Bundle Strategy and Delivery Committee 29 October 2019

Agenda attachments

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Strategy & Delivery Committee
Tuesday 29th October 2019
9.00am – 12.00pm
Nant Fawr 1 & 2, Ground Floor, Woodland House

1	**Welcome & Introductions**	Charles Janczewski
1.2	**Apologies for Absence**	Charles Janczewski
1.3	**Declarations of Interest**	Charles Janczewski
1.4	**Minutes of the Strategy & Delivery Meeting held on 3rd September 2019**	Charles Janczewski
1.5	**Action Log of the Strategy & Delivery Meeting held on 3rd September 2019**	Charles Janczewski
1.6	**Chairs Action taken following meeting held on 3rd September 2019**	Charles Janczewski
2	**Shaping our Future Wellbeing Strategy**	
2.1	No items to bring	
3	**National Strategies**	
3.1	Wellbeing of Future Generations Act – WFG Flash Report	Fiona Kinghorn
4	**Integrated Medium Term Plan (IMTP)**	
4.1	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated	Robert Chadwick – Presentation
4.2	Scrutiny of the Workforce Plan	Martin Driscoll
4.3	Scrutiny of the Capital Plan	Abigail Harris
4.4	Draft IMTP	Abigail Harris
5	**Other Significant Plans**	
5.1	Digital Healthcare Strategic Outline Case	David Thomas - Presentation
5.2	Developing a Performance Framework	David Thomas
6	**Performance Reports**	
6.1	Key Organisational Performance Indicators	Steve Curry
7.	**Governance Arrangements**	
	No items to bring	
8	**Items for Ratification**	
	No items to bring	
9	**Any Other Business**	Charles Janczewski
10	Date & Time of Next Meeting: 7th January 2020 – Nant Fawr 1 & 2, Woodland House	Charles Janczewski

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Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 3rd September – 9:00am – 12:00pm
Nant Fawr 2 & 3, Woodland House

Chair:

Charles Janczewski	CJ	UHB Interim Chair & Committee Chair

Members:

Sara Moseley	SM	Committee Vice Chair & Independent Member

In Attendance:

Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Lisa Dunsford	LD	Director of Operations
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Jason Roberts	JR	Deputy Nurse Director
Keithley Wilkinson	KW	Equality Manager

Secretariat:

Laura Tolley	LT	Corporate Governance Officer

Observers:

Anne Beegan	AB	Wales Audit Office

Apologies:

John Antoniazzi	JA	Independent Member
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director

		Action
S&D 19/09/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting verbally in English and Welsh. The CC extended a special welcome to Anne Beegan from Wales Audit Office who observed the meeting and to Jason Roberts, Deputy Nurse Director, who attended in the absence of Ruth Walker, Executive Nurse Director.	
S&D 19/09/002	**Quorum** The CC confirmed the meeting was quorate.	
S&D 19/09/003	**Apologies for Absence** Apologies for absence were noted.	
S&D 19/09/004	**Declarations of Interest**	

	The CC advised the Committee that he was no longer involved with WHSSC.	
S&D 19/09/005	**Minutes of the Committee Meeting held on 25th June 2019** The Director of Corporate Governance (DCG) confirmed that Christopher Dawson-Morris – Corporate Strategic Planning Lead needed to be included on the attendance list. The Committee Vice Chair (CVC) provided an update regarding the Annual Equality Plan and advised that conversations had been held with the Equality Manager and Assistant Director of Organisational Development defining the role of Equality Champions and how Equality would be woven into the Amplify vision. The CC shared with the Committee that the Equality Manager (EM) had been tasked to produce a paper which detailed how this would be structured and the paper would be brought to the Committee for further discussion at a later date. **Resolved – that:** (a) Subject to the above amendment the Committee approved the minutes of the meeting held on 25th June 2019	**LT** **KW**
S&D 19/09/006	**Action Log following the Meeting held on 25th June 2019** **Resolved – that:** (a) The Committee reviewed the action log following meeting held on 25th June 2019	
S&D 19/09/007	**Chairs Action taken since last meeting** There had been no Chairs actions taken since the last meeting.	
S&D 19/09/008	**Having an unplanned care system that provides the right care, in the right place first time** The Chief Operating Officer (COO) introduced the presentation and explained it looked at the last 12 months, preparations for the forthcoming year and the direction of travel going forward. The COO confirmed the demand for services had increased. **2019/20 (year to date):** • EU attendances up 3% • Of which Majors up 5% • Ambulance conveyances down 3% • Medicine admissions up 13% • Surgical emergency admissions down 6%	

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An additional 450 patients attending EU per month – 2/3rds of which were majors.

The COO explained that the detailed information and data pulled from Lightfoot was very helpful and gave the Operations Team an insight to improve the delivery of services.

The COO summarised the Unscheduled Care/Winter Initiatives as:

- Keep Me Home
- Right place, right time
- Every Day Counts
- Get Me Home

The operations team had supported care homes in the community and actively intervened to keep patients in the care home when they became unwell.

Work had been undertaken in Primary Care Sustainability, particularly in MSK and Mental Health areas. Alongside this Cluster Pilots were being developed to extend GP Practice hours. Work had been undertaken which looked at the frail older person liaison services in particular at weekends and rapid flu testing work had been carried out in hospitals.

A 'Safety Huddle' approach had been implemented at the front end of hospital which concentrated on keeping patients safe and focused on patient flow. Processes in the hospital had concentrated on improvement around managing patients through the system and avoiding delays.

Further work had taken place across the system with discharge pathways particularly at St Davids Hospital but more on a domiciliary basis where through the Transformation Fund a bid has been submitted for a Get Me Home + Model.

The COO provided an example of the 'SAFER' model and explained that it required discipline to be implemented at ward level. However, this would ensure that patients continued to flow through hospitals as it focused on what needed to happen next for the patient, why there was a delay and how it could be improved. He explained that the Model had been implemented in Llandough Hospital and there had been a significant gain from its use.

The COO described the impact on bed occupancy and confirmed how this correlated with performance on 4 and 12 hour performance. He explained that when winter on winter 4 hour performance was compared, a marked change could be seen compared to last year. Whilst the team could not confirm what had caused the improvement, the actions that had been taken with bed occupancy had improved the situation. For example EU Performance had averaged 82.7% in Quarter 1 2019 which was an improvement of 5.2% compared to the same Quarter the previous year.

The COO discussed the Reflections on Winter 2018/19 and explained that the external factors were less pronounced this year than previous ones –

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	with lower incidences of flu, warmer temperatures and no disruption due to adverse weather. Despite this, demand was the same or higher across most parts of the system, in particular EU attendances and Medicine admissions. However, even with higher demand performance improved in almost all areas.
	
	The CVC commended the presentation and asked if the transformation money that has gone into rebalancing primary and community care was having an impact and making a difference? In response, the COO confirmed that there was early evidence in relation to Get Me Home +. He added that data had been looked at for patients who had gone through Get Me Home + against patients who had not and confirmed and that up to 28 days had been taken off pathways. The COO explained that it was not 100% reliable, however, with that data along with the significant decrease in 14 day length of stay, Delayed Transfers of Care (DTOC) reductions and bed occupancy reduction it suggested that the system was working. The evaluation was currently being tested with the transformation team.
	
	The COO confirmed that 2 years of transformation funding had been received, therefore the plan was to test and evaluate during this period before looking to incorporate into the everyday business should it be successful.
	
	The CC thanked the COO for the presentation and confirmed it provided the committee with good assurance.
	
	The CC requested the presentation be uploaded to iBabs.
	
	The Executive Director of Strategic Planning (EDSP) felt it would be helpful to take the presentation to the Executive meeting with the Local Authorities.
	
	Resolved – that:
	
	    (a) The Committee Members noted the presentation
	    (b) The presentation be added to the HSMB agenda
	    (c) The presentation be taken to the Regional Partnership Board
		
		LT
		
		AH
		
		LT
		AH

S&D 19/09/009	**Strategic Clinical Plan – Update** The EDSP introduced the paper and it was noted that the clinical plan provided an overview of how clinical services would develop over the next decade. It was also noted that in some areas work was ongoing to develop the detailed service model, for example, the South West Cluster had received transformation funding to enable them to fully develop their cluster service model and this would inform the further development of the clinical services plan. The EDSP confirmed that there was an increasing separation in the roles of UHL and UHW emerging and there were business cases going through for increasing theatre capacity at UHL.	

	A key point in the document was being clear about the UHB Tertiary Services Plan. Ian Langfield, Corporate Planning Manager had undertaken a very detailed piece of work alongside Swansea to help the UHB understand, from a needs and sustainability basis, what the configuration of tertiary services across UHW, Swansea and into England should look like for the population of Cardiff and Vale and what that meant for the business case that was being developed for UHW.	
	The EDSP explained she would like the 80 Amplify attendees to go out and engage with their teams regarding the Clinical Plan as part of the engagement process.	
	The CC thanked the EDSP for the Clinical Plan and urged the EDSP to speak with Michael Imperato, Independent Member regarding the strategic consultation, as he had a lot of experience and expertise in this area.	**AH**
	The CVC commented that the language should be changed if it went out to the general public, as it was not easily understood. In response, the EDSP confirmed that this would be built into the engagement plan.	**AH**
	Resolved – that:	
	(a) The Committee noted the progress to date in the development of the UHB's strategic Clinical Services Plan and the emerging clinical models for UHW and UHL.	
	(b) The Committee would send any further comments they had on the draft Clinical Services Plan (by Friday 6th September 2019) to Anne.Wei@wales.nhs.uk).	**ALL**
	(c) The Committee would comment on the draft engagement plan, particularly in relation to the engagement questions and whether the right issues are being tested during engagement (by Friday 6th September 2019) to Anne.Wei@wales.nhs.uk.	**ALL**
S&D 19/09/010	**Scrutiny of the Capital Plan** The EDSP introduced the paper and confirmed that the UHB had received a Discretionary Capital funding allocation for 2019/20 of £14.428m, which was allocated to projects identified in the respective Clinical and Service Boards IMTPs, Estates, IM&T & Medical Equipment backlog maintenance and Statutory Compliance works. The programme was funded from the discretionary capital budget and prioritised balancing the needs to address problems with the existing estate, and invest in developments required to deliver the IMTP priorities. The draft discretionary capital programme was agreed by the Capital Management Group and issued for approval to the UHB Management Executive and the Board at the beginning of each financial year. In addition to the discretionary funding received from Welsh Government (WG), the UHB also received all Wales capital funding for schemes that	

had been approved by Welsh Government or were progressing through the business case process.

She explained that the UHB currently had 5 Business Cases submitted to WG for consideration including:

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

The CMG report which was attached at the appendix was of the Major Capital Projects and it highlighted a number of key issues relating to several of the schemes including:

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

The CVC asked if there was any support required from the Committee. In response, the EDSP explained that business cases could not be changed once agreed and that timescales for business cases needed to be realistic as when business cases go to Welsh Government it takes time to get all responses from different sources.

The CC requested assurance as in the plan the Medical Equipment budget was only £1M however, based on previous spending he was aware that the need was £4-5M. He also asked for confirmation that patient safety was utmost in those considerations. The EDSP confirmed that a log of medical equipment had been developed and was improving with the help of procurement and clinical boards. The EDSP explained that the team are not in a position to proactively replace equipment that is needed as current funding does not allow for it, therefore it is prioritised.

The Executive Director of Finance (EDF) confirmed that Clive Morgan was managing the medical equipment and although there was only £1M in that programme at the end of the year, traditionally, Welsh Government conducted a stock take of all big schemes and would make available extra money which would need to be spent before the year end and Clive had a list of medical equipment that he could purchase should those circumstances arise.

The EDF confirmed that the medical equipment figures could be shared with the Committee for assurance going forward.

RC

The EDSP advised the Committee of an update to the plan and confirmed that the Poly Trauma Ward would move from A3 link to A4 Ward.

Resolved – that:

	(a) The Committee noted the paper (b) The Committee were assured that the Capital Programme was being closely monitored to ensure the UHB met their statutory and mandatory obligations referred to within the report
S&D 19/09/011	**Summary on the Integrated Care Fund** The EDSP confirmed that the paper outlined the quarterly return, the annual report and the new programme lead. The EDSP explained the reports had gone back to the Regional Partnership Board and provided the Committee with an overview of the Intermediate Care Fund and Transformation Fund. The COO commented that the summary linked heavily with unscheduled care and felt it more important that the rigour of measurement was applied by schemes to enable understanding of which schemes were working and which schemes may not be. The EDSP confirmed that a modest transformation bid had been submitted and although formal feedback was not yet received they were aware the bid had not been approved, therefore, a new bid had been submitted with certain items taken out. The EDSP explained it was thought the Minister would make an announcement on transformation funding before the summer recess however this had not been forthcoming therefore this required discussion with Welsh Government colleagues. The CVC asked if money was being held back due to the unknown impact of Brexit. In response, the EDSP explained that money was not being specifically held back however due to the uncertainty, Welsh Government would hold some reserves because of unknown Brexit consequences. The CC shared with the Committee that the Integrated Care Fund was closely monitored by the Regional Partnership Board to ensure funds were used effectively. **Resolved – that:** (a) The Committee noted the Q4 Performance Report of the Integrated Care Fund (ICF) and the Transformation Fund in 2018-19.
S&D 19/09/012	**Amplify 2025** The Executive Director of Workforce & Organisational Development (EDWOD) introduced the paper and confirmed Cardiff and Vale University Health Board (CAVUHB) had signed a learning alliance with Canterbury Health Board (CHB) from New Zealand. CHB had made significant cultural and system improvements during the past ten years which had positively impacted on how patients move through their 'joined up' services, consequently improving outcomes. These changes had benefitted staff moral and improved the culture within CHB to a high trusting environment, with a person centred approach.

	CAVUHB had designed a similar program of work to develop their own health system for the benefit of patients and staff. The recent 'Amplify2025' engagement event was the first step in this process. 'Amplify 2025' enabled 80 of the highly engaged leaders at CAVUHB to think differently about delivering healthcare, ensuring CVUHB put "Wyn" at the heart of decision making. Amplify 2025 was designed to complement the current ten year strategy and strategic clinical service plan.	
	The EDWOD explained that the next stage of Amplify was to increase the number of staff exposed to the new thinking by inviting them to take part in the design of health services for the future. The Health Board was in the process of establishing a 'Showcase' experience at which up to five thousand staff, partners in the community, patients, families, suppliers and other visitors would be invited to attend.	
	The EDWOD explained that during the first Amplify event a number of leaders sponsored a table of 9-10 people, those leaders were now expected to engage and encourage their table in preparation for the showcase event.	
	The EDWOD confirmed changes had already been seen and ''Wyn'' was placed at the heart of decision making.	
	The CC complimented the team ambition for changing staff culture and improving development.	
	The CVC asked how interests and ambitions of staff were being captured. In response, the EDWOD stated that after the showcase event all attendees would be asked how they would like to make change and all staff had been encouraged to put themselves forward for Amplify.	
	The CC commented that the 'assurance by' section on the paper required strengthening going forward.	**MD**
	Resolved – that: (a) The Committee Members agreed to support and promote the Culture and leadership enabler and champion the ambition of Amplify 2025.	
S&D 19/09/013	**Infrastructure / Estates Update** The EDSP introduced the paper and confirmed that it was an ongoing review of the estates function. The Estates Team had engaged widely however they had faced some challenges with the proposed changes. The EDSP explained the Estates team were currently understaffed by approximately 30 members, however with support from Workforce and Organisational Development new team members were starting to come through. The EDSP advised the team had performed extremely well with the resource they had and more workforce would enhance the service greatly.	

	The CVC supported the changes outlined as she felt they coincided well with the feedback which had been received from patient safety visits, the CVC encouraged the EDSP to keep monitoring the outstanding issues in the system.	
	The EDSP explained there were some differences with opinions relating to prioritisation of estates issues, therefore a system was being developed to enable staff visibility of outstanding estates and maintenance issues.	
	The Equality Manager (EM) commented the phrase 'Handyman' was found in the paper and requested this term be avoided in future and re-worded.	AH
	The CC confirmed that he felt assured by the update provided and welcomed modernisation in the Estates Department.	
	Resolved – that:	
	(a) The Committee Members noted the contents of the report (b) The Committee Members supported the work being undertaken by the estates team to manage an ageing estate and infrastructure within the limited resource available (c) The Committee Members supported the modernisation proposals in relation to the structure and the introduction of technology to ensure that the department was fit to meet its on-going challenges	
S&D 19/09/014	**Research & Development Update** The Medical Director (MD) advised the Committee that the research function had the best year in the last 5 years with over 6,500 patients recruited into research studies. The delivery of the research activity was going very well despite the challenges outlined in the paper. The MD confirmed that overall, the research performance had been very strong. There had been a particularly strong performance in Cancer studies, Womens & Childrens studies and work had just started on primary pharmacological studies in children which was a big step. The MD confirmed that the paper focussed on two areas which were Funding Arrangements and the Joint Research Office and went on to explain that due to changes in internal funding processes, the UHB had converted to the Welsh Government recommended funding process. There was a new value based funding model going online in April 2020 which would be a positive step as it would benefit the UHB by addressing the current imbalances which exist in the current funding process. The MD explained that the Joint Funding Office was an important strategic development which would improve CVUHB ongoing relationship with Cardiff University. The MD explained that the relationship had struggled over past years, but was now a key component into developing Lakeside into a Joint Research Office.	

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	The CC queried why it had been stated, within the paper, that the research position was strong, however, the research & development budget had dropped significantly over 5 years. In response, the MD confirmed that this was correct and despite the restricted funding, Cardiff & Vale were the only Health Board in Wales who had increased research functionalities. The MD explained that the value based funding plan for next year hoped to address that issue. **Resolved – that:** (a) The Committee Members would promote, at all opportunities, the need for WG/HCRW to have a "Value Based Healthcare" R&D funding model to support CVUHB's R&D activities through more appropriate funding for the sort of complex and tertiary type studies that CVUHB undertakes. (b) The Committee Members noted the R&D and its aims of moving the WG TUPE'd staff from the Clinical Research Facility to the vacated office space which would become available on the 2nd floor of UHW when the R&D Office moves from there to Lakeside in April 2020.	
S&D 19/09/015	**Update on the Independent Review of the CAMH Service and Delivery Unit Report** The COO provided the verbal update and confirmed a number of reviews had taken place in the CAMH Service and specialist care CAMHs had been brought back from Cwm Taf at the start of 2019. The COO confirmed there had been exceptional increases in the demand for primary care CAMHs during April and May 2019 with100% increase year on year for referrals in. As a result of this increase the services in tier 1 measures had deteriorated remarkably due to the back log in the service, mainly around 28 day assessments and time to treatment. The COO advised the Committee that as a result of this a comprehensive report would be taken to Board in September 2019 to advise where the service was at and what it was doing to improve the situation. The COO confirmed that 2 pieces of work had been undertaken to help improve the situation. This included a piece or work being undertaken by the Delivery Unit which was focussing on the Primary Care Side and a further piece of work which had been commissioned by ourselves when the services were taken back in. The recommendations from the Delivery Unit report included the following: • Describing thresholds for assessment • Measures to improve the part one measure • Better awareness of general practice and how to access primary care CAMHs • Integration of both primary and secondary CAMHs services	

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	• Ensuring that work was carried out to deal with the Therapeutic Interventions back log

The independently commissioned report recommendations included:

• Service capacity - including working upstream with highest referrers GP's and Schools
• Patient Flow - establishing a clinical single point of access
• Service Delivery - introduce group sessions and group therapy
• De-professionalising the service – services working to the user needs

The COO explained that both reports had been brought together into one plan and a marked improvement was expected to be seen from September through to November 2019.

