

INDEX

Section A – Introduction & Context

1. Background and Key Achievements
2. Clinical Board Performance Overview
3. Risks and Opportunities
4. Summary of Key Priorities for 2019-22

Section B – Key Delivery Priorities in 2019-22

5. Population Health Improvements
6. Planned Care
7. Unplanned Care
8. Quality Safety and Improvement

Section C – Resourcing and Enabling Frameworks

9. Capital and Infrastructure Schemes
10. Informatics & IT
11. Workforce
12. Governance Structure

INTRODUCTION

A1. BACKGROUND

The Children and Womens Clinical Board have had a very successful 2018/19 and will continue to work collaboratively across the UHB and with our partners and stakeholders across South Wales to maintain this improvement trajectory across all areas of our service throughout 2019/20 and beyond.

Key achievements in 2018/19

- We continue to see signs of improvement in our culture with falling absence rates and fewer disciplinary procedures. There is a demonstrable ability to recruit to all staff groups and staff engagement in all aspects of our Board continues to improve.
- We have once again demonstrated significant improvement in the delivery of referral to treatment times. We have no patients waiting more than 36 weeks for inpatient treatments.
- We are delighted that the work and dedication of our staff has been recognised across the UK again this year. The skills of our teams have been celebrated at many award ceremonies and conferences worldwide.
- There has been improvement in performance of two key targets relating to Children and Young Peoples Emotional Wellbeing and Mental Health. Progressive improvements have been seen in waiting times for first appointment for neurodevelopmental assessments and we are now consistently meeting the Part 1 target under the Mental Health measure.
- Despite growth in numbers of referrals and complexity of cases this year the Childrens Therapy services have each met the 14 week target in year.

Our key deliverables for the year ahead are set out in the main document with headlines summarised below.

Key drivers for change

- Delivery of Tier 1 targets impact across the full range of services provided by the C&W Clinical Board across all Directorates and impact on all our service users
- Implementation of South East Wales agreed service reconfigurations has considerable implications for Paediatric, Obstetric and Neonatal services and the Clinical Board must continue to work in collaboration with other UHBs to ensure that capacity is maximised both from a capital planning and workforce perspective and patient flow can be accommodated safely and to the required standards.
- A drive to improve Emotional Wellbeing and Mental Health services for Children and Young People driven by *Together for Children and Young People* and the *Mind over Matter* report has seen the repatriation of the Specialist CAMH services from the CAMHS network to

the UHB as a priority for 2018/19. Transforming the services to provide a single point of access, improved integrated pathways, preventative services and new models of care will become the focus over the next 3 years.

- The Additional Learning Needs (ALN) Act and the development of processes to deliver the UHB legal requirements including the appointment of a Designated Education Clinical Lead Officer (DECLO) will drive significant change for Children and Young People 0-25. Partnership working with Educational services will be key to successful implementation.
- There is significant growth in the population of children with complex needs, disabilities and additional learning needs particularly in Cardiff where an additional 400 ALN places are required by 2022. This further growth coupled with the ALN act challenges sustainable multidisciplinary care provision and equipment provision including AAC and other specialist requirements. There is also a direct impact for the delivery of continuing care commitments where the development of integrated provision is required along with new ways of providing respite support for families
- UHB's and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for SARC services. Ongoing modelling and planning work has been carried out during 18 /19 with the relevant statutory agencies and clinical representation across all key stakeholders. The most recent work has seen option appraisal workshops held to further work through these options and to score these models across a number of service and activity assumptions.
- Whilst the wholesale delivery of the Major Trauma Centre does not sit within C&W Clinical Board there are implications of this development that must be borne in mind throughout this IMTP cycle.
- Local Development Plans to increase the residential numbers in Cardiff will impact on the services provided by C&W Clinical Board. Services and associated infrastructures must be recognised in these plans with particular emphasis on services such as Health Visiting, School nurses and Community Midwives.
- The WG Maternity Indicators and performance targets are submitted to WG quarterly and form part of our annual review with the CNO.
- **Compliance with NICE guidance for GAP/Grow and Gestational Diabetes is an aim for 2019/20, this will benefit all women as babies who are identified as small for gestational age are managed appropriately.**
- Compliance with the Safer Staffing Act (2016) is required in our Gynaecology services.
- A significant proportion of services within the Clinical Board are commissioned externally. As such the commissioning intentions of WHSSC remain a key driver and will impact across the Board.
- This year has seen the introduction of the Childrens Acute Theatre (CAT), this has been an overwhelming success with significant improvements seen in the patient journey and family experience. Plans are in development to increase this 5 session service to 10 sessions and to further maximise this vital service.
- The Single Cancer pathway will drive improvement in the delivery of all aspects of the cancer service and through closer working with CD&T clinical board delays in the diagnostic pathway will be minimised. The UHB wide responsibility for Cancer pathway management will transfer to the C&W Clinical Board in 2019 which brings a unique opportunity to address previously identified issues that may span more than one service.

