rehabilitation beds at Llandough (capital works are required).

LD

Paper setting out in-patient bed proposal, enabling capital works, reconfiguration of beds on B2, timelines etc to be developed at pace.

- 1 additional ICU bed is required to support the Regional Vascular Hub. LD noted that a plan exists to increase ITU capacity at UHW, this has a timetable and significant workforce issues.

Theatre capacity is the biggest issue for UHW. A complete refurbishment of theatres with multiple schemes being progressed, all of which require WG capital. It is accepted

Physical Infrastructure

that the timetable for a Regional Vascular Hub will be in advance of theatre refurbishment at UHW.

LD confirmed that if Regional Support stands and the following issues are progressed, then a realistic timeframe to deliver the Regional Vascular Hub would be 12 months but that now requires a detailed enabling plan.

- Elective activity moves from UHW to CT (two days/week of theatre capacity)
- AB anaesthetists prepared to support UHW vascular transfers and minimise theatre staffing shortfall

Physical Infrastructure cont/d

Whilst there was no problem with the principle of staff transferring to support lists transferred to UHW, in practice this was considered to have little chance of success and as such, from a planning perspective, unfeasible.

The principle of reciprocity is established – the first step is to identify physical capacity to accommodate the quantum of activity that needs to be released by C&V. Deb Evans is the CT lead who will work with IJM/LD to identify what can move, and what capacity can be created. This needs to be consolidated into a paper.

IJM/LD/DE

The work should identify the range of specialties that could transfer from UHW to CT and/or AB will be explored. The scope should include all specialties and not be confined to ENT.

The importance of managing expectations of clinicians is key, they will need to be cited on this work as soon as practicable. Significant changes are anticipated in terms of NICE guidance where EVARS will cease to be undertaken, treatment options will be limited to open AAAs. This will have significant impact on infrastructure and resources required including beds, theatre time and ICU capacity. The impact of these will be addressed when the changes are material.

IJM confirmed the consultant workforce mapping that had been completed 18 months ago had been revisited and that he has secured a clear way forward with Vascular Surgeons on a workforce model for a phased implementation option.

Clinicians believe a one-step (all-in) implementation is preferable, recognising there will be disproportionate gaps to bridge if a phased implementation is adopted.

In the light of the delay in finalising a detailed plan to enable any appraisal of the relative merits, it was agreed that a communication be drafted for the clinicians' giving a clear route map to the completion of the work. IJM agreed to draft this on behalf of the group.

ENT – no further update save to stress the importance of the meeting between the Chair and CEOs of C&V and CT to resolve blockages.

Paediatrics - RM confirmed that detailed pathway work has been completed and discussed at CTs Strategic Planning Group – given timings it was not possible to circulate pathways in advance of this meeting.

She agreed to circulate the pathways, and consequential impact on flows (particularly for paediatric “un-well” walk-ins) outside of the meeting, noting that sign off of pathways will happen at CIG on 23rd August 2018.

RM

The potential risks of the delay in finalising pathways and resultant flows were flagged, in particular the need to ensure that capacity and workforce is aligned to potential changes.

Obstetrics – Regional Group is working through details of the antenatal model.

Work is underway to determine where POW activity will flow, it has been agreed that geographical boundaries not patient cohorts will form the basis of assumptions (e.g. women who reside in Barry will flow to UHW not CT)

Further work will be undertaken to test and validate flows and address provision of antenatal care to support flows (issues of continuity of care, access to antenatal records).

5 Regional Priority Programmes

ORTHOPAEDICS – no additional update beyond that reported from the Regional Forum.

OPHTHALMOLOGY – IJM confirmed that the Regional Project Group meet tomorrow (13th July 2018). It is

recognised that there is a need to formally consider whether CT and AB will adopt a collaborative approach to commissioning.

RT

RT agreed that a formal position from CT will be available for the Regional Ophthalmology Group meeting on Friday.

DIAGNOSTICS –no additional update beyond that reported from the Regional Forum.

6 Any Other Business

WAST representation – HEv advised that this is her last meeting before she takes up her new role as Director of Transfo

mation at ABM. Either Jon Watts or Estelle Hitchens will represent WAST at this group pending substantive arrangements being put in place by the new CEO.

IJM thanked her for her contribution to Regional Planning and wished her well for the new role at ABM.

Apologies for next meeting – AH and IJM will not be able to attend the next meeting.

7 Date of next meeting

The next meeting 9th August 2018, Canolig Room, Welsh Health Collaborative Offices, River House, Cardiff CF15 9SS commencing at 2pm.