The CC explained that he felt the proposals put forward were exciting and would be sustainable going forward.

The CVC asked if there would be communication around the re-structure as this could be a distressing change for some service users. In response, the COO confirmed both reports outlined the need for better communication with Primary Care, therefore there were specific proposals in the report which looked at how to communicate better with GP's and this would include one key message which would be how the message could be simplified for service users.

Resolved – that:

(a) The Committee Members noted the verbal update on the Independent Review of the CAMH Service and Delivery Unit Report | |
| S&D 19/09/016 | **Key Organisational Performance Indicators**

The COO introduced the paper which was taken as read and then opened it up for comments or questions from Committee Members

The CC thanked the COO for the helpful report and asked in relation to pension and tax issues, if there were any timescales when these would be resolved. The COO confirmed unfortunatley not. The EDWOD explained that they were waiting for an update from Welsh Government but due to the current issues Welsh Government were facing they were not sure when a plan to resolve this would be provided. The CC expressed his disspointment that there were no current timescales to resolve the issues.

The CC explained that in relation to follow up patients, the position remained static and asked when the Committee would see a positive change in position in this area. In response, the COO explained that there were significant system processing issues identified from a Public Accounts Review, it was unique to CVUHB due to the scale of CVUHB compared to other Health Boards. The COO confirmed the team were ensuring that the position was being validated and processes needed to | |

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be clinically led as patients could not be taken off waiting lists without clinicians sign off. Once the process had been signed off by clinicians, it would be implemented and then a siginificant reduction would be seen.

The CC asked what opportunities were available to stabalise the ambulance handover service. In response, the COO explained that the service was irratic, this was occasionally driven by performance, patient flow and also by the number of ambulances received. The COO confirmed there were options to reduce this, by reduction of flow and work was currently being undertaken directly relating to this issue. The COO advised the Committee a full discussion had taken place regarding the Assessment Unit in UHW following the recent HIW report and explained the pressures in the unscheduled care system could appear at any point therefore, the team had refreshed the handover protocal and there had also been a direct release protocal brought in by WAST.

The CC commented that the Committee had previously requested the CAMHS figures be seperated in the report however they had not been on this occasion, therefore requested this be done for the next meeting.

SC

Resolved – that:

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

S&D 19/09/017	**Primary Care Out of Hours Service – Peer Review and Public Accounts Committee Report** The COO introduced the paper and confirmed it provided an update on the national peer review of Urgent Primary Care/Out of Hours (OOH) and the actions that were taken forward within the Health Board. The COO explained it also provided a brief overview of the inquiry undertaken by the Public Accounts Committee. The COO confirmed the intentions of the reviews were to review the resilience of the OOH service, to understand the way forward, provide national recommendations and to recognise good practice . The COO explained the peer review noted a number of areas where CVUHB were doing well which included: • Workforce planning and the MDT model as best practice across Wales (this had been cascaded to others). • The development of the remote working protocol as best practice in Wales and the protocol on death certification (again these have been shared with the All Wales OOH forum). • The work undertaken on demand capacity analysis which is also being used as a model for implementation in other Health Boards. • The escalation protocols and arrangements for on call and out of hours which will be suggested to other Health Boards as good practice.	

	• The "good culture and excellent support management and leadership" within the Health Board. The COO advised the Committee there was also a number of actions following the peer review which were reflectied in the appendices. The COO explained that there had been a good discussion at the Public Accounts Committee with CVUHB and Hwyl Dda Health Board contributing and attending the Committee. The COO confirmed a number of areas noted as complimentary for CVUHB and in the report almost all actions were at Welsh Government Level. The COO confirmed an additional peer review in OOH would be conducted in November which would be shared with the Committee. The CC asked the COO and Director of Operations (DO) if the OOH service was still being provided out of UHW as the peer review suggested it was not the best place for the service. In response, the DO confirmed that CVUHB provided 3 OOHs, however the service at UHW was not open at all times. The DO explained that views had changed around operating an OOH service at UHW and there was no longer a need to have the service open in UHW, therefore it would be formally proposed to Management Executives in October 2019 to close the service. The CVC asked what were the greatest challenges the service faced. In response, the DO confirmed the inevitable challenge was the unpredicatablilty of the service. The DO advised the Committee that a challenge from the peer review was to be more ambitious and to look at a regional dental service, training hubs as it was felt CVUHB were in a good position to take proposals forward. The DO confirmed a meeting was being held with 111 to discuss initial proposals and business cases. The CC asked if there was a timeframe for going on board with the 111 service. In response the DO explained it was 2021, however there could be potential to bring the date forward. **Resolved – that:** (a) The Committee noted the feedback from the National Peer Review and Public Accounts Committee. (b) The Committee considered the request from the Chief Executive of Aneurin Bevan University Health Board (who is the Strategic Lead for Out of Hours Services) for the Peer Review report and action plan to be considered by appropriate Board Committee. (c) The Committee noted the action plan in response to the national peer review and the monitoring through PCIC Clinical Board and the Executive Performance Reviews	**SC**
S&D 19/09/018	**Workforce Key Performance Indicators**	

	The EDWOD introduced the report and confirmed that workforce data would not change that much with 15,000 staff month by month. CVUHB's pay bill was underspent which matched other Health Boards. The EDWOD explained there were some challenges within medicine and surgery, particularly around nursing, therefore the team had been very active in recruiting over past months which had been successful. The EDWOD confirmed that we were now recruiting internationally and despite this been a risk early signs indicated it had gone very well with 40 international nurses been employed for the Medicine and Surgical Clinical Boards. The EDWOD confirmed that it had been difficult to get job plans for the medical staff at the level required therefore he had engaged with the MD who had previous experience in this area and a different system solution was being considered. The EDWOD advised the Committee of a small absence increase in June 2019 which was surprising. May 2019 had been good at just 4.6% however it had now moved closer to 5%. The EDWOD confirmed the aim was to remain at 4.5% but as the winter months approached this would bring some challenges. The CC requested the EDWOD to monitor the flu immunisation data closely which was at 58%. In September 2018 it was over 60%. The EDWOD confirmed the flu immunisation process would start in September 2019, therefore it would start with new data, starting at 0% and it would Increase as the months went by. The CC welcomed the report as it gave the Committee the opportunity to challenge what they felt was appropriate. **Resolved – that:** (a) The Committee noted the Workforce Key Performance Indicators.	**MD**
S&D 19/09/019	**Welsh Language Scheme** The EDWOD introduced the report and confirmed the Welsh Language (Wales) Measure 2011 replaced the Welsh Language Act 1993 and as part of the new legislation. He advised that in Wales the Welsh language had equal legal status with English and must not be treated any less favourably. Public bodies no longer needed to develop and implement Welsh Language Schemes but had to comply with a set of national Welsh Language Standards instead. The EM explained that the biggest challenge CVUHB faced was that out of 121 standards, CVUHB chose to challenge 30 of the standards that it felt it could not comply with. The EM confirmed a response to the challenges was expected from the Welsh Language Commissioner by 12th September 2019. The EM explained from an assurance perspective that CVUHB needed to move on with Welsh Language Standards, there had previously been lack	

of ownership and support from Clinical Boards. The EM confirmed the proposal was to get a steering group together to help CVUHB move forward with the Welsh Language Standards which would enable compliance.

The EDWOD confirmed better senior involvement was required therefore a paper would be taken to Management Executive to gain support and strengthen impact.

The Director of Corporate Governance (DCG) asked how CVUHB compared to other Health Boards with how many challenges they had made to the Commissioner and if any had been accepted. In response, the EM confirmed there were issues with the geography but North Wales had challenged 3/4 standards and Cwm Taf had challenged 7. The EM explained 5 of the 7 challenges Cwm Taf had made, CVUHB were already complying with.

The CC confirmed the need for CVUHB to embrace the Welsh Language as part of the UHB culture.

Resolved – that:

(a) The Committee Members noted the content of the report
(b) The Committee Members supported the actions to assist the organisation in complying with the standards

S&D 19/09/020	**Appraisal Rates – Deep Dive**

The EDWOD confirmed the paper aimed to provide assurance to the Committee that workforce had developed value based appraisals and were now being rolled out across the organisation.

The EDWOD confirmed the new value based appraisals looked at how staff perform duties, career planning, identified talents, and so on. The new process had been tested widely throughout the organisation with a number of groups who had gone through with results been mapped on a 9 box grid, which looked at performance and potential.

The EDWOD confirmed the process had taken longer to implement than what was hoped for however he commended the team who had developed and implemented it as they had worked extremely hard with the whole organisation to get this implemented.

The EDWOD explained that people stay with an organisation because they believe they have a future and that is what CVUHB should be helping staff to achieve.

The CC confirmed he welcomed the approach and confirmed it would be of great benefit to the organisation and its staff.

Resolved – that:

	(a) The Committee Members supported and promoted the revised Values Based Appraisal process.	
S&D 19/09/021	**Board Assurance Framework – Capital Assets** The DCG introduced the paper and confirmed the Committee had 4 risks set out in the Board Assurance Framework that the Committee were responsible for. The Committee had already discussed the following risks on the BAF: 1. Workforce 2. Sustainable Primary and Community Care 3. Sustainable Culture Change Therefore, the report looked at Capital Assets and was presented to the Committee for challenging in order to provide extra assurance to the Board when the Board Assurance Framework would be reviewed in its entirety at the end of September 2019. The CC confirmed the paper was an accurate reflection of the Capital Assets. **Resolved – that:** (a) The Committee Members noted the risk in relation to Capital Assets and provided further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.	
S&D 19/09/022	**Employment Policies** (a) NHS Wales Special Leave Policy (b) Maternity Policy The EDWOD introduced the paper and confirmed the minor amendments to both policies. The CC requested the Committee have full sight of the policies with the changes included. In response, the EDWOD confirmed the policies would be circulated to the Committee. **Resolved – that:** (a) The Committee Members adopted the revised NHS Wales Special Leave Policy (b) The Committee Members approved the revised Maternity, Adoption, Paternity and Shared Parental Leave Policy (c) The Committee approved the full publication of these documents in accordance with the UHB Publication Scheme	**MD**
S&D 19/09/023	**Any Other Business** **Resolved – that:**	

	(a) There was no other business to discuss.	
S&D 19/09/024	**Items to bring to the attention of the Board** **Resolved – that:** (a) There were no items to being to the attention of the Board	
S&D 19/09/025	**Date & Time of next Meeting** 29th October 2019, Nant Fawr 1 & 2, Ground Floor, Woodland House	

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Action Log

Following Strategy & Delivery Committee
Held on 3rd September 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
S&D 19/09/008	Having an unplanned care system that provides the right care, in the right place first time	To upload presentation onto IBabs	03/09/2019	Laura Tolley	**Completed**
S&D 19/09/022	Employment Policies	The following policies be circulated to the Committee: (a) NHS Wales Special Leave Policy (b) Maternity Policy	23/09/2019	Martin Driscoll	**Completed**
Actions In Progress					
SD: 19/06/008	Childhood Immunisation Annual Update	A communications plan to be presented to a future meeting – Verbal Update	29/10/2019	Fiona Kinghorn	• During the past 6 months there has been limited capacity to implement a public-facing communications plan in relation to immunisations • We have used social media platforms, press releases and webpages to disseminate key messages, for example in relation to MMR vaccination • Going forward in 2019/20, with secured communications support, we will implement an annual communications plan to include:

- Back to school messages for pre-school children in September
- Notification of changes to the immunisation schedule. In 2019/20, the main change will be the introduction of boys to the school-based HPV programme. This will take place during Spring 2020.
- From September to March we will implement a communications campaign specifically in relation to the influenza vaccination campaign (see further detail below)
- A focused topic during World Immunisation Week in April
- Promotion of Men ACWY for higher education students

- As part of our annual work plan we will undertake various communications initiatives aimed at healthcare professionals. This includes:
  - Attendance at Primary Care Cluster and Locality meetings to share immunisation surveillance data, evidence based practice and to respond to specific queries
  - Presentations at CPET, CD Fora and other CPD events
  - Attendance at multi-disciplinary meetings / training events (e.g. Health Visitor Forums, Midwives Professional training, 3rd sector events)
  - Newsletter and e-mail updates to Primary Care colleagues

					- The seasonal flu communications plan includes: - Development of marketing materials/resources for use on social media platforms which are specific to a) the staff flu vaccine programme b) the school programme c) Primary Care (including GPs and Community Pharmacies) - Local implementation and promotion of national Beat Flu campaign - this includes the paid for campaign, a launch event, PR, Web content, Social Media and video content. Print content. Communications activity will focus on general messages (Week 1, 2, 11 & 12), pregnancy (Week3&4), children (Week 5 & 6), people with long-term health conditions (week 7 & 8), older people (week 9 & 10)
SD: 19/06/008	Maximising Prevention in the UHB	To provide a report on measures and trends in how actions are monitored and delivered.	07/01/2020	Fiona Kinghorn	Report on agenda for January meeting
SD: 19/06/015	Feedback on Effectiveness Review	To arrange a meeting with the Chair, Executive Lead and Director of Corporate Governance to discuss improvement on the flow of committee	24/10/2019	Charles Janczewski, Abigail Harris, Nicola Foreman	Meeting scheduled for 24th October 2019
SD: 19/04/014	Developing A Performance Framework	A report be presented detailing the performance measures agreed	29/10/2019	David Thomas	An agenda for October (see item 5.2)

S&D 19/09/005	Board Equality Champion	A report to be presented at a future meeting on Equality Champions	07/01/2020	Keithley Wilkinson	Report on agenda for January meeting
S&D 19/09/008	Having an unplanned care system that provides the right care, in the right place first time	The presentation to be taken to the HSMB Meeting	07/11/2019	Steve Curry	Included on the HSMB agenda for November
S&D 19/09/008	Having an unplanned care system that provides the right care, in the right place first time	The presentation to be taken to the Regional Partnership Board	17/12/2019	Abigail Harris	To be presented at the RPB workshop on 17th December 2019
S&D 19/09/010	Scrutiny of the Capital Plan	The Medical Equipment Figures be shared with the Committee for assurance going forward	07/01/2020	Fiona Jenkins	These will be included within the report from 7th January 2020
S&D 19/09/018	Primary Care Out of Hours Service – Peer Review and Public Accounts Committee Report	The additional peer review report conducted in November be shared with the Committee	07/01/2019	Steve Curry	Update will be provided when the report is made available
Actions referred to committees of the Board					

REPORT TITLE:	Implementation of Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB: Update		
MEETING:	Strategy & Delivery Committee	MEETING DATE:	29 Oct 2019
STATUS:	For Discussion	For Assurance	X	For Approval	For Information
LEAD EXECUTIVE:	Executive Director of Public Health		
REPORT AUTHOR (TITLE):	Consultant in Public Health Medicine		

PURPOSE OF REPORT:

SITUATION:

The Well-being of Future Generations (WFG) Act introduced a number of new statutory duties for the UHB. An internal Steering Group meets regularly to oversee the actions required to fully embed the Act in the UHB and ensure the organisation is meeting its statutory duties under the Act. The attached Flash Report provides regular assurance in this regard.

REPORT:

ASSESSMENT:

The Well-being of Future Generations (WFG) Act introduced a number of new statutory duties for the UHB, with responsibilities both as an individual organisation, and in partnership as part of the two Public Services Boards (PSBs) in Cardiff and the Vale.

Within the UHB, the Shaping our Future Well-being Strategy objectives are the organisations' statutory Well-being objectives under the WFG Act; so reviewing and demonstrating progress against our Well-being objectives requires regular review and implementation of the SOFW Strategy. In the partnership arena, we contribute to the statutory Well-being Plans (one for Cardiff; one for the Vale) through our participation in the PSBs and delivery of key actions in the Plans, individually and together with partner organisations.

A Cardiff and Vale UHB WFG Steering Group, chaired by the Executive Director of Public Health, meets regularly to determine and implement the actions required to embed the requirements into the UHB, both from a process and governance perspective, as well as the culture change required for the UHB to implement routinely the sustainable development (SD) principle. The SD principle requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement), and contribute to the seven national well-being goals.

The attached Flash report summarises progress by the Steering Group against the action plan for 19/20. This report will provide regular assurance for Strategy and Delivery Committee that the UHB is undertaking the actions required to meet its statutory requirements under the Act.

RECOMMENDATION:

The Committee is asked to:

- **NOTE** the attached Flash Report provides regular assurance of progress against the Steering Group's action plan, to undertake actions required for the UHB to meet its statutory duties under the Act
- **NOTE** that a 20/21 action plan will be prepared before the end of this financial year

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information

Sustainable development principle: 5 ways of working	Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Well-being of Future Generations Act: progress in implementing in the UHB	Date	29 Oct 2019	Overall assessment	Green

Background

The Well-being of Future Generations (WFG) Act is ground-breaking legislation in Wales requiring specific statutory bodies in Wales to consider the needs of future generations when making decisions and setting their strategic approach. Cardiff and Vale UHB is a named statutory body under the Act and is also a statutory member of the statutory Public Services Boards in Cardiff and the Vale, working in partnership to implement agreed Well-being Plans for each area.

A Cardiff and Vale UHB WFG Steering Group has been set up which is overseeing the implementation of the Act, and the work required to enable the culture change required by the Act, to embrace the ways of working. The group meets every 2-3 months and maintains an annual work programme action plan to assess progress. The group is chaired by the Executive Director of Public Health and membership includes the Board Champion for Future Generations, the Vice Chair. A schedule of reports on WFG (both statutory, and to raise awareness of the Act within the UHB) is maintained by the group.