A2. CLINICAL BOARD PERFORMANCE OVERVIEW

2.1 High level outcomes

Key performance Indicator	Clinical Board Performance	Peer benchmark	Planned actions
Delivery of 62 day USC target	100%	95%	Maintain this excellent record and ensure sustainability
Delivery of 31 day NUSC target	100%	98%	Maintain this excellent record and ensure sustainability
Number of 52 week breaches for planned care	0	0	Maintain this excellent achievement and ensure sustainability
Number of 14 week breaches for Therapies(OT/PT/SLT)	0	0	
Number of 36 week breaches for planned care	0	0	Continue the improvement trajectory to minimise waiting time for patients
Number of 26 week breaches for planned care	723	tbc	Continue the improvement trajectory to minimise waiting time for patients
Part 1 PMH (CAMHS) assessments within 28/7	80%	80%	Ensure sustainability of delivery
% of women who receive Influenza & Pertussis vaccination in pregnancy	60%	80%	Continue sustainability of service delivery

2.2 High level clinical and service efficiency

Key performance Indicator	Clinical Performance	Board	Peer benchmark	Planned actions
DOSA Gynae	85.94%		67.03%	Continue to maximise DOSA opportunities
Average LOS (Gynae / Paeds)	1.2 / 1.8		1.23 / 2.31	Continue with improvement trajectory towards peer benchmarks
Theatre Utilisation (Gynae/GynaeOnc/Paeds)	79% / 84% / 71%		88% / 88% / 88%	Identify opportunities for improvement in Paediatric Surgery and Gynaecology. Ensure current position in Gynae-oncology is sustainable
DNA rates across all specialities (Gynae/ Gynae Onc/Paeds)	6.7% /8.4% /14.3%		7.9%/7.9% / 8.2%	Roll out text reminder processes across all specialities and further review of booking processes
Reduction in Caesarean Section Infection Rates	2.9%		3.4%	To continue with sustained reduction in infection rates
Increase in number of women breastfeeding at birth, 10 days and 6 weeks	Birth – 69.5% 10 days 44.5% 6 weeks 30.2%		N/A	Continue with sustained increase by 1% each year

A3. Risks and Opportunities

This plan is dependent on the following:

- Availability of revenue to support delivery; in particular planned care
- The ability to secure the necessary, ambitious cost reductions to meet challenging cost pressures and the resource impact of population growth
- Continued effective collaboration with partners (Heath Boards, local authorities and collaborative commissioners)
- Specialist skills / workforce availability in our key areas to support core service delivery and support non recurrent additional capacity.

A4.SUMMARY OF KEY PRIORITIES FOR 2019-22

Clinical Board ambition for 2019/22 is to continue the improvement trajectory we have achieved in 2018/19. Our key deliverables for the year are set in the main document with an outline of key actions in 2019/20 and 2020/21 as appropriate. The high level headlines are summarised in this section.

Clinical Board ambition for 2018/21 is to continue the improvement trajectory we have achieved in 2017/18. Our key deliverables for the year are set in the main document with an outline of key actions in 2019/20 and 2020/21 as appropriate. The high level headlines are summarised in this section.

- Prevention

The Clinical Board will continue to work collaboratively across the UHB to reduce health inequalities and deliver outcomes that matter to people. The Clinical Board hosts a number of services that are targeted to improve outcomes in terms of healthy lifestyle for example Flying Start, Community Midwifery services and elements of the Families First contract. Supporting this work remains a high priority for the Board as we align our work plans to those of these services. Much of the work in this area is taken forward with our local authority and third sector partners across all Directorates. The Community Child Health Directorate will support the development of Early Help Front doors in both Local Authorities and work to align services where appropriate. The transformation proposal to support Children and Families is to be rolled out to support early resilience building. The Clinical Board will continue to place service users and their families at the centre of our developments and work in partnership to deliver services that reduce inequalities in health. Within Obstetrics, the Clinical Board will continue to deliver safer pregnancy campaign and Gap and Grow.

- Planned care

In 2019/20 we continue to strive to deliver a planned care system where demand and capacity are in balance, where waste, harm and variation are reduced and where we sustainably make the best use of the resources available. Significant improvements have been achieved in this regard over the past 12 months and strong foundations have been built. Constraints linked to theatre capacity will continued to be mitigated by efficiencies and collaborative working with other Clinical Boards. The Clinical Board will ensure that capacity, demand and activity planning is undertaken rigorously across all specialties to ensure most efficient deployment of resource and there will be a programme of clinical and clerical validation undertaken regularly and to agreed standards in all areas. A continued review of DNA and 'was not brought' (WNB) rates and related work to reduce cancellations and no shows will be required to manage the demand effectively; further improvements in theatre utilisation delivered across all specialities are also expected as a result of an ongoing focus on productivity and improved efficiencies. The Clinical Board will continue to work collaboratively with WHSSC to secure additional resource where appropriate to deliver specialists services. The planned collaboration with Rutherford Cancer Centre (RCC) is likely to impact on the Paediatric Oncology planned care demand as the UHB cares for children during their treatment. This increase will require additional resource across many aspects of the service and the Clinical Board will continue to work closely with WHSSC to ensure this is secured. In delivering a sustainable SARC service it is recognised

that UHBs will expect to incur additional costs as associated with the developing modelling work for 2019/20, as well as contributing to initial costs associated with the implementation of a regional paediatric service which took effect from the final quarter of 2018/19. These costs have already been highlighted with finance leads. Further work will need to take place early 2019/20 to develop the commissioning framework which will underpin the new service model and associated costs which will be incurred by the commissioning organisations including UHBs and the police forces across the region