**UNCONFIRMED MINUTES OF A MEETING OF THE PUBLIC
INFORMATION TECHNOLOGY AND GOVERNANCE SUB COMMITTEE
HELD AT 1pm ON 13 JUNE 2018
HQ MEETING ROOM, UHW**

Present:

| | |
|--------------------------|--|
| Eileen Brandreth (Chair) | Independent Member, Information, Communication and Technology |
| Dr Sharon Hopkins | Director of Public Health/Deputy Chief Executive |
| Dr Graham Shortland | Medical Director (Caldicott Guardian) |
| Dr Fiona Jenkins | Executive Director of Therapies & Health Science |
| Peter Welsh | Director of Corporate Governance/SIRO |
| Andrew Nelson | Assistant Director of Information and Performance |
| Paul Rothwell | Senior Manager Performance and Compliance |
| Allan Wardhaugh | Assistant Medical Director |
| Christopher Lewis | Deputy Director of Finance |

In Attendance:

| | |
|----------------|--|
| Andrew Crook | Head of Human Resources Policy and Compliance |
| Sandra Whitney | IT Programme Manager |

Apologies:

| | |
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| Nigel Lewis | Assistant Director of IT and Strategy |
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ITGSC 18/032 WELCOME AND INTRODUCTIONS

The Chair opened the meeting and advised members that she had been working with the two Executive leads to address strategic issues and provide assurances with the agenda.

ITGSC 18/033 DECLARATION OF INTEREST

There were no Declarations of Interests noted.

ITGSC 18/034 MINUTES OF THE MEETING HELD ON 6 MARCH 2018

The minutes of the above meeting were agreed as a correct record.

ITGSC 18/ 035 REVIEW OF THE ACTION LOG

The action log was reviewed and noted. The following updates were provided:

a) Governance of F.O.I Requests

An update was provided by Andrew Nelson and improved compliance with timescales was ongoing to address long term solutions and in the meantime Senior Coding Staff were helping with F.O.I requests.

b) GP Pilot Cluster

Update provided by Paul Rothwell and delays were highlighted due to privatisation of work for G.P.D.R introduction. Sharon Hopkins confirmed that the necessary work would be progressed and reported to the next meeting.

Other Matters Arising not on the Action Log

1. Therapies and Healthcare Scientist Conference

Fiona Jenkins advised the conference was being held next week and Cabinet Secretary was attending.

2. HSMB

Sharon Hopkins provided feedback from HSMB and reasonable improvements have been noted since that discussion.

3. Welsh Clinical Portal

Fiona Jenkins provided Welsh Clinical Portal update and slides will be circulated to members assurance provided that roll-out was taking place.

4. WI-Fi Funding

To be discussed at Charitable Funds Committee on 19th June 2018. Noted legal advice has been sought and endowment funds can be used for that purpose if the Committee agree.

5. Caldicott Self Assessment

On the agenda

6. Enhanced Procedure Workflow for Incident Reporting

An update would be provided at the next meeting. Paul Rothwell provided an update on the current position.

7. SIRO Report

This is covered in minute 18/042 (e).

8. Update on I.G, Policy

This is covered under ITGSC 18/044 (Controlled Documents Framework).

9. Blood Bank and Cellular Pathology

On the agenda

ITGSC 18/036 CHAIRS ACTION SINCE THE LAST MEETING

Noted the Chairs Action had been taken since the last meeting to approve the submission for the Healthcare Standard 3.4 (IM & T, Information and Information Governance).l

ITGSC 18/037 RISK ASSURANCE FRAMEWORK

Risk Register

The Director of Therapies and Health Sciences introduced the paper and highlighted the following:

The Sub-Committee attention was drawn to the IT risks rated red and the available resources available and need to prioritise these against available resources.

The Cyber Risk and IG register were noted as red rated.

The Sub-Committee was informed that the IG/IT would be merged as one register for the next meeting.

Action: Paul Rothwell / Sandra Whitney / Sian Rowlands

Digital Enabled Organisation

Fiona Jenkins reported the following;

- The 'Cardiff and Vale Way' is the UHB transformation programme and I.T workstream is fundamental to this to provide a digital enabled organization.
- A project structure was outlined to progress this work
- Further updates will be provided at future meetings once this initial scoping work has been completed.

The Sub Committee gave their full support to this work and noted progress report being presented to the Board meeting in July and highlight report to the October meeting of the Sub – Committee.

Action: Fiona Jenkins

ITGSC 18/038 KEY STRATEGIC ISSUES

Report against National Strategy Policy and Implementation.