Highlights since last report on 30 Apr 2019

- We have recently published a bilingual 'demonstrator directory' on our website listing over 35 projects and programmes the UHB is leading which exemplify the WFG Act in action, showing a huge breadth of issues being tackled.
- The Health Board has recently received feedback from the Office of the Future Generations Commissioner on a self-reflection audit on our progress in implementing the WFG Act which we were asked to complete in December 2018. There are many positives in the feedback, and relevant recommendations will be progressed by means of an action plan overseen by the Steering Group.
- The Steering Group Terms of Reference have been updated, with an intention to invite members of Clinical Board staff who have received 'Acting today for a better tomorrow' awards in their Clinical Board, onto the Steering Group.
- A draft report has recently been received from the Wales Audit Office following an inspection into the UHB's implementation of the WFG Act

Key actions for 19/20

The following objectives and progress status are taken from the WFG Steering Group action plan for 19/20. The full updated action plan is attached for information. Progress on actions is within proposed timeframes.

Objective	Status
Objective 1: Provide advice to support the UHB's statutory annual review of its well-being objectives, and review actions in place to meet the UHB and partnership well-being objectives	G
Objective 2: Identify and support UHB-led WFG 'demonstrator' projects, which show action being taken to meet the well-being objectives of the UHB and/or the two partnerships	A
Objective 3: Agree, implement and regularly review a communications plan	G
Objective 4: Ensure robust governance processes in place to provide assurance and leadership on WFG within the UHB and externally as required	G

Identified issues or risks

Issue or risk to delivery	Commentary incl. mitigation	Status
No issues or risks currently identified		

Author		Dr Tom Porter, Consultant in Public Health Medicine

Cardiff and Vale UHB Well-being of Future Generations (WFG) Steering Group

Action plan 2019/20 This version: 7 Oct 19

Purpose
The aim of this action plan is to ensure the objectives of the WFG Steering Group, as set out in the Terms of Reference, are met.

Action	Steering Group Lead	Start	Finish	Progress / outcomes	RAG
Objective 1: *Provide advice to support the UHB's statutory annual review of its well-being objectives, and review actions in place to meet the UHB and partnership well-being objectives*					*G*
1.1 Arrange a discussion with relevant stakeholders, coinciding with a 5 year review of the SOFW strategy, to review: (a) the UHB's well-being objectives, their suitability, and current actions being taken to meet them, taking into account relevant legislation, policy, UHB strategy and the IMTP; and (b) the UHB's contributions to meeting the well-being objectives of the partnerships (Cardiff PSB and Vale of Glamorgan PSB), taking into account actions across different fora and mechanisms	CD-M	Apr 2019	Sep 2019	Review of SOFW complete.	G
Objective 2: *Identify and support UHB-led WFG 'demonstrator' projects, which show action being taken to meet the well-being objectives of the UHB and/or the two partnerships*					*A*
2.1 Maintain demonstrator project list, and follow progress of existing projects • seek out learning or any issues which require unblocking or escalation within the organisation or externally (e.g. policy barriers) for projects to succeed, and use this to inform other work • include smaller number of notable demonstrators in comms plan (below) • arrange video vignettes of successful demonstrators for use in reporting	TP, AW, SJ	Apr 2019	Mar 2020	Bilingual directory complete, on UHB WFG web pages. Highlighted in CEO connects newsletter	G
2.2 Identify potential new projects, such as: • existing or planned exemplars within the organisation, for example identifying through the IMTP POD process, CB celebration events, bids for	SJ (MH, PCIC, Med, Capital/Estates, Charity), CD-M (IMTP PODs), TP (other CBs,	Apr 2019	Mar 2020	Ongoing. Demonstrator directory requests any additional projects for highlighting. Sustainable healthcare to be discussed as topic at Dec Clinical	G

Health Charity funding • those with potential to be exemplars if given support to further develop • examples of best practice from elsewhere which could be applied within the UHB • opportunities for joint working with other public bodies and partner organisations • areas where existing evidence demonstrating progress against the well-being goals is weaker	PH)			Senate	G
2.3 Maintain a list of completed projects on the intranet, recording learning and experience	BK	Apr 2019	Mar 2020	Agreed demo directory can perform this function, kept up to date on web	G
2.4 Integrate WFG into transformation work, scoping integration into HealthPathways, Alliancing, KornFerry leadership training	tbc	May 2019	Mar 2020	Phone call held with Steve Parnell 31.7. Recommended best route for engagement would be via new transformation committee, awaiting date	A
2.5 Scope inclusion of WFG in PADR, e.g. ways of working, goals	TP	Jun 2019	Oct 2019	Discussed with Sian Griffiths – picking up under Keeping People Well workstream, currently identifying appropriate contacts in WOD	A
Objective 3: *Agree, implement and regularly review a communications plan*					*G*
3.1 Implement the communications plan	JB, BK	Apr 2019	Mar 2020	Implementation ongoing. To include promoting some exemplars in more detail	G
3.2 Review the comms plan at least annually	JB, BK	Dec 2019	Jan 2020	Reviewed Jan 2019 – next review Jan 20	NS
Objective 4: *Ensure robust governance processes in place to provide assurance and leadership on WFG within the UHB and externally as required*					*G*
4.1 Review and update annually the WFG Steering Group Terms of Reference and Board Champion role description	FK, CJ	Apr 2019	Jun 2019	Agreed at Sep steering group (prev steering group cancelled). To invite CB exemplars onto group	G
4.2 Receive and respond to external audits and recommendations as required	NF	Apr 2019	Mar 2020	WAO audit of SOFW in Community programme completed, draft feedback received. Received OFGC self-reflection audit feedback Aug 2019	G
4.3 Provide update reports on progress as per reporting schedule	TP, AW, JB	Apr 2019	Mar 2020	Reporting on track	G

Key AW=Anne Wei; BK=Bryn Kentish; CD-M=Chris Dawson-Morris; CJ=Charles (Jan) Janczewski; FK=Fiona Kinghorn; JB=Jo Brandon; NF=Nicola Foreman; SJ=Simone Joslyn, NS = not started

Strategy and Delivery Committee

Integrated working

Business Case Approval Group

Situation

The terms of reference of the strategy and delivery committee refer to the purpose being to promote an integrated approach to the service provision, quality, finance and workforce elements so that they are aligned and integrated.

The purpose of this presentation is to provide an example of this as illustrated through the work of the Business Case Approval Group (BCAG).

Background

- The role of BCAG is to scrutinize all business cases which require new revenue funding with a value greater than £75k.

- Any investment proposals will need to be fully considered by BCAG and then formally approved by Management Executives.

- It provides assurance about the commitments the Health Board is entering into and ensures appropriate exit strategies are in place for short term funding arrangements.

- It should be noted that cases relating to Transformation funds and ICF bids do not go through BCAG.

BCAG Work Programme Strategy

The membership of the group is specifically designed so that all parts of the organization are represented and that it supports a team effort approach between corporate and Clinical Boards. Membership includes:

Director of finance (Chair), Director of Planning, Director of Workforce and Organizational Development, Deputy Director of finance, Chief Operating Officer, Public Health Consultant. Further supported is also co-opted from corporate strategic planning leads and other attendees in an advisory capacity as necessary.

Clinical boards are invited as an MDT to present business case proposals and share patient experiences and different approaches to value based healthcare.

Purpose and Governance

As set out in the IMTP we have agreed to limit revenue investments to a total of £4.0m (0.5%) in 2019/20. Investment should support service transformation and sustainability as part of the delivery of A Healthier Wales.

Director of Finance shall act as chair of the group. The chair shall:

•Provide regular reports to the Management Executive and as appropriate the Health Systems Management Board;

•Bring to the attention of the Management Executive any significant matters under consideration by the BCAG; and

•Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

Integrated Approach

In order to deliver this vison, the following dimensions are explored:

•Essential criteria to see if the business case fits in to the national priorities and targets

•Compatibility with the frameworks and strategic plans

•The availability of implementation of an alternative service and how it compares to the new proposal

•Impact on services and the integration between services

•Impact on all areas of the workforce - new ways of working, skill mix, staff availability.

•The size of the health gain – outcomes.

Integrated Approach

•Consideration of geographical factors

•The involvement with key stakeholders. This involves cross Clinical Board working and sign off.

•The extent of the proposal addressing existing or anticipated strategic, financial, operational, regulatory, political or reputation risk

•Population impact in terms of proportionality and community impact

•Impact on health inequalities and whether the service/intervention will help to reduce inequalities in wales

•Affordability and value for money taking into account the opportunity cost for other services or interventions and how the success of the investments will be measured

•Clinical effectiveness and the potential added value of implementing the service or intervention

Value Based Healthcare

Need to question whether the investment provides real value to the patient and improves their quality of life or prospects for recovery.

4 value pillars

- Personal Value- Making sure the individual receives appropriate care which aligns with the goals of the individual patient.

- Technical Value- Achieving the best outcomes with the resources available and to the correct subgroup of the population.

- Allocative Value- Measured by how equitably the resources are distributed to different subgroups in the population

- Societal Value- The impact of the intervention on healthcare based on participation, solidarity, mutual respect, equity and diversity

REPORT TITLE:	Scrutiny of the Workforce Plan					
MEETING:	Strategy & Delivery Committee				MEETING DATE:	29 October 2019
STATUS:	For Discussion	x	For Assurance	x	For Approval	For Information	x
LEAD EXECUTIVE:	Executive Director of Workforce & OD					
REPORT AUTHOR (TITLE):	Deputy Director of Workforce & OD					

PURPOSE OF REPORT:

SITUATION:

The purpose of this report is to provide:

- An overview of progress against two of the main **themes** in the workforce plan - Transforming and Efficient workforce.

REPORT:

The Workforce and Organisation Development plan is integrated with the service and finance objectives embedded throughout the IMTP.

Link to the Workforce & OD Plan:
http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/IMTP%202019-22%20%20Workforce%20%26%20OD%20Plan.pdf

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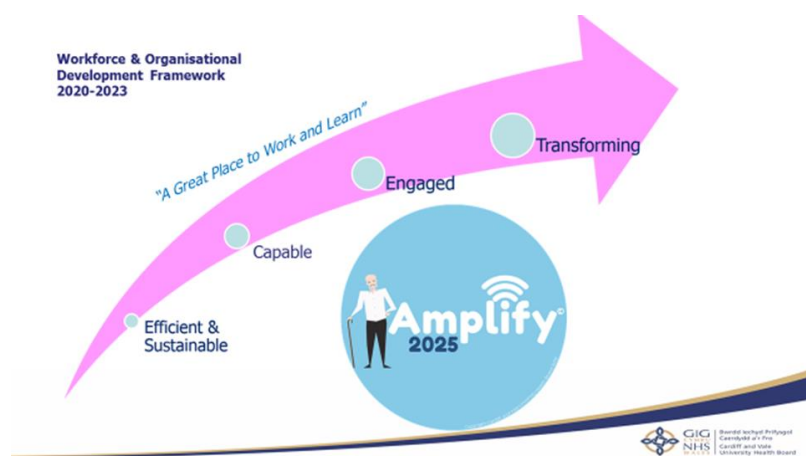
ASSESSMENT:

This year we have focused on designing the transformation road map, Amplify 2025, and we are now steadily moving into implementation stage. Amplify 2025 is designed to bring life to the *Shaping our Future Wellbeing* strategy and in Workforce & OD it is the overarching framework that pulls together our **workforce** objectives. **Amplify 2025** is aimed at creating a working environment where people can challenge and change and have permission to do so. We have been making progress to ensure that holistically, Amplify 2025 brings together:

- ✓ Social movement to unleash capability within the organisation – via the *Wyn* Showcase
- ✓ Leadership & Succession Planning
- ✓ Effective Appraisal for the individual and talent management (PADR)

There is a wealth of evidence that indicate if we continue to develop the organisation culture in this direction, we will see tangible benefits and improvement in workforce metric outcomes. Our approach is based on cultural and behavioural change being our primary aim as opposed to targets being the first thing we consider. This is especially true in terms of improving the leadership and engagement as we strive to become a high trust, low bureaucracy organisation.

An illustration of recent achievement in moving forward this cultural change include:

- ✓ Developing the Amplify branding around Wyn
- ✓ Designing and delivering the first 2 day workshop with a cadre of "influencing" leaders in the UHB
- ✓ Through this event, showcasing at least 80 of our UHB change and service improvements
- ✓ Executive Directors have since championed and kept momentum by working more closely with the group membership
- ✓ Each member will be inviting at least 10 more individuals to the Showcase event
- ✓ Showcase will be held in early 2020 to promote the social movement and *Cardiff and Vale Way*
- ✓ A first cohort has visited Canterbury New Zealand with a second cohort going out this month
- ✓ We've introduced a suite of new leadership programmes
  - o **Acceler8** designed to change mind-set and reduce silo working
  - o **Integr8** designed to give LEAN skills and complete small projects
  - o **Collabor8** aims to develop alliancing skills
- ✓ We've introduced 2 new management programmes **– First Steps to Management** and **Essential Management skills**
- ✓ We've developed a Talent Management and succession planning Framework (9 box grid)
- ✓ We've developed an education programme to support this through Values Based Appraisal and we've started to deliver it across the organisation
- ✓ We've rolled out ESR Employee and Manager Self Service to the entire UHB
- ✓ We've eradicated paper payslips and these are now available on line through ESR
- ✓ We've updated ESR core modules for Statutory and Mandatory training so that staff do not have to undertake any unnecessary modules

- ✓ We've introduced the Apprenticeship Academy and have an increasing number of new recruits joining the organisation

Career Conversation Framework

Workforce Integration
The following are some **examples** of where we are working to support the integration agenda:
- ✓ Informal meetings with Director of Workforce & OD and Cardiff Council HR Director
- ✓ Regional working in NHS Wales, South Central and South East Regions – specifically supporting Paediatrics, Obstetrics, Neonatology, Diagnostics, ENT
- ✓ Nationally, the Major Trauma Network, MTC and centralisation of Vascular Surgery
- ✓ All Wales Genomics Service
- ✓ Alliancing with Canterbury to aid learning and sharing of good practice

Mental Health
- ✓ Integrated managers – Health and Social Care
- ✓ PC MH service – primary, secondary care (health) and third sector
- ✓ CPN pilot triage model – health and police
- ✓ Dementia Delivery and Steering Groups – Health, LA, third sector, carers and patients
- ✓ Service user involvement – facilitated by CAVAMH for meetings attended in UHB
- ✓ Grand Avenue Day Centre – health and LA

Primary and Community Care

- ✓ Vale Community Resource Service and Cardiff Community Resource Teams – Health, Social Care and Third Sector
- ✓ End of Life – Health/Macmillan
- ✓ Compassionate Communities, supporting clinical across organisations
- ✓ Primary Care Mental Health – primary, secondary care (Health) and third sector
- ✓ United Welsh – Well Being for U – Third sector in GP Practices
- ✓ Paediatric Out Patients in Community with GPs
- ✓ CRTs / LA / Third Sector (age connects and British red cross)
- ✓ Mental Health Tier Zero – Mind in the Vale
- ✓ Comms Hub – Health / LA / Third Sector
- ✓ Nurse Assessors / Independent Sector
- ✓ Crisis House – partnership with Gofal
- ✓ Dispersed Housing Scheme (Vale) – partnership with Gofal
- ✓ Bridge Project – partnership with Salvation Army
- ✓ Prison Mental Health In-reach – partnership with Prison services and PCIC
- ✓ CAVAMH – partnership working
- ✓ Substance Misuse services – partnership with multi-sector APB partners – LA, police, 3rd sector
- ✓ IRIS integrated housing scheme (Cardiff) – partnership with Linc Cymru
- ✓ Open Doors drop in centre – partnership with service user group (Open Doors)

Equality, Diversity and Welsh Language

This is the last year of the current four year Strategic Equality Plan. As we approach 2020, we continue our work to become an inclusive organisation. In partnership with Delsion, an award winning equality consultancy, and Cardiff and Vale College, this year we delivered a *"Leading through Inclusion"* training package for managers. We also started to use theatre through the AFTA Thought theatre company, as a way of communicating the inclusive message amongst staff. We are looking to build on both initiatives in 2020.

Consultation has commenced on a new **four year Strategic Equality Plan:** Caring about Inclusion 2020-2024. As the title suggests this plan will focus on taking a more inclusive approach. It will look to make inclusion an explicit aspect of **AMPLIFY 2025**.

Although we have fallen out of the **Stonewall Workplace Equality** Index **Top 100, we are still one of two top Health and Social Care organisations in Wales** and are in the **top 5 Health and Social Care** organisations in the UK as well as being in the **Top 10 Employers in Wales**. Our continued presence at the recent annual PRIDE Cymru Parade, led by our Chief Executive and other Board members continues to grow. Plans for PRIDE 2020 are already underway. This year we have consolidated our **Disability Confident** Employer status and will be looking to achieve Disability **Confident Leade**r status during 2020. Workshops on **Trans** related issues, which include content on terminology and discrimination has been successfully piloted and will be made available to staff on an on-going basis. A further review of some our employment policies has led to them becoming more inclusive and we will be looking for more appropriate opportunities to continue this work, including reviewing our Equality, Diversity and Human Rights Policy.