- Unplanned (emergency) care

The Clinical Board will aim to have an unplanned care system that provides the right care, in the right place first time. It is recognised that a proportion of patients are admitted who, with better systems, pathways, access to specialist advice and diagnostics in primary care could have been more appropriately treated without requiring admission. Plans are being developed for a range of both community and secondary care based service improvements which it is anticipated will provide increased capacity. A focus here will be the scoping of the 'Hospital @ Home' with a clear aim to impact the acute hospital positively with respect to LOS and patient flow.

- Transformation

Throughout 2019/20 there will be continued support to deliver a coordinated approach to organisational development. In doing so we will demonstrate a continued commitment to ensure staff have opportunity to contribute to the service improvement agenda and to reduce harm, waste and variation through attendance at LIPS events. The Clinical Board will continue to build the R&D agenda with further development of the Childrens Research Facility, now in its second year. Feedback from our Children and Young people is that our in-patient services for teenagers is sub-optimal and does not meet their needs. Therefore the Clinical Board will scope the potential for the commissioning of an adolescent Unit. The repatriation of Specialist CAMHS presents a significant transformation challenge, with realignment of services and development of new pathways with Adult Mental Health services, Education and Social services. In addition the ALN Act will require transformation of the way that support to children is assessed on a multidisciplinary basis and delivered in a clear partnership model, including the development of new models to support those children with the most complex needs. Further opportunities will be sought through transformational funding with partners, in particular to improve early support aimed at reducing the numbers of children who are 'looked after'. The Clinical Board is already working across both Primary and Secondary care to reduce variation through pathway specification. The adoption of Health Pathways as a model provides the opportunity to develop and implement concise and clearly defined pathways to the benefit of services users, clinicians and partners alike.

- Quality, Safety and Patient Experience

The Clinical Board will continue the excellent record in consulting with families and in patient engagement to develop services which are patient centred and meet need. Effective management of risk, optimising use of quality assurance processes and ensuring learning is shared across the Clinical Board and across agencies will be maintained.

- Workforce

The need to further strengthen the Clinical Board’s control over the use of staffing resources, both fixed and variable and reduce unnecessary costs will feature throughout the plans for 2019/20 in order to ensure that staffing resources are aligned to need. Particular attention is needed to understand and mitigate the difficulties identified in the medical staffing requirements. Working with the Directorate teams the Board will develop steps to increase the flexibility of the workforce by deploying staff around the organisation to areas of greatest need to protect priority services and patient care. Collaborating with our staff the need to innovate, engage, motivate, develop new ways of working, is recognised across all services. The Clinical Board will continue to deliver a reduction in sickness absence in line with agreed targets.

The Clinical Board are required to ensure that staffing is aligned and compliant with the requirements of the Safer Staffing Act (2016) for inpatient gynaecology, the same approach is required for Birth-rate Plus compliance for Maternity Services. Within Paediatrics we will ensure we are compliant with BAPM standards for Neonates and continue to pilot Paediatric inpatient acuity tool to inform further establishment requirements. We will review our establishments 6 monthly in line with UHB principles or more frequently if there are service changes.

B. KEY DELIVERY PRIORITIES 2019-22

B.1 POPULATION HEALTH IMPROVEMENTS

The identification and collation of information on population health needs is being realigned to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the wellbeing assessment required by the Well-being of Future Generations (Wales) Act 2015. This will ensure consistency of information and priorities for action provided to local policy makers and operational services leads, as well as avoiding unnecessary duplication of effort.

5.1 Addressing Health Inequalities

ACTIONS TO REDUCE HEALTH INEQUALITIES		
ACTION	OUTCOME	MEASURE
Child Rights / Child Friendly Cities	<p>Embedding the Rights of Children and Young People into the UHB culture.</p> <p>A programme of training will be delivered to raise awareness of the UNCRC.</p>	<p>To recruit to our youth participation board and develop terms of reference.</p> <p>The Clinical Board will launch its Charter in partnership with Education Leads and will progress with embedding the charter into everyday practice</p>