The Director of Public Health introduced the above and the following were noted:

- Position paper to be received at the October meeting
- This would need to reflect the changing landscape in-respect of the Parliamentary review and other Strategic matters.

ITGSC 18/039 WORK PROGRAMME HIGHLIGHTED REPORTS

a) Delivery of IMTP

The Executive Director of Therapies and Health Science & Director of Public Health introduced the paper. The Sub-Committee was advised that the UHB is moving towards being digitally enabled, however the pace and the ambition is being constantly refined in response to resource availability. This paper provides an exception report on the high priority programmes within the Informatics plan for 2017/18 and the working plan for 2018/19.

The UHB has made good progress in delivering the following informatics priorities:

- Digitising the Clinical record and the second stage of the clinical information model development programme
- Supporting GP out of hours services
- Delivery of the Ophthalmology informatics programme

The following comments were noted:

- The UHB has not signed the Deployment Order for the new WCCIS. The Chief Executive has written to the Director of the programme to express concerns and these comments have also been raised with Welsh Government.
- Fiona Jenkins highlighted recent problems with the current system in respect of LIMS System. Meeting being arranged with NWIS to discuss these concerns.
- The importance of the governance arrangements for this was also raised.

W.C.C.I.S

It was also noted that other Health Boards had also not signed the Deployment Order for W.C.C.I.S and had raised concerns.

The Chair also agreed to raise the sustainability of this product and governance arrangement at the Strategy and Delivery Committee.

Action: Eileen Brandreth

High priority programmes where there are delays and or risks to successful delivery are:

- WCCIS and WLIMs
- Development of PARIS for integrated data and record availability
- Elements of the data acquisition and data management programme
- Delivery of national strategy programme

The Sub – Committee **NOTED** the update and concerns expressed. The Chair agreed to raise this with the Chair of Strategy and Delivery Committee for these concerns to be raised at the next Committee meeting.

Action: Eileen Brandreth

b) Specific Programmes - WLIMS

The Director of Therapies and Health Science introduced the paper and emphasized the importance of moving to WLIMS in order to manage the risk of services remaining on Telepath, However this needs to be balanced against the risk of migrating to a system with known stability issues.

Currently live on the system are medical Biochemistry and Haematology, with Cellular Pathology and Blood Transfusion currently on Telepath. The planned go live date for Cellular Pathology was Monday the 21st May. During the week starting the 14th of May 2018 on two consecutive days the system was unavailable for prolonged periods of time. This raises a significant concern of system stability, particularly in advance of a planned further go live. The second outage on the 15th of May was reported as a server capacity issue. Ongoing server capacity issues were recognised by the clinical teams as whilst the system may not be down there are repeated instances where the speed of the system is reported as significantly slow.

Due to the repeated failures experienced the service undertook a clinical risk assessment of Cellular Pathology going live. This was critical to undertake as the impact of a large service moving onto the system may have implications both locally and nationally. Due to the recent unplanned downtime, the validation and verification of the system was incomplete and would introduce unnecessary risks. Therefore system safety and regulatory compliance could not be assured.

On the basis of the risk assessment Cardiff and Vale choosing to proceed with the go live of the system with the information currently available on system performance will place unnecessary clinical risk on patients across Wales. On this basis the recommendation of the Clinical Board to Management Executive was that Cellular Pathology services were not to proceed to a go live.

The Director of Therapies and Health Science spoke to CE of NWIS and they agreed that the planned Cellular Pathology go live on Monday 21st May would be delayed until the capacity issue had been fixed, WLIMS was stable and there was a reasonable period of error free running. Also the outages had adversely impacted on our planned readiness activities and there was no opportunity for us to recover our position.

The sub-committee was advised that the UHB remain committed to the implementation of all modules of WLIMS and we are using this delayed period of time to continue our readiness activity. We will continue to work closely with NWIS and the national Blood Transfusion WLIMS Board to address the existing stability and performance issues which will need to be resolved prior go live of the Blood Transfusion module. This update was communicated by the CEO to the WLIMS SRO.

The Sub-Committee noted that the module for Blood bank is of greater concern. This is considerably more complex and has a much higher sensitivity to system unavailability. There is no confirmed date for it to be made available and less confidence in the resilience of the system to provide this. One other Health Board has already taken a tactical step and procured an alternative product until they can be assured that this module will be available appropriately in the national solution.

It was noted that the UHB is currently reliant on the Telepath system to provide blood bank services. Supplier support for this is due to end in September 2018 and to date, there has been no agreement about extension although NWIS are engaged in dialogue about this. Should this not be in place by September UHB would be running a critical service on an unsupported platform. If it is provided, the underlying infrastructure is aging and this could represent an increasing risk in relation to cyber security.