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The **Welsh Language Standards**, after a very comprehensive and systematic consultation process undertaken by staff, was placed with the UHB at the end of November 2018. The Standards provide us with opportunities as well as challenges. Through our work in meeting the Standards, we will be able to identify good practice with the More Than Just Words Awards taking place in 2020. This can be used a measurement tool to see how far we have progressed. Most recently we have:

- ✓ Held a number of workshops to develop an implementation plan to meet the Standards
- ✓ Secured new translation services in partnership with Cardiff City Council
- ✓ Delivered more welsh language courses than ever - free for staff, comprising
    - o Work Welsh Taster courses
    - o Intensive Welsh courses
    - o Residential courses
- ✓ Signposting our staff to the breadth of on line learning resources at our disposal
- ✓ Encouraged our staff to register their skills on ESR so we have informed data on the language skills across the UHB
- ✓ Appointed a switchboard operator with welsh language fluency to our main UHW switchboard
- ✓ Worked closely with Clinical Boards to support the development of Patient Management Systems that record welsh language preferences of our patients

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Workforce Metrics

Workforce Key Performance Indicators August 2019

Stat & Mand e-Learning % Compliance	Fire e-Learning % Compliance	PADR & Medical Appraisal % Compliance
77	68	55

Voluntary Resignation Turnover	Pay Bill Under/Overspend	Variable Pay Rate
⬆ 6.50%	⬆ -0.37%	⬇ 8.81%

WTE Staff in Post	Consultant & SAS Job Plan % Recorded	Consultant & SAS Job Plan % 12-Month Review
⬆ 12975.64	88%	38%

In-Month and Year to Date Sickness Rates

In-Month — YTD — Target
(Oct-18 to Sep-19, values 3.50%–6.00%)

Short-Term/Long-Term Sickness

29% Short-Term
71% Long-Term

Flu Immunisation Data

61%

Will only change between October and March

Engagement Score Index	Number of Disciplinary Investigations	Number of Grievances
⬆ 3.83	⬆ 33	⬆ 13

Will only change after Staff Survey

Number of Dignity at Work Cases	Number of Appeals	Number of Staff Undertaking Learning in Apprenticeship Education Frameworks
⇨ 0	⬆ 5	⬇ 261

- ✓ The workforce pay-bill remains under budget
- ✓ Despite this UHB picture there are some high level agency cost hotspots in Medicine and Surgery Clinical Boards
- ✓ We are working closely with Medicine and Surgery to fill vacancies
- ✓ MCB are now showing a significant improvement in filling nurse vacancies
- ✓ Statutory and Mandatory compliance has improved due to streamlining system through ESR
- ✓ Compliance with Fire training remains a challenge as does PADR
- ✓ Sickness deep dive provided to Committee in recent months – fluctuation but under control
- ✓ Downward trend of formal disciplinary investigations and reducing time to manage cases

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✓ Implementation of Welsh Government Medical Locum cap

Project 95% - Band 5 and 6 Nurse Vacancies
- ✓ This summer we employed the highest number of qualified students in Wales, 143 Band 5 nurses
- ✓ Appointed 40 international nurses, 6 have arrived and others due November, December and January 2020
- ✓ Developed a successful In house Nurse Adaptation programme for overseas nurses
  - o 16 Band 5 nurses through Adaptation Programme
- ✓ 7 Band 5 nurses from Return to Practice Programme
- ✓ 63 Band 5 new starters from local UHB Recruitment Events in June and September
- ✓ 52 Band 5 new starters from running adverts/local advertising
- ✓ Band 5 Leavers estimated based on an average of the last 6 months (approx. 91)
- ✓ Estimated internal movement of Band 5 to band 6 based on previous years' actual (approx. 77 over 5 months)
- ✓ Estimated internal movement of Band 6 to Band 7 based on previous years' actual (approx. 26 over 5 months)
- ✓ Slight increase over the 5 month period in band 6 over established posts based on previous averages (29), however, this over-establishment evens itself out over the annual period, due to cyclical nature of recruitment in C&W and Mental Health. Overall a stable band 6 position is anticipated.

The table below shows actual vacancies for September and forecast to October. **It should be noted the establishment for September was increased by 46.40 WTE for the Major Trauma Centre vacancies.**

As they are direct hire, the 40 international nurses are not yet profiled into the numbers below
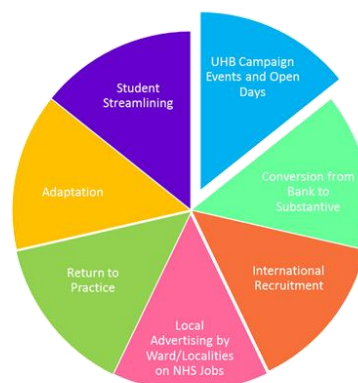
BAND 5	Sep-19	Oct-19
Establishment	2159.18	2143.69
Actual/Forecast	1802.88	1869.98
Vacancy	356.30	283.71
%	83%	87%
BAND 6	Sep-19	Oct-19
Establishment	1438.70	1438.70
Actual/Forecast	1501.43	1501.97
Vacancy	-62.73	-63.27
%	104%	104%
TOTAL BAND 5 & 6	Sep-19	Oct-19
Establishment	3597.88	3582.39
Actual/Forecast	3304.31	3361.95
Vacancy	293.57	220.44
%	92%	94%

Ongoing development of key issues and challenges

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- ✓ Supporting the SOFW Strategic Vision, transformational change, culture and leadership
- ✓ Talent Management and Succession; as well as building capability of line managers
- ✓ Improving Staff Engagement
- ✓ Effective workforce planning - hard to fill medical vacancies
- ✓ Delivering our Strategic Equality Plan and Implementing the Welsh Language Standards
- ✓ Preparing our workforce for Brexit; especially pre-settled and settled status

RECOMMENDATION:

Strategy & Delivery Committee are asked to:

- **Note** the progress being made above
- **Note** the assurance against the delivery of the workforce plan

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information

Sustainable development principle: 5 ways of working	Prevention	Long term	x	Integration	Collaboration	x	Involvement	x

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.

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Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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Report Title:	Scrutiny of the Capital Plan					
Meeting:	Strategy & Delivery Committee				Meeting Date:	29.10.2019
Status:	For Discussion	For Assurance	x	For Approval	For Information	
Lead Executive:	Director of Strategic Planning					
Report Author (Title):	Director of Capital, Estates and Facilities					

SITUATION

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

The attached report, appendix 1 is the September Capital report which was considered at the Capital Management Group (CMG) at their meeting on 16th September 2019 and includes a report on Medical Equipment and IM&T, which receive funding support from the Discretionary Capital funding allocation.

BACKGROUND

The UHB receive a Discretionary Capital funding allocation of £14.428m, which is then allocated to projects identified in the respective Clinical & Service Boards IMTP, Estate, IM&T & Medical Equipment backlog maintenance, and Statutory Compliance works.

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

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

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

Over the last 2 years the UHB along with Local Authority, Housing and 3rd sector organisations have been able to bid for Integrated Care Funding which has been made available by WG. The bids submitted have to satisfy specific criteria which is clearly defined in the issued guidance. The UHB has been successful in securing capital funding for a number of schemes since the funding was identified.

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

ASSESSMENT

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

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

			not included in original programme
Lift Upgrade (3 lifts)	300	-84	Tender price less than anticipated costs
Barry Aroma		300	
R&D Joint Proposal Lakeside		250	
UHW redevelopment design work		19	
	5,948	**1,987**	

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

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

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

During the reporting period the UHB has received notification that the following bids have been successful and received Ministerial approval:

- 'All Wales' capital funding for a 3rd MRI Scanner for UHW. This is in addition to the funding received for the 2 existing MRI scanners that are in the process of being replaced. The total funding award £2.1m
- 'All Wales' capital funding for the replacement of the CT Scanner within the EU department at UHW. Total funding award £2.4m
- ICF Funding for the development of the Chapel at CRI. The funding award is £2.947m allocated over a 2 year period. In addition the Cardiff City Council has confirmed a £300k capital contribution to the scheme. (the UHB has invested circa £400k previously in undertaking enabling works to the building)

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

- Neonatal Unit
- Rookwood relocation
- UHW Haematology Day Unit
- UHW Major Trauma & Vascular HybridTheatre
- Maelfa Wellbeing hub
- Penarth Wellbeing Hub

Overall the construction phase of the Rookwood scheme at UHL & CRI are progressing well, but

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as previously reported the risk contingency has in the main been expended on enabling works. As a result the latest Project Managers report indicates a potential overspend against approved funding of £57,179.00. This figure does include the items costed on the risk register being realized and could therefore decrease, if a number, of the risks did not materialize. However, it is also the case that the overspend could increase as a result of changes or unforeseen issues being identified during construction.

ASSURANCE is provided by:

The information contained within this paper and the CMG report Appendix 1 which was considered by the Capital Management Group at their meeting held on 16 September 2019.

RECOMMENDATION

The Committee is asked to:

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

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered			
Please tick as relevant, click here for more information			
Prevention	Long term	Integration	Collaboration	Involvement
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*		

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Capital Programme 2019-20

Location	Project	Matrix Ref	Status	Cost			Programme		Risk Status	Comments
				Approved Budget	ADJ	Anticipated O'Turn	Original Prog.	Revised Prog.		
				£k	£k	£k	Completion Date			
2019/20 Approved Capital Programme										....
MAJOR CAPITAL										
UHW	Neo Natal Phase 2 works	1.11	On site	5,734	0	5,734	03.09.19	25.09.19		Low level contingency, MRI fit out costs
UHL	Rookwood Relocation	1.8	On site	20,001	0	20,001				Current forecast overspend for scheme
UHL	Rookwood - Emergency Works		Complete	200	0	200				Potential underspend £40k, awaiting final account
UHL	Black & Grey Theatre	2.4	Complete	672	0	672				Potential underspend £160k, awaiting final account
UHW	MRI Installation			3,300	0	3,300				
MAJOR CAPITAL COMMITMENTS				**29,907**	**0**	**29,907**				
OTHER MAJOR CAPITAL										
	Wellbeing Hub Penarth	3.1d	OBC	0	373	373	03.06.19			Proceeding at risk with FBC, 3 months
	Wellbeing Hub Maelfa	3.1e	OBC	0	303	303	03.06.19			Proceeding at risk with FBC, 3 months
MAJOR CAPITAL COMMITMENTS				**0**	**676**	**676**				
TOTAL MAJOR CAPITAL				**29,907**	**676**	**30,583**				
DISCRETIONARY CAPITAL & PROPERTY SALES										....
Schemes B/F:										
UHW	PHW Mircrobiology Labs			160	0	160				
	Shire database			24	0	24				
Barry	ICF Barry Hospital		Complete	42	0	42				
Annual Commitments:										
	UHB Capitalisation of Salaries			440	0	440				
	UHB Director of Planning Staff			165	0	165				
	UHB Revenue to Capital			715	500	1,215				
	UHB Accommodation Strategy			200	0	200				
	UHB Misc / Feasibility Fees			100	0	100				
IMTP:										
	Woodland House Refurbishment	2.7	On site	1,000	448	1,448	23.10.19			Finalisation of Global Link moves
	Community Buildings			500	0	500				delay to release of re-roofing contract
	WEQAS Building			1,800	-1,800	0				Removed from programme
UHW	Sustainable Transport Hub	1.6	BJC	13	0	13	Jun-19	Sep-19		BJC in delay due to a challenge by sports and social club
CRI	CRI Chapel	3.1b	BJC		0	0		Sep-19		ICF Bid submitted, further information required by WG
CRI	CRI Block 11 2nd Floor (Fees)			42	200	242				WG Funding required, BJC in preparation
UHL	CAVOC	1.7	BJC		0	0	Mar-20			Programme revised following decision to revert to original scheme
UHL	Cystic Fibrosis	1.9			0	0	Jul-19			Awaiting WG approval
UHL	UHL Engineering Infrastructure	2.5	BJC	185	26	211	Jan-20			Developing BJC
UHW	Hybrid/MTC Theatres	1.4	OBC	0	411	411	Sep-19	Nov-19		Late decision to omit CT scanner, resulting in redesign and abortive costs
	Wellbeing Hub Park View	3.1c	OBC	0		0				
UHW	Haematology Day Unit - Interim	2.1	On Site	806	362	1,168	Nov-19			Awaiting finalisation of IT solution
IM&T:										
	Backlog IM&T			500	0	500				Nigel Lewis to advise
Medical Equipment										

	Backlog Medical Equipment			1,000	0	1,000				Clive Morgan to advise
Statutory Compliance:										
	Fire Risk Works			200	0	200				
	Asbestos			400	0	400				
	Gas infrastructure Upgrade			300	0	300				
	Legionella			450	0	450				
	Electrical Infrastructure Upgrade			150	0	150				
	Ventilation Upgrade			500	0	500				
	Electrical Backup Systems			250	0	250				
	Upgrade Patient Facilities			350	0	350				
	Dedicated Team			200	0	200				
Other:										
	Backlog Estates			1,000	0	1,000				Mortuary £250k / £150k not commited
UHW	Ward refurbishment programme	2.8		1,100	476	1,576				C7 fire & B4H
UHW	Lift Upgrade (3 lifts)	2.9		300	-84	216	Mar-20	Apr-20		Delays due to contractor resource issues
	Emergency Contingency			500	0	500				
	Unallocated			48	0	48				
DISCRETIONARY CAPITAL & PROPERTY SALES COMMITMENTS				**13,440**	**539**	**13,979**				
SCHEMES ADDED DURING FINANCIAL YEAR										
	WG -Eye Care Sustainblity Fund				0	0				Funded WG
	ETTF - EDOCS Nat Mobil Progrme				0	0				Funded WG
	Lansdowne / Park View Demolition			0	0	500				Funding required to reduce fire risk
CRI	CRI Block 11 1st floor (Links)	2.11	Tender		343	343	Sep-19			Relocation of locality team remains outstanding
UHW	Brecknock Hse				50	50				Moves required to close Global Link
	Western Service Link Building				60	60				Moves required to close Global Link
UHW	**Major Trauma (interim plan)**		Design			0				Awaiting confirmation of funding
UHW	EU Paeds Resus (Construction)	1.3d	Design		120	240				Awaiting confirmation of funding
UHW	EU Paeds Resus (Equipment)	1.3d	Design			125				Awaiting confirmation of funding
UHW	Polytrauma (Construction)	1.3a	Design			780				Awaiting confirmation of funding
UHW	Polytrauma (Equipment)	1.3a	Design		100	311				Awaiting confirmation of funding
UHW	A6 Refurb		Design			420				Awaiting confirmation of funding
UHW	Critical Care (Equipment)	1.3b	Design			146				Awaiting confirmation of funding
UHW	Theatres (Equipment)		Design			886				Awaiting confirmation of funding
UHW	Image intensifier (Equipment)		Design			120				Awaiting confirmation of funding
UHW	CT Scanner EU (Equipment)	1.3e	Design			1,200				Awaiting confirmation of funding
UHW	CT Scanner EU (Construction)	1.3e	Design			600				Awaiting confirmation of funding
UHW	Radiopharmacy	2.2	Option Appraisal			500				Emergency works being undertaken, options for interim solution being considered
UHW	T2 Baby Tagging					50				Directorate have confirmed, no requirement
UHW	Pelican Ward				0	0				Funding available but no decant strategy
Barry	Barry Aroma	2.12	Design			300	Sep-19			Cost pressure, Charitable funding bid submitted
UHW	CHfW Jungle Ward				0	0				Funding from Noahs Ark available, resource required to progress
UHW	2nd Ophthalmology Theatre	2.3				0				Awaiting agreement on options
UHW	R&D Joint Proposal Lakeside	4e				0				3 cost options £105k, £542k, £818k excluding fees, VAT, Non works
UHL	Long Term Ventilation Scheme	1.8a	Design			0				Desgin and cost options being developed
	200 Fairwater Road	4d			0	0				Awaiting service spec from PCIC
UHW	UHW redevelopment design work				19	19				No approved funding
					0	0				
OTHER WG SCHEMES COMMITMENTS				**0**	**692**	**6,650**				
	FUNDING INC. PROPERTY SALES			43,347	165	43,512				
	COMMITMENTS			43,347	1,907	51,212				
	OVER / UNDER COMMITMENT			0	1,742	7,700				

Report Title:	Integrated Medium Term Plan (IMTP) 2020-23					
Meeting:	Strategy & Delivery Committee				Meeting Date:	29/10/19
Status:	For Discussion	X	For Assurance	For Approval	For Information	
Lead Executive:	Executive Director of Planning					
Report Author (Title):	Corporate Strategic Planning Lead					

SITUATION

The NHS Wales Finance Act requires the submission of a three year Integrated Medium Term Plan (IMTP) to Welsh Government. As the Board will be aware the Welsh Government approved the organisations plan for 2019-22. The plan is required to be refreshed, bringing forward a greater level of detail into the first year of the plan and considering actions for the next three year cycle.

This paper provides a summary of the first draft priorities for inclusion in the refreshed IMTP for 2020-23.

REPORT

The process of developing an Integrated Medium term plan is not one that sits outside of our approach to change and delivery in the organisation, it is integral to the way we do things round here. The IMTP process has been maturing in the organisation and the way we presented and conveyed our 2019/22 plan to Welsh Government provides a strong foundation for delivery.

Shaping our Future Wellbeing remains the focus and our IMTP sets out the process by which we will deliver our strategy. Our organisational objectives are out wellbeing objectives and, as discussed at the Board away day in June, the Wellbeing of Future Generations Act provide an underling driver for our organisation. We have an approved plan for the next three years. Therefore the emphasis needs to shift to refreshing the approved plan for year two, as opposed to drafting a new plan from scratch. This will allow us to roll forward and refresh many of the priorities in the plan and should not mean lots of new initiatives emerging.

We also need to continue to set the plan in the context of the Area plan and partnership working with other Health Boards. There are a range of national priorities driven through a range of programmes and whilst we must acknowledge the role we plan in delivering these programmes we must have a relentless focus on deriving better value for our patients and communities.

The following image provides a summary of proposed priorities for 2020/23 with priority areas mapped against strategic priorities.

Organisational Priorities 2020-23

Home First

- ❖ Primary Care Model for Wales- GMS Sustainability, contract reform (GMS+GDS)
- ❖ Cluster and Locality Working
- ▪ Out of Hours Service redesign
- ▪ Health and Wellbeing Centres and Hubs Development- An estate to deliver primary and community services
- • Preventing Decline- frailty pathway, promoting wellbeing and social prescribing, preventing deconditioning

Outcomes that matter to people

- ❖ Major Trauma Centre/ Hub Implementation
- ❖ Single Cancer Pathway
- • Stroke Pathway
- • Prehabilitation/ Rehabilitation
- • Advanced Therapies and Genetics- Putting the systems in place, quality, governance, labs etc
- ❖ Regional Service Delivery- Vascular Centralisation, Paediatric Service, Spinal Service, SARC, critical care

Avoiding Waste, Harm and Variation

- • Time at Home- Admission avoidance, Outpatients/ Length of Stay
- • Maintaining Regulatory Compliance
- • Diagnostic Sustainability- Endoscopy, MRI, CT, EUS
- • Surgical Efficiency and Centralisation- Planned and Emergency theatre flow
- • Anti-microbial stewardship

Empower the Person

- ❖ Additional Learning Needs Services
- ❖ Transformation of CAMHs
- ▪ Greater service user engagement in mental health service development
- • Transforming services for vulnerable groups- Prisoner Health and wellbeing, homeless services, asylum seekers

- • Our Priorities
- ❖ Welsh Gov/ NHS Wales Priorities

The Committee is asked to note these priorities and discuss the proposed actions. Annex One provides a full matrix of proposed organisational priorities and Annex 2 further details on each proposed action. Further work is ongoing to refine the details of each action.

ASSURANCE is provided by:

Assurance is provided through our clear process for the production of the IMTP. A detailed timeline is available and robust scrutiny through Clinical Boards, Management Executives, and HSMB ahead of Board submission is in place.