ACTIONS TO REDUCE HEALTH INEQUALITIES		
ACTION	OUTCOME	MEASURE
Childrens Charter	Communication with young people regarding what matters to them when they receive services for the UHB and a charter which demonstrates how they can expect services to be delivered	Charter developed, published and displayed in all clinical areas and on the UHB Intranet Charter launch completed. Children and Young people will have a say in matters that affect them.
Childrens Advisory Board	A young person's advisory board to support all areas of the UHB, meeting national participation standards and supporting the UHB to consider Childrens rights in their service planning	Board established Board consulted on 6 issues within the first 12 months.
Continue to develop and strengthen team of 'Elan' midwives supporting vulnerable women within Cardiff and Vale. Includes women at risk of domestic violence, asylum seekers, where there are safeguarding concerns, young families and women with mental health issues	Women are provided with necessary support and care throughout C&V during pregnancy, in some cases this will be before they are dispersed across Wales.	Maintain key posts i.e. FGM, Asylum Seekers, perinatal mental health, substance misuse, safeguarding specialist midwives Maintain post of Consultant Midwife for Vulnerable women and public health
Clinical Board continue to work collaboratively to support the delivery of the new model for SARC services within South East Wales.	Access to appropriate services in a timely manner for all services users	Fully established and resourced SARC service in place.

5.2 Prevention Priority Deliverables

The key Public Health Actions for the UHB are described here: [Cardiff and Vale Local Public Health Plan](#).

FIRST ORDER PRIORITIES		
ACTION	OUTCOME	MEASURE
Early Help	Clear links to SS & WB Act advice and assistance services and early support through Cardiff Early Help hub and Vale Helpline and Families Achieving Change Together (FACT) team	Clear communication route between core health service and wider family support and agreed referral processes. Established link between the UHB Single Point of Access (SPOA) for Children and Young Peoples Emotional and Mental health services and the Early Help hubs
Development of an attachment aware focus to develop resilience in school	Psychologically informed approach to managing Childrens behaviour	See ICF Partnership projects
Deliver targeted childhood vaccinations where low uptake is identified in deprived areas	Increased rate of childhood immunisations based on practice profiles and targeted intervention in Flying Start areas and other areas of deprivation.	Increased % of children in targeted areas who are adequately immunised by 2% Increased % in School Flu uptake (via PHW data) TBC Increased % n HPV uptake and vaccinations delivered to boys (via PHW data) TBC
Continue to support dedicated midwife focussing on substance misuse. Develop further work with Smoking Cessation and Public Health Wales to ensure all women are offered carbon monoxide testing in pregnancy whether they disclose that they smoke or not. Training maternity support workers in antenatal clinic make consented referrals to smoking cessation agencies. More carbon monoxide monitors to be purchased and additional support from	Fewer women and families accessing our services smoke or use tobacco products leading to overall improvement in health and wellbeing Empower staff in the UHB and partner organisations to appropriately and confidently	Decrease the percentage of pregnant women who are smokers at booking by 1% Reduction in small for gestational age babies by 5% Increase in the number of women who give up smoking during pregnancy by 5% Increase in referrals to smoking cessation agencies to 35 per month

FIRST ORDER PRIORITIES		
ACTION	OUTCOME	MEASURE
<p>Stop Smoking Wales to ensure there is sufficient resource within the service to drive this improvement forward</p> <p>Substance misuse midwife to complete independent prescribing course</p>	<p>discuss lifestyle issues, and signpost to appropriate support, in order to reduce the prevalence of modifiable risk factors for respiratory, cardiovascular disease and cancer in our population</p> <p>Pregnant women who smoke will be offered nicotine replacement by a midwife</p>	<p>Continuous Reduction in stillbirth rates by 1% per year</p>
<p>Promote and support Flu Champions and Flu Leads</p> <p>Provide active and visible senior leadership to the campaign within the Clinical Board</p> <p>Review immunisation status of all presenting children. Offer range of interventions as appropriate to setting and case, from reminder to parents and primary care to opportunistic vaccinations</p> <p>Optimise the activity of midwifery champion throughout flu season in order to maintain the high levels of pregnant women receiving the vaccination</p> <p>Support flu champions roles throughout the Clinical Board to maximise flu vaccinations</p> <p>Support midwives to promote pertussis vaccination for all pregnant women</p>	<p>Achieve > 80% update of seasonal flu vaccine among staff with patient contact</p> <p>Increase uptake of childhood immunisations to WG 95% target</p> <p>Increased uptake of influenza vaccine among pregnant women</p> <p>Increased uptake of influenza vaccine among health care workers</p> <p>Increased uptake of pertussis vaccine among pregnant women</p>	<p>Increase % uptake of flu vaccine among staff in 'frontline' ESR groups</p> <p>Increase the uptake of childhood immunisations by 2%</p> <p>75% of Pregnant women will receive the influenza vaccination</p> <p>Decrease in sickness rate attributable to influenza within healthcare workers in C&W Clinical Board</p> <p>100% of women will be offered pertussis vaccination in pregnancy</p>