The Caldicott Guardian for the UHB noted his extreme concern about this situation and will be liaising with the other Caldecott Guardian's in Wales about this risk. Director of Therapies has been asked to consider this and recommend what Cardiff UHB should do during the next 12 to 36 months in relation to Blood bank services. Until this plan is in place, this represents a considerable risk to the ongoing provision of these services at Cardiff.

The Chair agreed to raise this with the Chair of the Strategy and Delivery Committee

Action: Eileen Brandreth

The Sub-Committee **NOTED** the course of actions being taken and concerns expressed.

ITGSC 18/040 AUDITS

Internal Audit Action Plan

The Sub-Committee **RECEIVED** and **NOTED** the above report and noted maternity had now agreed to the outstanding development required free of charge with the company to close the last risk outstanding.

ITGSC 18/041

Information Commissioners Office Visit and ICO/DPA Action Plan Update

The Director of Public Health presented the above which provided an update of the above report submitted to the last meeting. It was **NOTED** that by implementing its GDPR Action Plan (ITGSC 18/043) the UHB was making progress in terms of implementing the action plan agreed with ICO in relation to compliance with the Data Protection Act (DPA) 1998. The following key areas were noted:

- Improved staff awareness of relevant legal requirements via GDPR awareness sessions and production of Podcast.
- Greater engagement with Clinical Boards and Corporate Depts
- Updated privacy notices for the public and staff. These set out the legal basis for the UHB to process personal data relating to its patients and staff.
- Updating of agreements with third parties to formalise responsibilities relating to the handling of Patient Identifiable Data (PID)

The Information Technology and Governance Sub Committee:

- **NOTED** this update in relation to progress made following the last report to the Committee in relation to the action plan agreed with ICO following its audit of UHB compliance with the DPA
- **NOTED** that a further update in this matter will be submitted to the next Committee meeting as part of the formal report of the Information Governance Executive Team.

ITGSC 18/042 PERIODIC ITEMS FOR ASSURANCE

a) Report of Caldicott Guardian

The Medical Director presented the report of the Caldicott Guardian. The following key points were **NOTED**:

- The 2017/18 CPIP Self Assessment exercise had been closed off at national level by NWIS. Consequently it was not practical for the UHB to complete this exercise. The Chair reiterated the

importance of the UHB undertaking a review to understand the apparent inconsistency between the score given to the ICO DPA audit and the Caldicott Assessment for 2017.

- The Chair requested that 3 Executive leads should consider which Management Group would consider the Strategy for the UHB for digitalization- Sharon Hopkins to update at the next meeting.

Action: Sharon Hopkins

- There was significant concern about the fact that Whitchurch hospital had still not been completely cleared of records. This matter had been raised at HSMB. It was agreed to hold a further visit to Whitchurch and provide assurances at the next meeting and ask Clinical Boards to action urgently if required. Agreed Graham Shortland / Peter Welsh to visit Whitchurch with the Clinical Board to receive assurances required.

Action: Graham Shortland / Peter Welsh

b) Integrated Governance Report

Sharon Hopkins thanked Paul Rothwell and those involved in maintaining the I.G service within the Health Board. The following were highlighted:

- Improvements required in certain areas where there are targets but measures are in place to make the necessary improvements.

The Chair raised concerns about whether the level of FOI compliance could be sustained given the staffing pressures faced by the IG dept.

The following comment was made:

- The importance of the I.C.O follow-up action plan must be reflected in the G.D.P.R action plan. Sharon Hopkins agreed to bring the back to the next or subsequent meeting of the Sub-Committee.

Action: Sharon Hopkins

c) National Health Care Standards Compliance

Report noted and submitted under Chair's Action.

d) IMTP Capital report

The Sub-Committee **NOTED** the report.

Fiona Jenkins raised that this had been discussed at the Capital Allocation Group and the Management Executive Team and concerns on the allocations were noted. The Chief Executive had written to the Chief Executive of NHS Wales to secure further funding for the infrastructure. A response has been received dealing the capital allocation received by the UHB.

The Chair expressed concerns on the I.T allocation for 2018/19 (£250k) which was not sufficient to maintain I.T infrastructure services required. The implications of this would be raised by the Chair to the Strategy and Delivery Committee. Allan Wardhaugh confirmed that this was also a view from clinical teams.

Action: Eileen Brandreth

Sharon Hopkins advised that the Capital Allocation programme was endorsed at the last Board meeting but acknowledged the risks associated with this.

e) Report from SIRO

The Sub-Committee received the report and the Sub-Committee noted change to the Executive lead for SIRO from the Director of Corporate Governance to the Director of Public Health & Deputy CEO.