RECOMMENDATION

The Committee is asked to:

- • **Discuss** the initial set of organisational priorities for 2020-23

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration		Involvement	

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

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

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Shaping Our Future Wellbeing – Annual Plan 2020-2021

Key Projects/Programmes	Dept	Full/Part
Expansion of Endoscopy Unit– Estate Expansion, achieving standards, supporting the national programme	Med	P
Dermatology and Rheumatology integration into primary care– establish minor surgery within GP practices, community outreach	Med	P
Develop the Welsh Gender Service	Med	P
Embed Acute Frailty Assessment Model, establish pathway and Discharge to Assess across St Davids and UHL	Med	P
Respiratory Pathway– build service resilience, establish additional Non-Invasive ventilation beds	Med	P
Establish Hyper Acute Stroke Unit at UHW	Med	F
Major Trauma Centre 'Go Live' in April 2020	Corp	F
Prehabilitation for cancer patients requiring surgery– phased role out of prehab model	Surg	P
Pre-assessment– expand CPET and Anaemia assessment, establish IV iron service, embed share decision making	Surg	P
Redesign Day or Surgery Admission	Surg	F
Regional functional Urology Service Established	Surg	F
Emergency General Surgery Pathways– spinal emergencies, emergency ambulatory surgical care unit	Surg	F
Vascular Regionalisation– South East Wales Vascular Service	Surg	P
Develop Therapies Clinical Strategy– to support Health System Efficiency	CD&T	P
Develop Medicines and Technology Appraisal Systems– to support Value Based Healthcare and optimisation	CD&T	P
Implementation of the Rehabilitation Strategy	CD&T	P
Antimicrobial Stewardship– develop and Antimicrobial Stewardship Team as an invest to save model	CD&T	F
Development of Quality Led Governance Programme– Establishing and independent overarching Quality Function, harmonising accreditation schemes	CD&T	P
Delivery of Advanced Cell Therapies and CAR-T	Spec	P
Improve Compliance against the Neurosciences Strategy	Spec	P
Critical Care Capacity workforce and infrastructure	Spec	P
Patient Risk Team (Outreach)	Spec	F
Continue to develop complementary genetic and genomic services complimentary to the NHSE test directory recognising local health ecosystem requirements	AWMG	P
Develop integrated workforce plans across all professional group within the AWMGS. Mainstream genomic literacy to other healthcare professionals	AWMG	P
Strengthen collaborative precision medicine RD&I across Wales using new genomic technologies	AWMG	P
Establish Mental Health Single Point of Entry	MH	P
Improve timely access to diagnosis and support for children with neurodevelopmental conditions	C&W	P
Ensure that systems and processes are put in place in community child health to respond to Additional Learning Needs (ALN) Act	C&W	P
Review the development of a paediatric single point of entry that will provide unscheduled, urgent and emergency care for children and young people	C&W	P
Respond to LDP growth and ensure Primary Care estates are fit for purposes	PCIC	F
Remodelling Urgent Primary Care Out of Hours and Develop new Urgent Primary Care Model	PCIC	P
Support the resilience of General Medical Services	PCIC	P
Continue to implement the Single Cancer Pathway	Corp	P
Create a social movement across the UHB for 'Keeping People Well'	P/H	P
ENABLERS		
Data to Knowledge	Corp	
Strengthening Clinical Governance	Corp	
Nurse Staffing Act to ensure full regulatory compliance	Corp	
Strengthening UHB systems and processes for management of Inquests	Corp	
Continued cultural development– Amplify 2025	Corp	
Outpatients 2025	Corp	
Meeting Welsh Language Standards	Corp	

Correlation / Key Themes

1. Improved Outcomes That Matter to People
2. Resilient Community
3. Resilient and High Performing Unscheduled Care
4. Reduced Patient Waiting Times
5. Transformation
6. Great People, Great Place to Work
7. Financial Balance

KPIs

- Inpatient Length of Stay
- Emergency Target (4&12 Hr)
- Delivery of 2% Cost Improvement Target
- In- Patient Harm (Reduction in Preventable Hospitable Acquired Infection/ Pressure Ulcers)
- Patient Harm– Avoidable Falls
- Avoidable (preventable) Admissions
- Referral to Treatment Times– 26 Week
- Overall measure for organisational climate / engagement
- Increasing in-session theatre utilisation (adopting Newton measure)
- Satisfaction– Two minutes of your Time patient feedback scores
- Reduction in the number of emergency hospital admissions for the basket of 8 Chronic Conditions per 100K pop
- No. Of services moved to community
- Reduction in Day of Surgery Cancelation
- Compliance with Single Cancer Pathway
- Completion of Business Case for Key Enabler

Correlation (right)

- Executive Director of Public Health
- Executive Director of Finance
- Chief Operating Officer
- Exec Dir of Workforce & Org Development
- Executive Director of Planning
- Exec Director of Therapies & Health Science
- Executive Medical Director
- Director Corporate Governance
- Executive Nurse Director
- Chief Executive

Targets

Description	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Comments

LEGEND

- strong correlation or team leader
- important correlation or core team member
- Plan in place

A3-X Instructions

CORRELATION

Analyze each pair of strategies or policies on the one hand and improvement initiatives or projects on the other hand. Use the symbols in the center field to indicate the level of correlation or contribution. Enter the appropriate symbols in each of the cells that mark the intersections of the relevant policy columns and initiative rows.

Optional: Assign and record index number for each initiative or project here.

In the rows provided please enter separate statements of up to ten of your company's most important tactical improvement initiatives or projects. Typically initiatives or projects are led or implemented by a team of individuals, often from different business functions within your company. In addition, these initiatives frequently involve the introduction of new technologies or work methods, such a lean production, total quality management, six sigma, and their respective toolkits. For example, "Implement lean production at all manufacturing plants;" or "Initiate six sigma in our engineering function." Projects will normally be more specific than initiatives. For example, "Implement quick changeover in our stamping plants;" or "Apply quality functional deployment in the next new product launch." These initiatives or projects will later be *deployed* to the teams you describe in the "Team Member" matrix on the right hand side of this document.

CORRELATION / CONTRIBUTION

Analyze each pair of initiatives or projects on the one hand and performance measures on the other hand to determine how strongly the initiative or project in question may affect the measurable in question. Use the symbols in the center field to indicate the level of correlation or contribution, entering the appropriate symbols in each of the cells that mark the intersections of the relevant initiative rows and target columns.

ACCOUNTABILITY

- ⦿ team leader
- ◯ core team member
- △ participating team member

Use this space to analyze the relationships between the accountable parties listed below to the improvement initiatives or projects listed to the left. Using the symbols above, record the level of accountability by entering the relevant symbols in the cells marking the intersection of team member columns and initiative rows.

In the columns provided please enter separate statements of two to five of your company's most important strategic goals. Typically, such statements pertain to the cost, functionality, and/or quality of your product or service. For example, "Become the low cost producer of family automobiles;" or "Be the most innovative audio equipment company;" or "Lead the market for luxury hand-bags."

tactics

strategies

X

results

process

- ⦿ high correlation or rate of contribution
- ◯ medium correlation or rate of
- △ low correlation or rate of contribution

In the columns provided please enter your company's *critical* process improvement targets, stated in terms of performance improvement measurables and indicating the date by which the target is to be achieved. Improvement measurables are normally leading indicators of a company's fitness and are frequently connected to the development of competitive resources, such as brand identity, intellectual property, business processes, and human skills. Examples of performance targets include: "Improve customer satisfaction as measured by a 50% reduction in customer returns per month by December 31, 2004;" or "Reduce changeovers at all plants to less than 10 minutes by June 30, 2003;" or "Cross-train all members of production cell workgroups on all cell equipment on the Ford line before October 1, 2002."

TEAM MEMBERS

In the columns provided on the reverse side of this document, list up to twelve parties who must work together or coordinate their activities to achieve the performance improvement and financial targets.

Optional: Assign and record index number for each strategy or policy here.

Analyze each pair of strategies and financial indicators to determine the level of importance, contribution, or correlation between strategy and financial performance. Use the symbols in the center field to indicate the level of correlation or contribution. Enter the appropriate symbols in each of the cells that mark the intersections of the relevant policy columns and financial

Optional: Assign and record an index number for each financial indicator here.

In this section, please enter key data for a value stream profit and loss statement for the business unit for which you are preparing the X-matrix. Build the actual value stream P&L with full details on a separate worksheet or in a separate workbook.

Optional: Assign and record an index number for each improvement measure here.

Analyze *each pair* of leading performance measures and financial indicators to determine the contribution level of each performance measure to each financial indicator. Use the symbols in the center field to indicate the level of correlation or contribution, entering the appropriate symbols in each of the cells that mark the intersections of the relevant target columns and financial rows.

USE PENCIL

to remain open to feedback and improvement ideas during the catchball process.

Also,
strictly limit the number of policies, initiatives, targets, and financials. If 3 policies give rise to only 3 initiatives, and 3 initiatives give rise to only 3 projects, and 3 projects give rise to only 3 team activities, you will have a total of 819 team activities and innumerable targets to schedule, track, and manage!

| CORRELATION | © 2006 taktX LLC | CORRELATION / CONTRIBUTION | |

Hoshin Kanri for the Lean Enterprise © 2006 Thomas L. Jackson

Compatibility Report for A3-X CQHHS 7282015 Draft v2.xls
Run on 24/08/2015 8:16

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workbook in an earlier file format.

Significant loss of functionality   # of occurrences

Any effects on this object will be removed. Any text that overflows the boundaries of this graphic will appear clipped.	1
legend'!A1:AD29	

Minor loss of fidelity

Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.	14

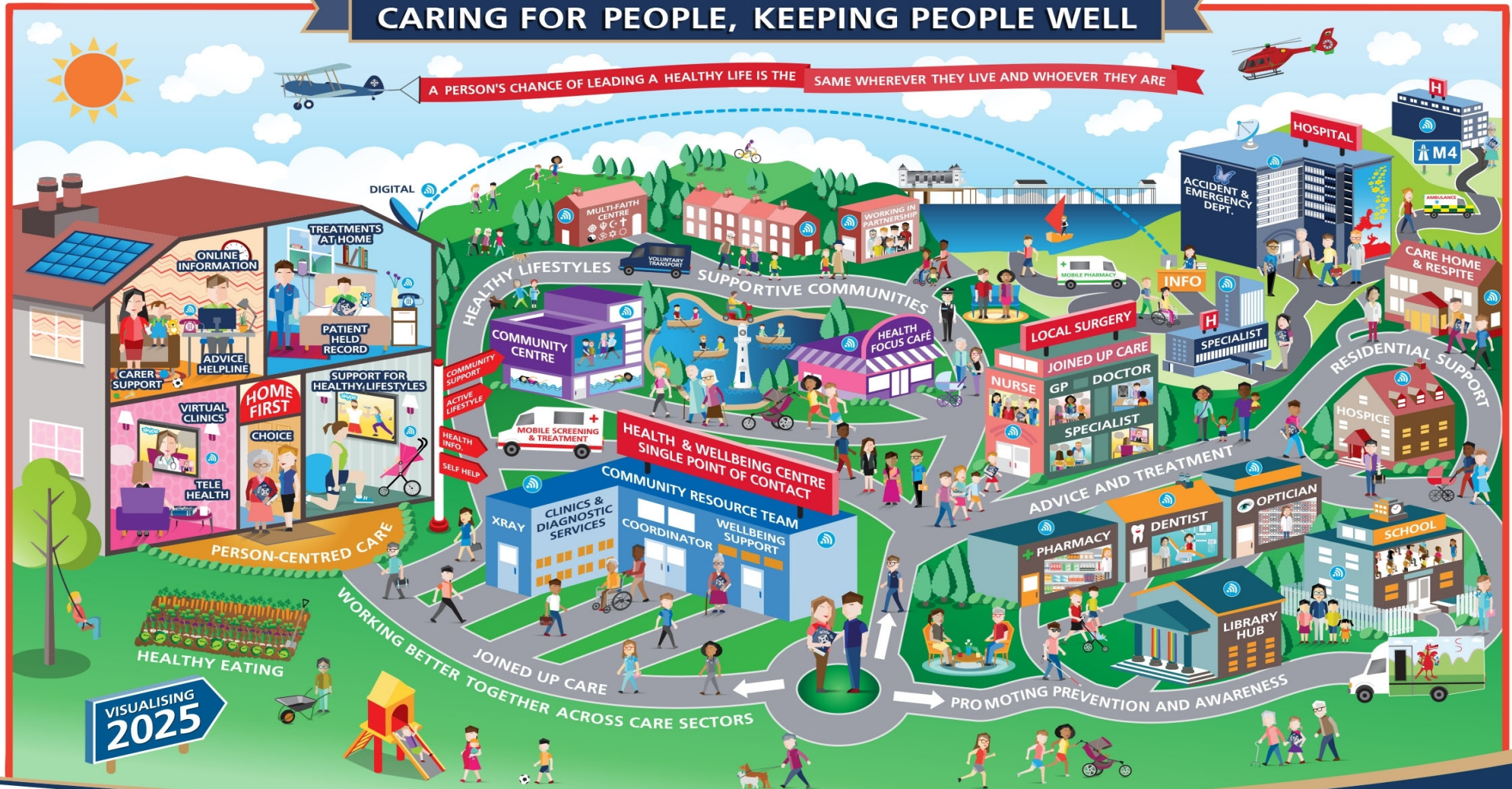**Version**

Excel 97-2003

Excel 97-2003

Shaping Our Future Wellbeing – Annual Plan 2019-2020

Key Projects/Programmes	Dept	Full/Part
Support the sustainability of general medical services through the roll out of MSK and mental health cluster based services	PCIC	P
Improve access to urgent primary care out of hours- Develop MDT role, introduce wider HCP roles (Phase 1)	PCIC	F
Implement Me, My home, My community in partnership with local authority and third sector	PCIC	P
Development of response to population growth and establishment of primary care estates strategy	PCIC	P
Repatriation of CAMHs and development of emotional wellbeing service	C&W	F
Additional learning needs- DECLO in place and Care Aims Model Developed	C&W	F
Development of paediatric hospital @ home service	C&W	P
Improve access to mental health services for young people- expand first episode psychosis service, pathway development	MH	F
Development of team around the individual for dementia patients- Expand community RAID model, demetia staffing, carer eduction	MH	F
Community mental health review- centralisation of CMHTs	MH	F
Open young onset dementia unit- Barry Hospital	MH	F
Increase number of patients who receive dialysis in the community- home dialysis expansion, shared decision making tool	Spec	P
Redesign stroke pathway and development of hyper acute stroke unit	Med	P
Establish non-invasive ventilation unit at UHW- initially 4 bed unit (possible expansion to 6 beds)	Med	F
Implementation of general dental referral system- Electronic Advice and referal system eRMS	PCIC	F
Improvement in endoscopy- review service model, review nursing roles, theatre utilisation programme	Med	F
Increase in ultrasound capacity and connectivity to deliver improvements in gap and grow, gestational diabetes and still birth reduction (Phase 0 Business Case)	C&W	F
Prehabilitation for cancer patients requiring surgery- phased role out of prehab model	Surg	P
Pre-assessment- expand CPET and Anemia assessment, establish IV iron service, embed share decision making	Surg	F
Move Ambulatory ENT surgery to UHL	Surg	F
Improve access to critical care- open additional beds, develop treat and transfer model to enable LTV at UHL	Med	P
Work toward the implementation of a major trauma centre- SPECIFICS Business Case for Ward/Theatre	Med	P
Quality led governance- single quality management system (Qpulse), safety culture assessment, accreditation of labs	CD&T	F
Expansion of cardiac surgery services- Cardiac Ablation and TAVI, improve RTT performance	Spec	F
Implementation of neurosciences strategy- improve elective neruosurgery performance, transfer neurology service to Cwn Taf	Spec	F
Acute oncology- sustainable funding arrangement, expansion of service in conjuction with McMillan Business Case	Med	F
Implementation of Single Cancer Pathway	Corp	F
Development of Clinical Services Plan	Corp	F
Prevention Activity- Increase in Quit smoking service provision	Corp	F
Additional Paeds Obs and Neonates Capacity to support regional flows	C&W	F
Centralisation of Vascular Surgery on regional basis	Aurg	F
Ophthalmology- Management of follow ups in community practices Deployment of Electronic Patient Record	PCIC	F
Establish Regional SARC Service- Childrens Service to go live in year	C&W	F
Implementation of Healthpathways	Corp	P
Develop and Establish the Alliancing Methodology	Corp	P
Establish Showcase and rollout of Leadership development programme	Corp	P
Roll Out of Signals from Noise	Corp	P
Outpatients 2025- roll out of models in ENT and Gastro	Corp	P
Outpatient efficiency - Reducing outpatient DNAs (new and follow-up)/Reducing follow-up demand	Corp	P
Procedure efficiency - Embedding endoscopy efficiency/Reducing theatre cancellations	Corp	P
Bed day Efficiency - Reducing length of stay	Corp	P
Recruitment Action- Project 95/ Employer of Choice	Corp	P
Delivery of 2% Cost Improvement Target	CBs	F
Delivery of Corporate Cost Improvement Target 12m	Corp	F
Tobacco – whole system service model	P/H	P
Tobacco – increasing referral rates to smoking cessation	P/H	P
Developing and implementing Healthy Travel Charters in our area	P/H	P
Create a social movement across the UHB for 'Keeping People Well'	P/H	P
ENABLING ACTIONS- Priorities which may not impact on performance in year but require corporate oversight		
Theatres/ Haematology/ Polytrauma Ward- Capital Development SOC- Target Completion Q2	C&E	F
Radiopharmacy- Capital Development BJC 2019	C&E	F
Replacement Theatres 4/5 UHL- BJC Target Completion Q2	C&E	F
Hybrid/MTC Theatre - BJC Target Completion Q4	C&E	F
Theatres Developments- Black and Grey, 2nd Ophthalmology Theatre, Rolling Development Prog	C&E	F
Upgrading CF facilities UHL- BJC Target Completion Q2	C&E	F
Genomics Programme- Establishment of new facilities and service	C&E	F
SOFW Community- Wellbeing Hubs Maelfa and Penarth and CRI Development	C&E	P
Implement PKB - enabling self care roll out in Gastro and ENT	Corp	P
Implement PROMS platform	Corp	P
Improve communications to staff and the public (MURA – staff app)	Corp	P
Install Microsoft 365 across the organisation	Corp	P
Review and adjust the digital startegy for C&V	Corp	P

Theme labels (centre): IMTP, Regional, Transformation, Operational/service, Financial, Public Health, Capital, Digital/IT

Key Themes

1. Improved Outcomes That Matter to People
2. Resilient Community
3. Resilient and High Performing Unscheduled Care
4. Reduced Patient Waiting Times
5. Transformation
6. Great People, Great Place to Work
7. Financial Balance

KPIs

- Inpatient Length of Stay
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- Overall measure for organisational climate / engagement
- Increasing in-session theatre utilisation (adopting Newton measure)
- Satisfaction- Two minutes of your Time patient feedback scores
- Reduction in the number of emergency hospital admissions for the basket of 8 Chronic Conditions per 100k pop
- No. Of services moved to community
- Reduction in Day of Surgery Cancelation
- Compliance with Single Cancer Pathway
- Completion of Business Case for Key Enabler