FIRST ORDER PRIORITIES		
ACTION	OUTCOME	MEASURE
<p>Routine weighing with BMI recorded electronically</p> <p>Dedicated team of midwives 'Seren' team to continue to support >60% of women to initiate breastfeeding.</p> <p>Work with Welsh Government and the Clinical Board to implement the recommendations of the Breastfeeding Task and Finish Group</p> <p>Increase in the number of women who achieve a healthy weight gain in pregnancy. Continue work to collect weights at 36 weeks which will be published as part of the annual maternity indicators</p> <p>Support the implementation of a strategic lead for breastfeeding across maternity, neonates, paediatrics and health visiting within the Health Board</p>	<p>Reduce prevalence of obesity amongst our patients</p> <p>Breastfeeding is encouraged to reduce the risk of childhood obesity which subsequently increases the risk of obesity in adulthood</p> <p>Maintaining a healthy weight throughout pregnancy</p>	<p>100% of O&G outpatients areas recording BMI</p> <p>Increase % of women who initiate breastfeeding as reported through Maternity Indicators to WG by 1%</p> <p>Increase by 10% women who maintain healthy weight gain during pregnancy as reported through Maternity Indicators to WG</p> <p>Work towards the target of 45% of women to start their labour outside an obstetric unit. Improvement of 5% in year</p>
<p>Investigate causes where INNU activity is above all Wales average</p> <p>Identify any additional interventions which may be suitable for inclusion in INNU lists</p>	<p>INNUs are not carried out except in line with any exclusions stated in INNU policy</p>	<p>INNU activity levels are reduced to or below all Wales average figures</p>
<p>Deliver compliance with recent recommendations and reports in relation to Female Genital Mutilation (RCOG 2009, Home Office 2011, DOH 2014 and</p>	<p>Women have access to healthcare professionals with relevant skills and experience in this area to</p>	<p>Raise the profile and awareness of the service</p>

FIRST ORDER PRIORITIES		
ACTION	OUTCOME	MEASURE
Serious Crime Act, 2014) Women affected by FGM should be cared for by healthcare professionals with relevant skills and experience in areas with significant numbers of affected women (such as Cardiff) it has been demonstrated that dedicated clinics are successful in meeting the needs of women with FGM.	include midwives, obstetricians and clinical psychologists.	The number of women reporting a positive experience of the service
<p>Continue to support 'Safer Pregnancy' Campaign:-i.e. avoid infections, observe fetal movements, eat healthily, don't take drugs, avoid alcohol, stay active, attend appointments</p> <p>Encourage staff to openly talk about stillbirth and baby loss</p> <p>Implement NICE (2015) Guidance for Gestational Diabetes.</p> <p>Work with CD&T colleagues to increase capacity and access to ultrasound scans in pregnancy through cross-directorate working</p>	<p>Pregnant women are reviewed and present early in pregnancy for antenatal care</p> <p>Women will be supported to access vaccinations in pregnancy</p> <p>Women will be supported to stop using substances and referred for appropriate treatment / management programmes Reduction in number of women smoking</p> <p>Women will be supported to maintain a healthy lifestyle / diet during pregnancy</p> <p>Full implementation of Gap / Grow Surveillance for detection of small for gestational age babies</p> <p>Women with a fasting level of 5.6mmol/l or a 2 hr plasma glucose level of 7.8mmol/l will be diagnosed as having gestational diabetes and managed accordingly</p>	<p>Increase in the number of women accessing antenatal care by 10 completed weeks by 1%</p> <p>Maintain compliance with Government target for uptake of vaccinations (flu and pertussis) in pregnancy – see above</p> <p>100% of women who are identified as using illicit substances have a documented care plan in place to help them stop</p> <p>Increase in number of women reporting healthy weight gain in pregnancy by 10%</p> <p>100% of babies who are identified as small for gestational age are managed appropriately.</p> <p>Reduction in stillbirth rates by 1%</p>

B.2 PLANNED CARE

6.1 Detailed 2019/20 Actions

The details of the clinical board's priority planned care actions for 2019/20

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
Additional Learning Needs ACT Implementation Plan Baseline Data DECLO in place	UHB ready to comply with the legal requirements of the ALN Act	Project plan developed Baseline data of current services for Special Educational Needs mapped DELCLO recruited and in place
Growth in Complex Needs and support to planned ALN increase in Cardiff school provision	Health board able to respond to the growth in care required for children with complex needs and disabilities Review of equipment requirements due to growth in population	Project group established and project plan in place Gap analysis completed Ability to comply with ALN Act Ability to deliver Continuing care requirements