ITGSC 18/043 GDPR UPDATE AND ACTION PLAN

The Executive Director of Public Health presented the paper which gave an overview of steps being taken to implement the General Data Protection Regulation (GDPR) which came into force on 25 May 2018.

The UHB is a health and care organisation but its generation and use of data, which is often personal and sensitive, makes it equivalent to a medium sized data management company, and widely impacted upon by data protection legislation. Whilst preparations have been in train for some time we are not yet compliant. However we are making good progress in the areas identified as early priorities by the Information Commissioner's Office and are at a similar level of readiness to other Health organisations in Wales.

The Sub-Committee noted:

- The key impacts on the UHB brought about by the GDPR are:
- New accountability requirement means that the UHB is required not only to comply with the new law, but to demonstrate that we comply with the new law.
- There are significantly increased financial penalties possible for any breach.
- There is a legal requirement for personal data breach notifications to be sent to the ICO within 72 hours.
- The UHB may no longer charge patients or staff for providing them with copies of records, thus reducing income.

- Introduction of tighter for evidencing that consent has been obtained where this is the legal basis of processing patient personal data.
- Appointment of a Data Protection Officer is mandatory for the UHB.
- Data protection impact assessments are required for all new processing of large volumes of patient data and adoption of technologies incorporating patient data
- Data protection issues must be addressed in all information processes at an early stage
- There are specific requirements on us to ensure that our patients and population are aware of how their information is being used.

As with the DPA audits and monitoring of the action plan, the ICO considers itself to be a “proportionate regulator”. Their expectation is that the UHB is able to evidence that we have been making good progress in terms of implementing the key structures that underpin the implementation of GDPR by the 25th May. In particular the UHB understands that early priorities should be:

- A good training and awareness programme
- A DPO being in post and the role being actively discharged
- Accurate Information Asset Register(s)
- Publication of our Privacy notice
- GDPR compliant Subject Access Procedure being operational
- GDPR compliant Incident Management arrangements

As evidenced by the Status Report, we consider that progress is being made in all of these areas, assisted in part by the huge profile GDPR is receiving nationally in the news, and by communication campaigns run by other businesses. However there is variation in the progress made at departmental level, with much to do if the UHB is to have consistently good information asset registers and levels of staff awareness across the UHB. In addition to these specific requirements there are many further actions required (as identified in the status report) in order for the UHB to move towards full compliance and to continue to be able to mitigate the risks of being non-compliant beyond May.

The Sub-Committee **NOTED** that:

The programme is overseen by the IG executive team and scrutinised by the Information, Technology and Governance subcommittee of the Board. The key potential risks posed by GDPR, which the IG executive group are managing including need to discharge our statutory duty, Financial penalties and Financial Ability to Act.

ITGSC 18/044 CONTROLLED DOCUMENT FRAMEWORK (CDF) POLICIES AND PROCEDURES

The Director of Public Health presented the above report which detailed:

The Controlled Document Framework (CDF) which lists key documents that the UHB needs to have in place to evidence that it complies with the information governance accountabilities placed upon it and that these are being adequately discharged.

The Information Governance Sub Committee (IGSC) previously received regular reports on the CDF and to ensure the work progresses, reports will continue to be submitted to the ITGSC.

Cardiff and Vale University Health Board (the UHB) needs to receive assurance that it can satisfy all the requirements that are placed upon it by the Caldicott Principles in Practice (CPIP), IG Toolkit and to improve future audits that may be undertaken.

Progress on the framework development would be brought to the next meeting.

The Sub-Committee:

- **NOTED** that it has not been possible to update the UHB Controlled Document Framework since the last meeting because of staffing pressures and the need to prioritise work to lay the foundations for GDPR compliance – agreed with the Director .
- **AGREED** that work should now be undertaken to update the UHB Information Governance policy using the equivalent policy being developed by the Information Governance Managers Advisory Group (IGMAG) Wales as an exemplar.
- **AGREED** that, in the interests of efficiency, this approach will be followed for future UHB IG policies and procedures where such documentation is considered appropriate to the UHB operating environment.

ITGSC 18/045 ITEMS TO RECORD AS RECEIVED AND NOTED

- NIMB Minutes September and November 2017
- Capital Management Group Minutes January 2018

ITGSC 18/046 ANY OTHER BUSINESS

There was no further business discussed

ITGSC 18/047 DATE OF NEXT MEETING

Date of next meeting – 31ST October 12.30pm in the Corporate Meeting Room HQ.

Signed

Date