Sponsor

- Executive Director of Public Health
- Executive Director of Finance
- Chief Operating Officer
- Exec Dir of Workforce & Org Development
- Executive Director of Planning
- Exec Dir of Transformation and Informatics/ Deputy CEO
- Exec Director of Therapies & Health Science
- Executive Medical Director
- Director Corporate Governance
- Executive Nurse Director
- Chief Executive

Targets

	Description	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Comments
	Finacial Sustainability					
	Crude Hospital Mortality Rate for people aged less than 75					
	Length of Stay					

LEGEND

- strong correlation or team leader
- important correlation or core team member
- Plan in place

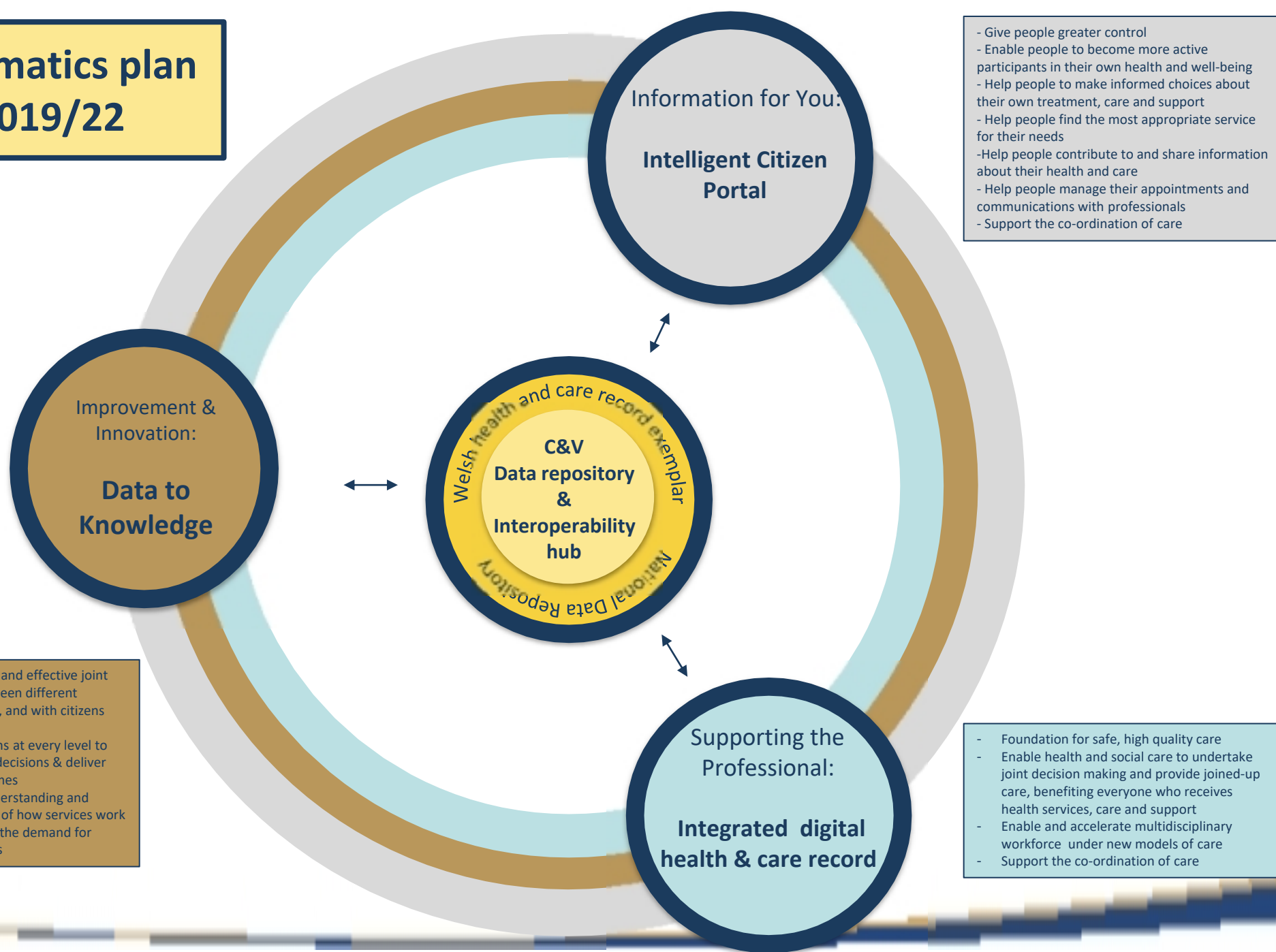# The CAV Informatics Strategic Outline Programme to deliver:

Cardiff and Vale University Health Board
Shaping Our Future Wellbeing Strategy
2015 - 2025

GIG CYMRU NHS WALES

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

Informatics plan 2019/22

Information for You:

Intelligent Citizen Portal

- Give people greater control
- Enable people to become more active participants in their own health and well-being
- Help people to make informed choices about their own treatment, care and support
- Help people find the most appropriate service for their needs
- Help people contribute to and share information about their health and care
- Help people manage their appointments and communications with professionals
- Support the co-ordination of care

Improvement & Innovation:

Data to Knowledge

- Provides safe and effective joint working between different organisations, and with citizens directly
- Helps clinicians at every level to make better decisions & deliver better outcomes
- Improves understanding and management of how services work together and the demand for those services

Welsh health and care record exemplar

C&V Data repository & Interoperability hub

National Data Repository

Supporting the Professional:

Integrated digital health & care record

- Foundation for safe, high quality care
- Enable health and social care to undertake joint decision making and provide joined-up care, benefiting everyone who receives health services, care and support
- Enable and accelerate multidisciplinary workforce under new models of care
- Support the co-ordination of care

IMTP- 2019 /2022

Some of the key headlines for delivery in year one are shown below, with the full operational plan to deliver the digital plan and the anticipated benefits.
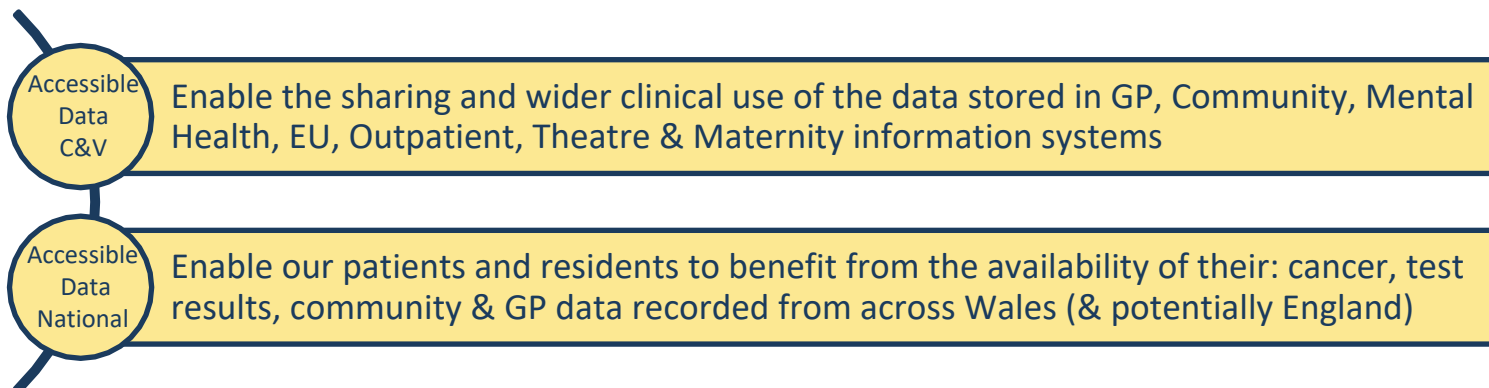
- - Widening the availability of the citizen portal to share information with patients.
- - Development of a Clinical Data Repository (CDR) and interoperability *Hub.*
- - Enabling virtual care and outpatient Transformation.
- - Real Time Clinical Data Availability.
- - Clinical Mobility and Cluster Working.
- - Digitally included Population.
- - Digitally enabled Workforce.
- - Upgrading our infrastructure to enable and support the rapid adoption and expectations on digital.

Through our programmes we want to put real-time data in a consistent format directly into the hands of frontline clinicians to support operational planning, decision making and data led clinical discussion. We want the transformation of our services to be driven by our data.

Work Plan Deliverables 2019 -20

HOW

Accessible Data C&V	Enable the sharing and wider clinical use of the data stored in GP, Community, Mental Health, EU, Outpatient, Theatre & Maternity information systems
Accessible Data National	Enable our patients and residents to benefit from the availability of their: cancer, test results, community & GP data recorded from across Wales (& potentially England)

Welsh health and care record exemplar

C&V data repository & Interoperability hub

National Data Repository

- Clinical Data Repository (CDR) Phase 1 inc Interoperability
- National Data Repository (NDR)
- Welsh Results & Reports Service (WRRS)
- Upgrade of Muse system to enable ECGs to be accessible anywhere

Work Plan Deliverables 2019 -20

HOW

Vision 360 — Enable multi-disciplinary cluster teams to share common record

PARIS portal — Enabling our community and mental health records to be viewed across health & care in Wales

Virtual O/Ps — Support the provision, management and recording of clinical events in hospital and community to standards through digitisation and inter-operability – capturing & making available clinical information as required

Digital workflow — Supporting workflow & effective safe care by digitising processes including: nursing documentation, e-prescribing, e-observations

Supporting the Professional:
Integrated digital health and care record

- Mobilisation Programme
- eNursing Documents – Pilot June 2019
- ePatient Flow – eObservation Programme – bench marking exercise
- Welsh Electronic prescribing and Medicines Administration (WEPMA)
- Eye Care System
- Accelerated Cluster Model (Me, my home, my community)

Work Plan Deliverables 2019 -20

HOW

Citizen Services	Enable secure and confidential communication between patients and clinicians
Digital self care	Provide social–prescribing, virtual prescription libraries and directories of services to support people to live independently and take greater responsibility for their care
Manage Contacts	Enable patients to manage and view their appointments
Informing citizens	Provide more information to patients about local health and care services via an upgraded internet site and from corporate dashboards

Information for You: **Intelligent Citizen Portal**

- National Citizen access portal
- Patient Knows Best (PKB)
- Seamless Social Prescribing (Me, my home, my community)
- Developing a single point of access for GP Triage (Me, my home, my community)

Work Plan Deliverables 2019 -20

HOW

Clinical Information	By implementing the clinical information model, opening up the warehouse and use of AI supported dashboards, extend range of clinical information recorded and made available to support clinical care
Dem-cap models	Improve clinical and system effectiveness across services and along pathways, including gaining better understanding of variation and its impact on harm and waste
ID of patients at clinical risk	Maximise benefits of 'big data / AI' progammes such as Project sepsis, Madeleine project, ' Image recognition' & the AKI tool by improving our data models and linkages
Real time decision support	Provision of user friendly real time dashboards and decision support tools, enabled by modern servers, software and the data repository

Improvement & Innovation: Data to Knowledge

- Increasing the scope and accessibility of clinical information
- PARIS - Making available CRT data
- Child Psychology App
- Extending use of PROMs

Enablers

Digitally Included Population

Sensory Programme
Tailor hospital communication to people based on their needs and requirements by recording and making available relevant information

Translation services
Improve access and reduce cost of translation services by making the most of digital applications

WIFI
Extend the availability of freely available wifi across NHS sites as part of a wider co-ordinated approach

Enablers

Digitally Enabled Workforce

Mobilisation
We will seek to provide the software, architecture and infrastructure to support the provision of fast and secure digital services required including Messaging, dictation and web based systems.

Specialist workforce
Ensure that we have the specialist skills and knowledge to deliver our informatics programme by investing in training and developing, recruitment and retention and knowledgeable leaders.

Engagement
We will seek to achieve a greater commitment and capability to effect service change and improvement by creating a permissive environment, focused on meeting the users' needs and accelerating our engagement plan

Single sign on
We will seek to improve accessibility and uptake of systems by reaching a national solution for single sign on and a sub-tenanted active directory.

Modern Architecture, Strong Governance

Storage
We will provide an additional 2 TB of on-premise fast storage to meet the forecasted annual requirements for new records, back up and data sharing

Servers & networks
We will enable faster run time of applications and the availability of information, ensuring our products are supported and are safe from known cyber threats

Software & DBs
We will upgrade our core software to enable mobile working, real time data sharing and enhance our data protection capability

Hardware
We will support new ways of working by improving the speed, connectivity & portability of the devices staff are reliant upon.

Service resilience
By strengthening our cyber, staff training, digital architecture and national collaborations we will improve the overall availability of our digital services

Coding & Standards
We will maximise the value of data and the accessibility of information by extending the adoption of Snomed-CT, technical standards across our applications

Data Protection
We will seek to maintain the confidence of our population that we are good custodians of their most sensitive and personal data and can be trusted to only share it where it is necessary and brings benefit.

Work Programme Enablers

- **Essential Infrastructure Sustainability and Modernisation Program…e.g**
  - PC
  - WiFi
  - Replacement of Telecoms
  - Server replacement / backups
  - Networks

- **Priority Digital Transformation Projects Including:**
  - Clinical Data Repository (CDR) - Phase 1 – including Interoperability
  - O/P Transformation and Real Time Clinical Data Duplication
  - Support to Clinical Mobility and Cluster Working
  - Patient Knows Best

- **National Program**
  - Enable wider deployment and uptake of national program functionality associated with WCP, WRRS, TRRR and WCRS.

Report Title:	Developing a Performance Framework					
Meeting:	Strategy & Delivery Committee				Meeting Date:	29th Oct 2019
Status:	For Discussion		For Assurance	For Approval	x	For Information
Lead Executive:	Director of Transformation/Dep CEO					
Report Author (Title):	David Thomas, Director of Digital & Health Intelligence					

SITUATION

A performance framework approach presented to the committee in April 2019 was agreed and a further development of this is presented here for discussion and approval.

BACKGROUND

As previously reported, the Committee is seeking a framework to enable it to gain assurance on our performance against achievement of our strategy and our delivery of services meeting agreed targets.

The UHB has agreed to monitor progress and achievement of its strategic objectives which are discussed within Shaping our Future Wellbeing. These have been translated into meaningful measures which we continue to develop, not least as many of these are medium and long term outcomes which need to be supported by process measures.

The list of measures documented in the *Performance Indicators for SDv5* presentation have been reviewed and in the majority of cases are now included in a Performance Framework Dashboard in the Health Boards Business Intelligence System. Confirmation of the available measures have been provided in the attached together with examples of screen shots from the live BIS dashboard.

As previously reported, the Wales Performance and Delivery targets are presented to the Board bimonthly and are shown mapped against our strategic objectives and our aims. They have now also been mapped against the each of the Board committee's terms of reference and 37 targets have been 'assigned' to the S&D committee. Within this group of 37 a further supporting 5 measures are included, giving a total of 42 indicators. The appendix to this paper details how each of these are monitored and used within the organization, including frequency and the governance arrangements.

ASSESSMENT

All measures are summarized bimonthly in the report to the Board with a small number of agreed targets being discussed in detail.

Firstly, of the 42 measures mapped to the S&D committee 32 are used routinely to directly assess performance and improvement. It is suggested that these are **not** routinely scrutinized by the committee but would only feature when performance falls away from the planned trajectory and mitigations are failing to retrieve performance. This would be advised by the relevant lead Executive.

Of the 8 measures which are not routinely used within the organization, further work has been taking place with the relevant leads and Boards so that a number of these (highlighted below as No 8, 20, 21 and 25) have been included in the BIS dashboards. Additionally indicator No 19 will soon be added to this dashboard.

No	Indicator
8	Rate of conceptions among females under 18
17	Reduce infant mortality for population
18	% live births with a birth weight of less than 2500g
19	Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure
20	Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn
21	Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions
24	Primary care contractor professionals assurance status
25	% GP Practices open during daily core hours or within 1 hour of daily core hours

There are new measures which will require reporting on which include three Eye Care Measures and those relating to the Single Cancer pathway.