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
Emotional and Mental Health Single point of access Locality Model Neurodevelopment transformation and pathway to meet standards	Clear referral processes and signposting of children and young people to the most appropriate service to meet need Primary Mental Health workers providing early support at a locality basis, reducing referrals for Part 1 assessments and Specialist CAMHS UHB able to demonstrate compliance with emerging Neurodevelopmental assessment national standards	Single point of access operational Triage process in place Impact on referrals from current baseline Performance under Mental Health measure Part 1 and Specialist CAMHS Development of a Results Based Accountability report card
Children's Continuing Care Respite Development – See Capital and part of ICF programme Delivery of a Multiagency Continuing care process	Model agreed for children's residential respite, initial planning in place Ability to make a capital bid for Integrated Care funding disputes and inappropriate referrals for Continuing Care assessments	Capital bid completed Funding source identified Joint legal process agreed and implemented
Continance Pathway	Children and Young People with continence problems seen in a timely manner	Improvement in waiting times from baseline.
Children's Therapy Services	Sustainable delivery of 14 week waiting times target Delivery of actions resulting from the Occupational Therapy Review	14 week target met Adoption of the Care Aims model on a multidisciplinary basis
Maximise capacity through improvements in theatre utilisation and validation whilst managing demand where possible in collaboration with those making referrals.	Improved patient experience, efficiency and reputation Capacity is optimized to deliver planned care demand.	Improving delivery of RTT targets

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
Improvement in theatre booking utilisation figures to > 90% the referrals	Improved patient experience, efficiency and reputation	Improvement in Theatre utilisation by 5%
Reduce DNA / WNB rates in Paediatric speciality outpatient clinics by reviewing geographic location of DNA / WNB patients to establish if peripheral clinics are required	Improved patient access, increase capacity and reduced patient waiting times	Improvement in DNA / WNB rates by 5%
Utilise patient flow co-ordinators 24/7	Ensure proactive systems and processes are in place to effectively manage patient flow	Reduction in LOS
Nurse delegated discharge to Gwdihw is introduced	Ward Manager to pilot 2019/2020	Increase discharges before 12 noon and at weekend
Pre-operative pre assessment clinics to move towards face to face pre op assessment with anaesthetic input	Minimise risk of cancellations by ensuring all essential resources and discharge requirements are identified and co-ordinated	Reduced patient cancellation rate and improvement in theatre efficiency
Single Cancer Pathway – work with internal and external partners/stakeholders to ensure compliance with 62 day target, including increased operating capacity, timely diagnostics and development of one-stop outpatient consultations	Compliance with SCP targets through increased capacity and improvements to pathways allowing patients to commence definitive treatment within 62 days.	Compliance with SCP targets - % to be confirmed but currently at 95%
Reduce DNA / WNB rates in Occupational, Physiotherapy and Speech & language Therapy via full implementation of SMS	Improved patient access, increase capacity and reduced patient waiting times	Improvement in DNA / WNB rates by 5%
Sonography – Work with internal and external partners/stakeholders including CD&T to ensure robust sonography for services in maternity and gynaecology. Review current	Work collaboratively with CD&T to ensure robust sustainable sonography services which complies with relevant governance arrangements. Improved patient experience and safety through timely diagnostic /	100% Compliance with national standards of Gap/Grow and Gestational Diabetes 100% of small for gestational babies will be detected in pregnancy and will be

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
services and develop business cases as required for investment to meet relevant guidelines including Gestational Diabetes, Gap and Grow and Pre Term Labour.	treatment. Compliance with fetal surveillance and screening	monitored appropriately in line with guidance.
RTT – Endometriosis Service: Develop SLA with neighbouring health boards to secure appropriate funding which can support investment in increased capacity to meet demand. Secure 2 theatre sessions per week to support delivery of IPWL and day case demand.	Sustainable service and reduced waiting times for patients. Reduction of RTT waiting times to 30 weeks over the next 3 years.	Compliance with RTT and financial targets
Establishment of 3 rd operating theatre for Delivery Suite and development of a Business Cases as required.	Sustainable managed elective caesarean section lists	5% quarterly reduction in red flag events (e.g. delays in starting c/s and induction of labour)
Implementation of PROMPT multi professional training for obstetric emergencies including management of shoulder dystocia	Improved multi professional working Achieving compliance with Welsh Government requirements for all staff to train together	100% of obstetric emergency training will be multi professional.
Intrapartum fetal surveillance standards as mandated by Welsh Government are met	All staff complete RCOG / RCM EFM package every 3 years All staff attend 5 table top case review discussions each year All staff attend a minimum of 1 CTG study day annually	100% of staff complete the RCOG package every 3 years 100% of staff can demonstrate attendance at table top learning of 5 CTG case studies annually. 100 % of staff attend a minimum of 1 CTG study day annually

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
<p>Fetal Medicine – Review Fetal Medicine service to ensure compliance with RCOG guidelines and standards. Ensure sustainability in light of planned retirement of FM lead within the next 3 years.</p> <p>Work collaboratively with CD&T to ensure robust sustainable sonography services which comply with relevant governance arrangements.</p>	Improved safety and quality of services for patients.	Compliance with RCOG Guidelines and standards
Maintain compliance with Nursing Safe Staffing Act for C1	<p>A fully funded establishment to support compliance</p> <p>All vacant posts to be filled</p>	<p>100% women report a positive experience of nursing care on C1 and there is evidence of good compliance against quality indicators.</p> <p>50% reduction in bank / agency / overtime usage</p>
Health pathway work to reduce variation starting in Paediatrics.	Development of clear specification for services, improving communication between primary and secondary care. This will lead naturally to appropriate demand management reducing waste harm and variation	<p>Pathways are used and benefits seen across service.</p> <p>Reduction in variation</p>

6.2 High level 2019/20 and 2020/21 Actions

The high level clinical board's planned care actions for 2020/22

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2020/22		
ACTION	OUTCOME	MEASURE
Additional Learning Needs ACT Individual Development Plans (IDP's) in Place Method of capturing data Evidence based interventions to be delivered agreed	All processes in place to support the UHB to capture data and deliver under the requirements of the ALN Act.	Number of IDP's completed
Growth in Complex Needs and support to planned ALN increase in Cardiff school provision	Health board able to respond to the growth in care required for children with complex needs and disabilities	Number of IDP's completed
Emotional and Mental Health	Quality service delivered and requirements of the Mental Health measure met	Patient Satisfaction survey Number of complaints Compliance against all performance targets Part 1 Part 2 48 hours target 28 day SCAMHS waiting times target.
Responding to population growth and local development plan	Health Board able to respond to the growth in care required for pregnant women within Cardiff and the Vale	Number of bookings Number of births 3 yearly review of workforce requirements (Birth-rate + assessments)

B.3 UNPLANNED CARE

7.1 Detailed 2019/20 Actions

The details of the clinical board's priority unplanned care actions for 2019/20

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
Review of PICU core baseline capacity to ensure correct commissioning intentions from 2019/20 onwards	Correct alignment of PICU activity and funding stream through WHSSC processes	Performance against contract (financial and activity)
Continued roll out of Childrens Acute Theatre (CAT) to provide all day access, working collaboratively with other Clinical Boards	Improved environment of care for children and compliance with national standards	Reduction in number of occasions when agreed standards are not met and elective capacity is used
Review of potential for increased care in the community. Hospital @ Home as an extended element of the single point of entry	Community care to be delivered by CCNS team Aligns with closer to home and supports early discharge leading to reduced LOS and improved patient flow through CHfW acute beds. Children in C&V will have a service equitable to that offered to adults.	Reduction in number of children admitted purely for nursing care Reduction in LOS
Working collaboratively with Primary/Community Care to review the Emergency Stream Lead role and service provision for acute/emergency/unplanned admissions	A full review of services is completed and recommended improvements are implemented as necessary	Women will receive a timely review by a senior individual within 30 minutes of arrival
Working collaboratively with Primary Care and CD&T to review the Early Pregnancy Assessment Unit pathway	A full review of services is completed and recommended improvements are implemented as necessary	To receive a timely report and review recommendations made

7.2 High level 2020/21 and 2021/22 Actions

The high level clinical board's unplanned care actions for 2020/22

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2020/21 – 2021/22		
ACTION	OUTCOME	MEASURE
Continued roll out of Childrens Acute Theatre (CAT) to provide further access, working collaboratively with other Clinical Boards	Improved environment of care for children and compliance with national standards	Reduction in number of occasions when agreed standards are not met and elective capacity is used
Review of potential for further increasing the delivery of care in the community.	Aligns with closer to home and supports early discharge leading to reduced LOS and improved patient flow through CHfW acute beds. Children in C&V will have a service equitable to that offered to adults.	Reduction in number of children admitted purely for nursing care Reduction in LOS

B.4 QUALITY, SAFETY AND IMPROVEMENT

It is inevitable that there will be emerging risks to both patient safety and quality across the whole system of healthcare provision, and the UHB will need to anticipate and respond to these. This will form an important focus for quality and safety initiatives over the next three years. The QSE Clinical Board priorities for 2019/22 are outlined below:

8.1 Detailed 2019/20 Actions

The details of the clinical board's priority Quality, Safety and Improvement actions for 2019/20

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
AIM 1 - GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY		
To maintain current level of assurance for QUALITY, SAFETY AND GOVERNANCE arrangements within the Children and Women's Clinical Board.	Findings included, appropriate risk managements processes exist and each department and directorate have robust escalation procedures.	<p>To update current risk register and document on new template.</p> <p>Risk registers are reviewed a minimum of monthly or more frequently if new risks emerge. Evidenced by minutes of Q&S meetings and review of individual risk registers.</p> <p>To continue with improvement trajectory.</p> <p>Continue to promote high reporting culture. Reducing length of time incidents are closed.</p>

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
		This will be evidenced at Executive performance review.
AIM 2 – SAFE CARE		
The Clinical Board will improve its delivery of safe care across a number of key indicators	<p>The Clinical Board will demonstrate improvement in all health and care standards.</p> <p>The Clinical Board will further reduce its number of serious incidents and incidents will be closed within stipulated timescale.</p> <p>Reduction in Never Events to zero.</p> <p>To continue to target HCAI. The CB saw a second year without an incidence of MRSA infection and can demonstrate improvement on hand hygiene and bare below the elbow compliance.</p> <p>To further improve Hand Hygiene scores in 2019/2020.</p> <p>To reduce baby falls within obstetrics, to discuss at O&G risk forums to analyse incidents for themes and create an improvement plan</p>	<p>Demonstrate in annual assessment against H&C standards and CB dashboard.</p> <p>The CB will achieve its target of closing a minimum of 2 SI each month in line with UHB performance indicators. Improvements plans will evidence actions completed to mitigate any similar occurrence.</p> <p>Zero never events reported to WG</p> <p>To ensure actions embedded from previous investigations.</p>