ASSURANCE is provided by:
Work will continue to develop the framework and the programme of planned areas for the Committee to scrutinize alongside any exception areas that arise

RECOMMENDATION

The committee is asked to :

- Agree to only scrutinise routinely reported measure by exception
- Consider scrutinizing those indicators which are currently not used to actively inform practice, following completion of work outlined above.
- Scrutinise areas not subject to routine indicator measures
- Be appraised of areas achieving or exceeding agreed trajectories and/or targets

CARING FOR PEOPLE
KEEPING PEOPLE WELL

GIG
CYMRU
NHS
WALES

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

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

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

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

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**

GIG CYMRU
NHS WALES

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

Performance Monitoring

Strategy and delivery committee

Shaping Our Future Wellbeing

Cardiff and Vale University Health Board
Shaping Our Future Wellbeing Strategy
2015 - 2025

Best Practice

1. alignment to a strategic objective
2. planned improvement trajectories
3. supporting action plans
4. RAG rated monitoring process.
5. deviation from expected range scrutinised within governance arrangements
6. mitigations put into play to recover
7. actively used within teams/structures to inform decisions

Many indicators will have supporting process indicators used at the operational day to day level where that is appropriate

37 of 63 indicators mapped to S&D committee……

Strategic Goal : All take responsibility for improving our population health

Indicator		Performance monitoring	Governance/owner
Uptake of influenza vaccination among high risk groups	1	Monthly – PH/PCIC	Lead PH Operational lead - PCIC
Percentage of children who have received 3 doses of the 5 in 1 vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	2	Monthly PH/PCIC /Women and Children CB Monthly exec performance review Board report NHS Exec (monthly)	Lead for strategic work and systems design (PH) Operational leads within CBs Immunisation steering group - with action plan
Proportion of adults obese or overweight	3	Monthly PH	Lead – PH consultant Steering group – Health Weights strategy and plan
% of adults consuming > 14 units of alcohol p. Wk (New measure)	4	Monthly PH	Lead PH Area Planning Board (Partnership – Bimonthly) Alcohol strategy and action plan
Proportion of adults meeting physical activity guidelines	5	Monthly PH	Lead PH Steering Group Public Services Boards (quarterly) Strategy as 3 above
% of C&V resident smokers who make a quit attempt via smoking cessation services - target 5%	6	Monthly PH NHS exec (monthly) Board (dashboard) Proxy at exec monthly review (referrals to service)	Lead PH Lead in each clinical board Tobacco Action Plan
% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	Monthly PH NHS Exec (Monthly)	As for 6
Rate of conceptions among females under 18	8	Monthly PH	Lead PH Ops Lead W&C
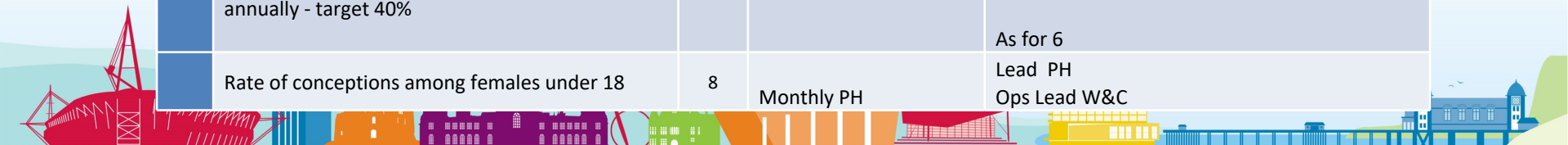
Strategic Goal: Have an unplanned care system that provides the right care, in the right place in the right time

Indicator		Performance monitoring	Governance
Attainment of the primary care out of hours service standards	51	Monthly CB Monthly exec performance review Board NHS Exec	Lead Clinical Board with head of primary care
Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52	Daily CBs Weekly - ops/exec Monthly exec perf review Board NHS exec monthly	WAST target supported by UHB Lead Med CB – CD A&E
95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	As above	Lead Med CB CD A&E supported by patient flow
Eradication of over 12 hour waits within all hospital emergency care facilities	54		

For our population	Indicator		Monitoring	Governance
Reduce health inequalities	Life expectancy at birth	16	Annual PHT	PH lead
	Reduce infant mortality for population	17		
	% live births with a birth weight of less than 2500g	18		
	Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)	19		
	Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn	20	Board report	
	Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	Board report	
	Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	Board report	Surg CB

Our service priorities	Indicator		Monitoring	Governance
	Delivery of the 31 day (Non- USC) and 62 day (USC) cancer access standards	23	Weekly directorate/CB Execs weekly Monthly performance review Board report NHS exec (monthly) Board (dashboard)	Cancer lead – W&C Board
Offer services that deliver the population health our citizens are entitled to expect	Primary care contractor professionals assurance status	24		PCIC
	% GP Practices open during daily core hours or within 1 hour of daily core hours	25	Board report NHS exec (monthly) Board (dashboard)	PCIC

Sustainability	Indicator		Performance	Governance
	Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness	39		
Reduce harm, waste and variation sustainably making best use of the resources available to us.			Monthly 'run' to CBs	PH
	Reducing outpatient did not attend rates for New and Follow Up appointments	40	Weekly directorate /CB	
	Increasing in-session theatre utilisation (adopting Newton measure)	41		Surgical Clinical Board
			Weekly Directorate	
	Uptake of ERAS across whole HB.	42		
				Dir Therapies
	Ensure that the data completeness standards are adhered to within 1 month of the episode end date	43	Monthly performance report Board report	Digital and intelligent information

	Indicator		Monitoring	Governance
Have a planned care system where demand and capacity are in balance	% hospital cancellations rebooked with 14 days	45	Directorate daily CB weekly Monthly performance review	Each CB
	95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	50	Directorate daily CB weekly Execs weekly Monthly performance review Board report	COO Each CB
	Attainment of the primary care out of hours service standards	51	CB monthly Board	PCIC
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52	Directorate daily CB daily Execs weekly Monthly performance review Board report	COO Med CB
	95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	As above	COO Med CB
	Eradication of over 12 hour waits within all hospital emergency care facilities	54	As above	COO ALL CBs

		Indicator		Monitoring	Governance
Culture	Be a great place to work and learn	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	55	CB Monthly Corporate dept monthly Monthly exce perf review Board report	Dir WOD
		Medical Staff – percentage of staff undertaking Performance Appraisal	56	Board report	MD CBDs
		% of staff completing staff survey in the organisation.	57		
		Overall measure for organisational climate / engagement	58		
		Achieve annual local sickness and absence workforce target	59		
		Retain platinum corporate health standard	60		
	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	Ambulance handover times: % within 15 and 60 minutes	61	Daily – directorate/CBs/ Execs Monthly performance review Board report	
		No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	62	Board report RPB quarterly	RPB COO
		Progress in Delivering Strategic Programme	63	Bi annual	DoP

RTT - % < 26 weeks

Legend: Wales, ABM, AB, BCU, C&V, CTaf, HDda, Powys, Target

RTT - Number > 36 weeks

Legend: ABM, AB, BCU, C&V, CTaf, HDda, Powys

Values: 1,394 · 297 · 948 · 3,030 · 249 · 7,064
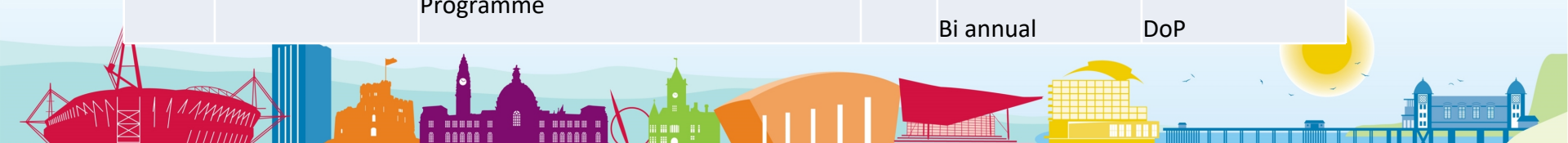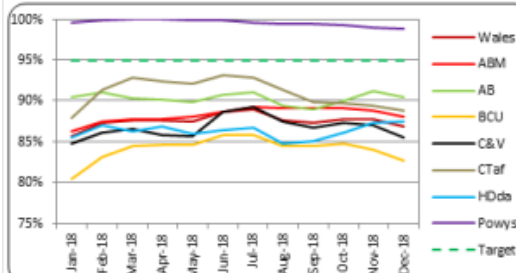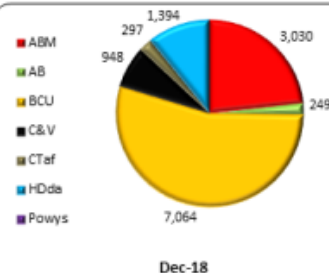
Dec-18

Diagnostics - Number waiting > 8 weeks

- Over the last 12 months, all HBs, except AB, C&V and CTaf, have seen a deterioration trend in the number of 8 week diagnostic breaches. In Dec-18, all HB's, except AB, saw an increase in 8 week breaches when compared to the previous month.
- In Dec-18, BCU had the highest number of breaches at 1,486, whilst AB were the best performing HB with 4 breaches.

Legend: Powys, HDda, CTaf, C&V, BCU, AB, ABM
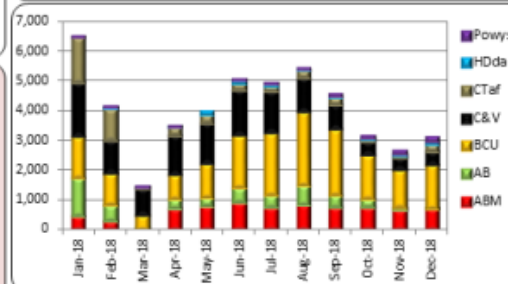
Therapies - Number waiting >14 weeks

- Over the last 12 months, all HBs, except BCU and HDda, have seen an improvement trend in the number of 14 week thera breaches. In Dec-18, all HBs, except C&V and Powys, saw a increase in 14 week breaches when compared to the previo month. AB, ABM and CTaf remained static with zero 14 we breaches.
- In Dec-18, HDda had the highest number of breaches at 287

(RTT commentary)
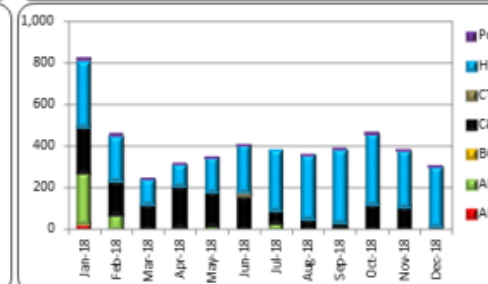
- Over the last 12 months all HBs, except AB, CT and Powys, have seen an improvement trend in their RTT 26 week performance. Only Powys is currently achieving the 95% target, with performance at 98.8%. In Dec-18 all HBs, except HDda, saw a deterioration in performance when compared to the previous month.
- In Dec-18, there were 12,982 RTT 36 week breaches. This is an improvement in performance compared to the previous month, with a decrease of 528 36 week breaches. BCU had the highest number of breaches across Wales at 7,064 (54.4% of all breaches). All HBs are showing an improvement trend in performance over the last 12 months. Powys continue to have zero 36 week breaches.
- Latest un-validated PTL data, for WC 4th February 2019, shows that on an all Wales basis the 26 week RTT performance was 87.2%. PTL data also shows that there were 15,250 36 week breaches.

Cancer - 62 day weekly backlog numbers

Legend: 63+ days, 53-62 days

X-axis groups: ABM, AB, BCU, C&V, CTaf, HDda
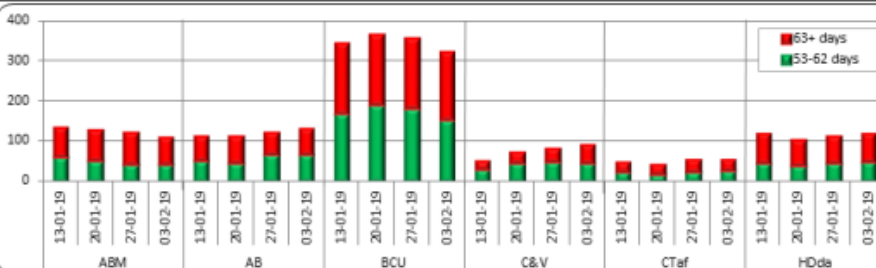
- The latest cancer backlog figures for the 03/02/2019 show BCU had the highest number of patients waiting 53 - 62 days on the 62 day pathway with 153 patients. BCU also had the highest number of patients waiting over 62 days with 167 patients.

Cancer - % urgent suspected cancer within 62 days
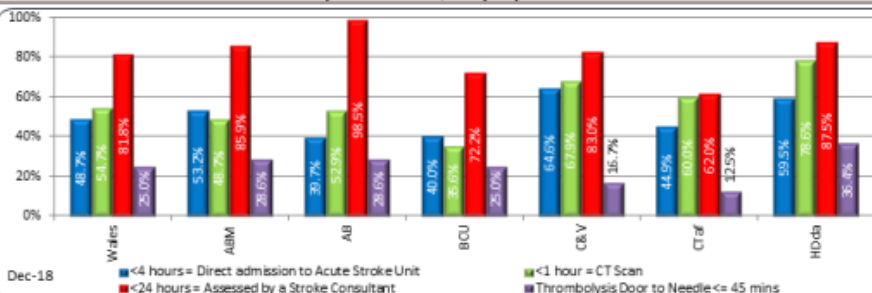

Legend: Dec-17, Dec-18, Target
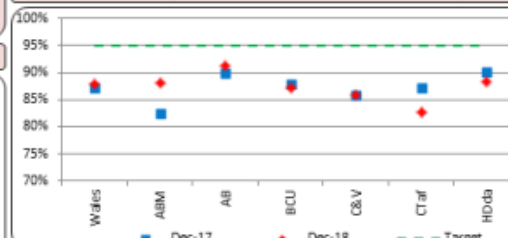
- In Dec-18, all HBs failed to achieve the 95% target.
- In Dec-18, only AB was within 5% of the target.
- All HBs, except ABM and HDda, saw a deterioration trend in performance over the last 12 months.

Ambulance - % Red calls response to within 8 mins

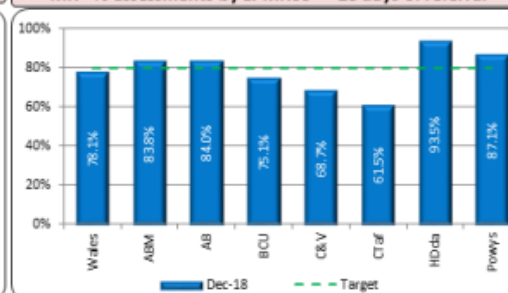Legend: Jan-18, Jan-19, Target
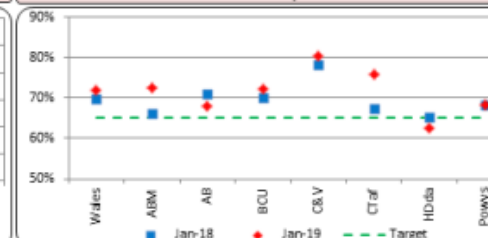
- In Jan-19, provisional data shows all HBs, except HDda, achieved the 65% target.
- The best performance in Jan-19 was in C&V at 80.4%. The worst performance was in HDda at 62.5%.
- All HBs, except AB and HDda, saw an improvement in performance in Jan-19 when compared to Jan-18.
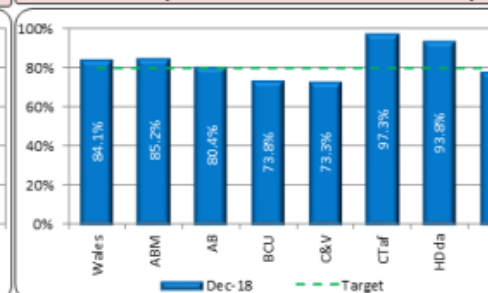- All HBs, except BCU, HDda and Powys, have seen an improvement trend in performance over the last 12 months

Stroke - % compliance with Quality Improvement Measures

Dec-18

Legend: <4 hours = Direct admission to Acute Stroke Unit; <1 hour = CT Scan; <24 hours = Assessed by a Stroke Consultant; Thrombolysis Door to Needle <= 45 mins

MH - % assessments by LPMHSS <= 28 days of referral

Values: Wales 78.1%, ABM 83.8%, AB 84.0%, BCU 75.1%, C&V 68.7%, CTaf 61.5%, HDda 93.5%, Powys 87.1%

Legend: Dec-18, Target

MH - % therapeutic interventions started <= 28 days

Values: Wales 84.1%, ABM 85.2%, AB 80.4%, BCU 73.8%, C&V 73.3%, CTaf 97.3%, HDda 93.8%

Legend: Dec-18, Target

Latest management performance against Key Delivery Areas

Indicator	Target	Month	Wales	ABM	AB	BCU	C&V
% of patients waiting less than 26 weeks for treatment (RTT)	95%	Dec-18	86.9%	88.0%	90.4%	82.7%	85.5%
Number of patients waiting more than 36 weeks for treatment (RTT)	0	Dec-18	12,982	3,030	249	7,064	948
Number of patients waiting over 8 weeks for specified diagnostics	0	Dec-18	3,135	693	4	1,486	450
Number of patients waiting over 14 weeks for specified therapies	0	Dec-18	305	0	0	3	12
% new patients spending no longer than 4 hours in an Emergency Department	95%	Dec-18	77.8%	76.5%	74.8%	67.6%	83.8%
Number of patients waiting more than 12 hours in an Emergency Department	0	Dec-18	3,900	759	470	1,552	39
% of Red calls responded to within 8 minutes	65%	Jan-19 (Prov)	71.8%	72.7%	67.9%	72.3%	80.4%
Number of patients waiting more than 1 hour for an ambulance handover	0	Jan-19	3,418	1,164	689	690	430
% of patients referred as non-urgent suspected cancer seen within 31 days	98%	Dec-18	96.8%	95.7%	97.8%	98.1%	93.9%
% of patients referred as urgent suspected cancer seen within 62 days	95%	Dec-18	87.9%	88.1%	91.3%	87.2%	85.7%
Stroke <4 hours = Direct admission to Acute Stroke Unit	60.2% (Jul-18 to Sep-18 SSNAP)	Dec-18	48.7%	53.2%	39.7%	40.0%	64.6%
Stroke <1 hour = CT Scan	54.3% (Jul-18 to Sep-18 SSNAP)	Dec-18	54.7%	48.7%	52.9%	35.6%	67.9%
Stroke <24 hours = Assessed by a Stroke Consultant	84.2% (Jul-18 to Sep-18 SSNAP)	Dec-18	81.8%	85.9%	98.5%	72.2%	83.0%
Stroke Thrombolysis = Door to needle within 45 minutes	Improvement (12 month trend)	Dec-18	25.0%	28.6%	28.6%	25.0%	16.7%
% of assessments by the LPMHSS undertaken within 28 days from the date of receipt of referral	80%	Dec-18	78.1%	83.8%	84.0%	75.1%	68.7%
% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	80%	Dec-18	84.1%	85.2%	80.4%	73.8%	73.3%
% of LHB residents in receipt of secondary MH services (all ages) to have a valid CTP	90%	Dec-18	89.0%	91.3%	90.2%	89.7%	83.9%
Number of HB non mental health delayed transfers of care (rolling 12 months)	A reduction of no less than 5% of total number of HB delays for the previous financial year	Dec-18	4,371	865	930	1,150	445
Number of HB mental health delayed transfers of care (rolling 12 months)	A reduction of no less than 10% of total number of HB delays for the previous financial year	Dec-18	854	320	46	208	79
Cumulative number of cases of C Difficile per 100,000 pop	26 (18 for CT, 25 for AB, 23 for C&V) per 100,000 pop for 2018/19 period	Apr-18 to Jan-19	27.8	36.6	26.6	25.5	22.5
Cumulative number of cases of S Aureus bacteraemia per 100,000 pop	20 (19 for AB) per 100,000 pop for 2018/19 period	Apr-18 to Jan-19	79.9	96.7	71.8	82.9	69.1
Cumulative number of cases of eColi bacteraemia per 100,000 pop	67 (61 for AB, 60 for C&V) per 100,000 pop for 2018/19 period	Apr-18 to Jan-19	79.9	96.7	71.8	82.9	69.1
% smokers make a quit attempt	End year cumulative target of 5%	Q1-Q2 18/19	1.5%	1.3%	1.6%	1.8%	0.8%
% CO validated quit rate at 4 weeks	End year cumulative target of 40%	Q1-Q2 18/19	44.6%	56.9%	44.3%	38.8%	54.7%

Performance Measures Available in Business Intelligence System Dashboards

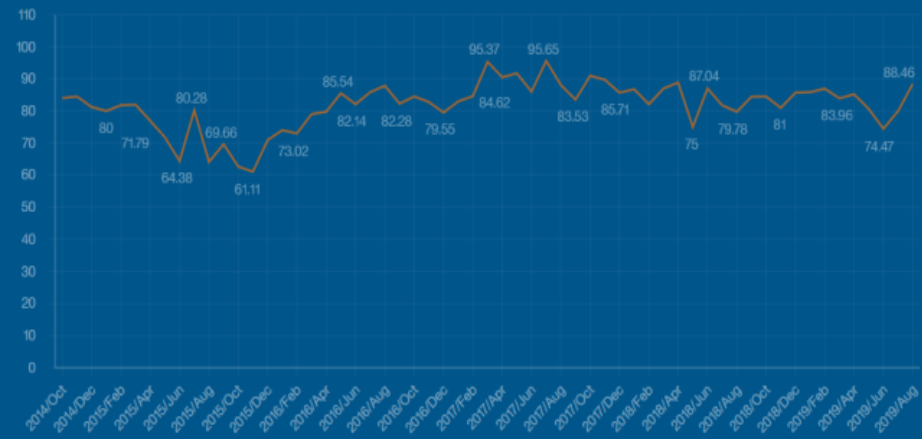|		
• Uptake of Flu vaccination among high risk groups • % children vaccinated to age 4. • % of CAV resident smokers who make a quit attempt via smoking cessation services. • % CAV residents who are CO validated as successfully quitting at 4 weeks. • Deliver 70% Cat A 8 minute response target. • 95% of patients spend less than 4 hours in EU. • Eradication of 12 hour waits in EU. • % live births with birth weight less than 2500g. • Reduction in the number of emergency admissions for basket of 8 chronic conditions. • Reduction in number of emergency readmissions for basket of 8 chronic conditions.	• Delivery of 31 day Non-USC and 62 day USC access standards. • % GP practices open during daily core hours or within 1 hour of daily core hours. • Reducing Outpatient DNA rates. • Increasing in-session theatre utilisation (Newton measure). • Ensure data completeness standards within 1 month of episode end date. • Hospital cancellations rebooked within 14 days. • 95% of patients waiting less than 26 weeks for treatment with maximum wait of 36 weeks. • Percentage of staff (excl. medical) undertaking PADR. • Medical staff percentage undertaking performance appraisal.	• Annual local sickness and absence workforce target. • Ambulance handover times within 15 and 60 minutes. • Number of delayed discharges – mental health (all ages) and non-mental health (75+). • Stroke % compliance with quality improvement measures. • 8 Week diagnostic waiting time target. • 14 week Therapy waiting time target. • Hospital acquired infection rates – C Diff, S Aureus, e-Coli Bacteraemia.

Measures Not Yet Available in Business Intelligence System Dashboards

• Proportion of adults obese or overweight.	• Rate of hospital admissions with mention of intentional self-harm for children and young people per 1000 pop. *(Note – this is a new measure and can be added)*
• % of adults consuming > 14 units of alcohol per week.	
• Proportion of adults meeting physical activity guidelines.	• Emergency admissions for hip fractures age-standardised 65+ per 100,000 pop.
• Rate of conceptions among females under 18.	• Primary care contractor professional's assurance status.
• Attainment of the primary care out of hours service standards.	• Number of procedures undertaken that are on the UHBs INNU list *(Note – this is available in BIS so can be added to the framework dashboard)*
• Life expectancy at birth.	
• Reduce infant mortality for population.	• Uptake of ERAS across whole health board.
• Overall measure for organisational climate/engagement.	• % of staff completing staff survey.
• Retain platinum corporate health standard.	• Progress in delivering strategic programme.
• Progress in delivering strategic programme.	

Timely Care   OPFU   Cancer   Safe Care   Infection   Staff & Resources   Financial Resources   Staying Healthy   Effective Care   Quality & Safety   Dementia

Chronic Conditions

Select a Tumor Site below

Urological

Breast

Lung

Skin

Upper Gastrointestinal

Head & Neck

Acute Leukaemia

Lower Gastrointestinal

Haematological

Childhood cancer

Gynaecological

Brain/CNS

Other

Sarcoma

Delivery of the USC 62 day target (%)

85.54
80.28
80
71.79   69.66   82.14 82.28
64.38   73.02   79.55
          61.11

95.37 95.65
84.62
          83.53 85.71
                              87.04
                              75 79.78 81 83.96
                                                 88.46
                                                 74.47

2014/Oct 2014/Dec 2015/Feb 2015/Apr 2015/Jun 2015/Aug 2015/Oct 2015/Dec 2016/Feb 2016/Apr 2016/Jun 2016/Aug 2016/Oct 2016/Dec 2017/Feb 2017/Apr 2017/Jun 2017/Aug 2017/Oct 2017/Dec 2018/Feb 2018/Apr 2018/Jun 2018/Aug 2018/Oct 2018/Dec 2019/Feb 2019/Apr 2019/Jun 2019/Aug

Last Reported Position

USC 62 day %

2019/Aug

➡ 88.5

Delivery of the NUSC 31 day target (%)

.03
95.92   96.2
          92.96
97.12
          97.39 96.51
100
          95.24 98.44
                 94.03 98.08
                        96.34
                        88.46
                              93.75 93.59

Last Reported Position

NUSC 31 day %

2019/Aug

➡ 98.6

Timely Care   OPFU   Cancer   Safe Care   Infection   Staff & Resources   Financial Resources   Staying Healthy   Effective Care   Quality & Safety   Dementia

Chronic Conditions

Last Reported Position

% Cancelled Procedures

2019/Mar

➡ 47

AE % in 15 mins

2019/Sep

➡ 28.94

AE % in 60 mins

2019/Sep

➡ 81.8

% GP 5pm

2019/Sep

➡ 95

% Procedures Cancelled more than once less than 8 days then 14 days treated

Ambulance Handover Performance for all Patients

Measures
● Amb HO 60m   ● Amb HO 15m

% GP Practices offering appointments after 5pm and % open during or within 1 hour of daily core

Stroke Bundle Compliance

Measures
● Stroke 4hr   ● Stroke 12hr   ● Stroke 24hr   ● Stroke 72hr

Reduction in Crude Mortality Rates (30 days post event)

Last Reported Position

% 4 hr	% 12 hr
2019/Aug	2019/Aug
➡ 57	➡ 93

% 24 hr	% 72 hr
2019/Aug	2019/Aug
➡ 79	➡ 93

% Overall Mortality

2019/Sep

➡ 3.62

% NOF Mortality

2019/Sep

➡ 0

Timely Care   OPFU   Cancer   Safe Care   Infection   **Staff & Resources**   Financial Resources   Staying Healthy   Effective Care   Quality & Safety   Dementia
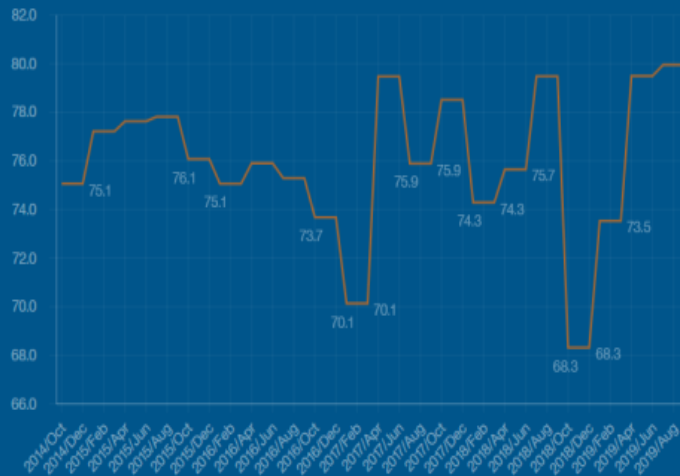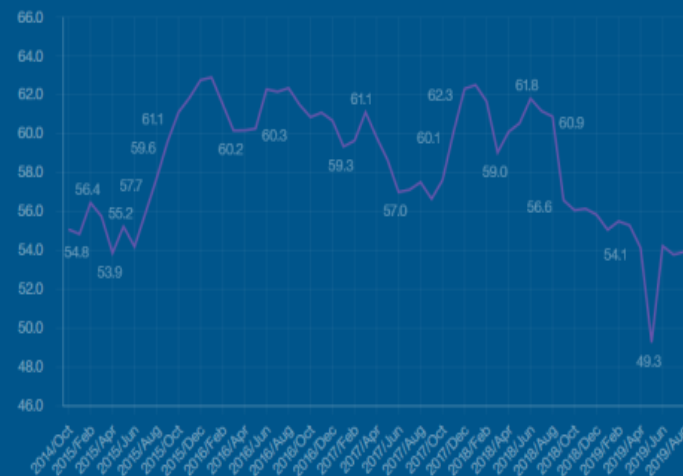
Chronic Conditions

% Consultant Appraisal Complete

% Staff covered by Agenda for Change undertaking PADR

% Sickness and Absence (Rolling 12 months)

Staff in Post (WTE)

Last Reported Position

% Consultant Appraisal

2019/Sep

➡ 80.0

% Staff PADR

2019/Sep

➡ 54.0

% Sickness & Absence

2019/Aug

➡ 5.21

Staff in Post (WTE)

Timely Care OPFU Cancer Safe Care Infection Staff & Resources Financial Resources Staying Healthy Effective Care Quality & Safety Dementia
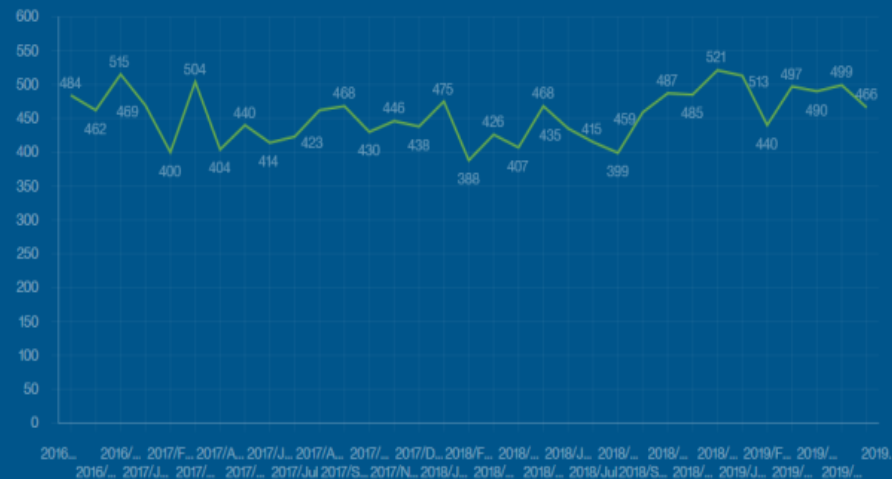
Chronic Conditions

Select a Chronic Condition below

Alzheimers

Atrial Fibrillation

CVA

Cardiovascular

Diabetes

Musculoskeletal

Neurological

Other Symptoms

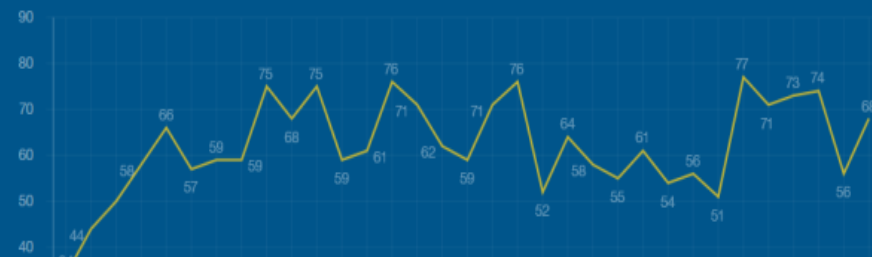Respiratory

Chronic Conditions - Emergency Admissions

484 462 515 469 400 504 404 440 414 423 468 430 446 438 475 388 426 407 468 435 399 415 459 487 485 521 513 440 497 490 499 466

Last Reported Position

Emergency Admissions

2019/Jun

➡ 466

Chronic Conditions - Emergency Readmissions

44 56 66 57 59 59 75 68 75 59 76 61 71 62 59 71 76 52 64 58 55 61 54 56 51 77 71 73 74 56 68

Last Reported Position

Emergency Readmissions

2019/Jun

➡ 68

Report Title:	Key Organisational Performance Indicators		
Meeting:	Strategy & Delivery Committee	Meeting Date:	29/10/19
Status:	For Discussion	For Assurance √ For Approval	For Information
Lead Executive:	Chief Operating Officer		
Report Author:	Assisitant Director of Operations (Performance Delivery)		

SITUATION

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

BACKGROUND

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

ASSESSMENT

The tables in Appendices 1 and 2 provide the year to date performance for 2019/20 against the Health Board's IMTP delivery profiles.

Planned Care overview (Appendix 1)

Whilst the Health Board did not achieve its monthly IMTP *referral to treatment times* commitment in August and September, the greater than 36 week breaches position improved at the quarter end. The reported position for September was 683 breaches greater than 36 weeks, an in-month improvement of 313. The UHB remains committed to clearing all 36 week breaches by the end of March 2020 but, as reported at the last Committee, in common with the rest of the NHS across the UK, the UHB is experiencing a major adverse impact on its capacity as a result of Pension and Tax issues in relation to Consultant Medical Staff.

In terms of *diagnostics*, the reported greater than 8 week position is September (51) was similar to that in August (56). As with RTT, diagnostic capacity has been adversely affected as a result of the pensions and tax issue. In addition, there was a specific issue with radiopharmacy production but this is expected to resolve in the third week of October. The Health Board's aim remains to achieve and then maintain zero breaches.

In terms of *therapies*, there were 5 patients at the end of August who had waited over 14

weeks.

Our plans in *62 day urgent suspected cancer* have focused on reducing the backlog of patients waiting through strengthening tracking and expedite arrangements. Whist this adversely affected our performance in June, we have subsequently seen an improvement – to 80% in July and 88% in August. The Health Board remains committed to achieving 95% compliance in 2019-20.

Welsh Government recently announced new targets for *follow-up outpatients* which require Health Boards across Wales to reduce their total follow up waiting list volumes and the numbers delayed by over 100% of their target date both by 15% by March 2020. This is in addition to ensuring 95% of patients are assigned a target date by March 2020. The UHB has received additional in year funding from Welsh Government to support improvement and remains committed to delivery of the revised targets by 31 March 2020. This work is underway and is expected to improve the reported position in the latter part of 2019/20.

Mental Health – Following a period of exceptional demand in both Children's and Adult Mental Health in recent months, we are continuing to prioritise actions to manage these pressures. The Health Board is on track against the improvement plan reported to Board. Compliance against Part 1a and 1b improved in August.

Unscheduled Care overview (Appendix 2)

The UHB, in common with the rest of the UK, continues to experience challenges in unscheduled care with higher than normal activity levels and admission. 1000 more patients attended our Emergency Departments this September compared to the same period last year.

The continued pressure is impacting on unscheduled care performance. *4 hour Emergency Department (ED) transit time* performance for August and September was 83.70% and 82.14% respectively. *12 hour performance* in August was similar to the previous month but we saw an increase in September to 139. Whilst performance against these two measures is below our IMTP profile, it remains amongst the best in Wales.

Ambulance handover waits over 1 hour remain were 244 in August and 260 (unvalidated) in September.

Stroke performance in August improved with 56.6% of patients having a direct admission to an acute stroke unit within 4 hours (Target = 55.5%) and 79.2% of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%). This is the highest performance levels to date in 2019.

ASSURANCE is provided by:

- Comparative performance in a period of extreme pressure in unscheduled care for this period of the year has remained ahead of other areas.
- The Board receives a full Performance Report outlining the UHBs current level of performance against 67 performance measures and detail on actions being taken to improve performance in areas of concern.

RECOMMENDATION

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KEEPING PEOPLE WELL**

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

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

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

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

Equality and Health Impact Assessment Completed:	No

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Cardiff and Vale
University Health Board

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

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Care														
	IMTP 19/20 profile	-	350	350	275	650	650	550	450	400	300	200	125	0
RTT - 36 weeks (Target = 0)	19/20 Actual	327	690	657	604	638	996	683						
	IMTP 19/20 profile	-	89.0%	89.0%	89.5%	89.5%	89.5%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	92.0%
RTT - 26 weeks (Target = 95%)	19/20 Actual	87.9%	87.2%	86.2%	86.6%	87.0%	85.4%	85.2%						
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostics > 8 weeks (Target = 0)	19/20 Actual	41	158	110	21	30	56	51						
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
Therapies > 14 weeks (Target =0)	19/20 Actual	0	1	5	0	0	5							
Cancer														
	IMTP 19/20 profile	-	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
31 day NUSC cancer (Target = 98%)	19/20 Actual	97.4%	95.1%	98.6%	97.2%	98.5%	98.6%							
	IMTP 19/20 profile	-	93.0%	93.0%	93.5%	93.5%	93.5%	94.0%	94.0%	94.0%	94.5%	94.5%	94.5%	95.0%
62 day USC cancer (Target = 95%)	19/20 Actual	84.9%	85.2%	80.6%	74.2%	80.0%	88.0%							
SCP - with suspensions *(NB Shadow Reporting Data)*	*19/20 Actual*				75.0%	72.0%	85.0%							
Outpatient Follow Up														
OPFU - > 100% delayed *(Target 15% reduction by 31/3/20)*	19/20 Actual	78,516	86,371	77,921	78,195	79,381	79,599							
OPFU - No Target date *(Target 95% compliance by 31/3/20)*	19/20 Actual	83%	83%	84%	83%	83%	83%							
Total OPFU waiting list *(Target 15% reduction by 31/3/20)*	19/20 Actual	236,106	247,987	232,153	233,642	235,331	236,351							
Mental Health														
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	19/20 Actual	75%	56%	50%	49%	42%	58%							
Part 1a: CAMHs only	19/20 Actual		19%	11%	9%	10%	4%							
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	19/20 Actual	71%	70%	56%	55%	62%	81%							

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

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unscheduled Care														
	IMTP 19/20 profile	-	90.0%	90.0%	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	90.0%	90.0%	90.0%
EU waits - 4 hours (95% target)	19/20 Actual - Monthly	84.3%	85.2%	85.2%	82.6%	83.8%	83.7%	82.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
EU waits - > 12 hours (0 target)	19/20 Actual - Monthly	34	51	65	84	56	61	139	0	0	0	0	0	0
	IMTP 19/20 profile	-	180	100	50	50	100	100	150	150	150	150	150	150
Ambulance handover > 1 hour (number)	19/20 Actual	189	136	200	330	244	222	260 *	0	0	0	0	0	0
Ambulance - 8 mins red call (65% target)	19/20 Actual	77.6%	78.2%	76.7%	79.0%	74.6%	75.1%	72.2% *						
	IMTP 19/20 profile	-	48	48	40	40	40	35	35	35	40	40	40	35
Delayed Transfers of Care	19/20 Actual	37	42	49	46	45	38	46	0	0	0	0	0	0
Stroke														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	19/20 Actual	53.5%	40.9%	43.3%	51.0%	50.0%	56.6%							
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	19/20 Actual	73.1%	74.5%	76.6%	78.8%	66.7%	79.2%							
Patients receiving required mins for SALT (Target - Improvement trend)	19/20 Actual	57.1%	70.0%	61.6%	50.6%	61.1%	n/a							
6 month follow-up assessment	19/20 Actual	29.0%		55.9%										

* Draft unvalidated data

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