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
	<p>Achieve a continued reduction stillbirth rates</p> <p>To complete participation in PUMA study in April 2019 and implement recommendations for recognition of the deteriorating child and mortality avoidance.</p>	<p>Improvement plan developed and can be evidenced on follow up monitoring and audit.</p> <p>Number of ante and intrapartum stillbirths</p> <p>Sustained progress against the safer pregnancy campaign</p> <p>Paediatric Early Warning System will be introduced.</p>
AIM 3 – EFFECTIVE CARE		
To implement Clinical Audit plan 2019/2020	Clinical Audit plan will be well developed and reflect accurately audit activity within the Clinical Board.	Audit plan reflects audit activity on assessment.
Neonatal Unit is complete and the Clinical Board will ensure cot capacity is commissioned in line with agreement.	In line with plan	All commissioned cots available in line with BAPM standards.
To continue effective M&M meeting in Paediatric surgery	M&M meetings in place to a standard that complies with RSC 'Guide to Good Practice'	M&M meetings are scheduled and progress can be evidenced

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
Working in collaboration with Acute Child Health to establish effective and regular M&M meetings between obstetrics and neonatal services	M&M meetings in place, obstetric job plans revised to ensure continuity and attendance	M&M meetings are scheduled and progress can be evidenced
AIM 4 – DIGNIFIED CARE		
<p>Replacement of gowns with dignity pyjamas for our paediatric patients</p> <p>Communication with patients and families/giving information</p> <p>Support bereaved parents via Rainbow Baby Clinic which includes working with CD&T colleagues for provision of appropriate and timely ultrasound support</p>	<p>To support our patients feeling dignity and respect</p> <p>To ensure women are cared for within a sensitive and dignified environment suitable to their individual needs.</p> <p>To provide women with regular and timely antenatal care</p> <p>To provide post-mortem feedback to women within a dignified and sensitive environment</p> <p>To support women in planning next pregnancy e.g. pre conception counselling</p>	<p>Directorate will look with patient experience to add a question to the patient surveys regarding the use of the dignity suits</p> <p>Number of women who report a positive experience of this service</p> <p>Number of women who attend for pre conception advice, ante or postnatal care</p>

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
AIM 5 – TIMELY CARE		
<p>Reduce waiting times by ensuring the delivery of RTT performance targets</p> <p>Review outpatient clinic templates to ensure capacity for follow up appointments as well as ensuring all follow up appointments are appropriate.</p> <p>Pregnant women will be booked by 10 completed weeks</p> <p>To establish paediatric observation unit in CAU</p>	<p>Reduced patient wait / Improved patient experience / Improved reputation</p> <p>Increased outpatient follow up capacity / improved patient experience / reputation</p> <p>All women have access to early antenatal care</p> <p>Reduction in admission to paediatric inpatient beds.</p>	<p>Delivery of RTT</p> <p>Monitoring of outpatient follow up wait.</p> <p>100% of women will be booked by 10 completed weeks</p> <p>Reduction in LOS, bed occupancy therefore and reduced bed capacity.</p>
AIM 6 – INDIVIDUAL CARE		
<p>Effective transition from Child to Adult services</p> <p>Improve provision of inpatient Paediatric CAMHS in acute setting by consider the development of a band 6 CNS post for succession planning and to move towards the development of 'safe' area/ Young persons Unit to look after this group of patients.</p>	<p>Implement effective transition process.</p> <p>Those patients requiring inpatient CAMHS will receive timely and appropriate care and when not required will be managed in the community setting.</p>	<p>Enhanced patient and parent satisfaction. Reduction of adults remaining within child services post 18 years. Effective use of CCNS resource.</p> <p>Reduction of inpatient stay in acute beds and reduction in number of admissions.</p>

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2019/20

ACTION	OUTCOME	MEASURE
To continue with the provision children’s phlebotomy pathway and move toward reduction in age of children attending for phlebotomy.	Children will receive phlebotomy service closer to home.	Phlebotomy will be more timely and with a reduction in associated risk.
Improve continuity of carer for pregnant women from a named midwife	Children and their families will not need to travel to CHFV to have their bloods taken.	
	All women will have a named midwife who will provide continuity of carer.	100% of women will receive continuity of carer from a named midwife
Improve the provision of specialised paediatric neurological rehabilitation from current provision as outlined in the original business case this needs to include the provision of dedicated nursing and physiotherapy to develop a 24 hr approach. It should also include a separate dedicated area in which the patients can be housed.	Maximisation of the 12 week rehabilitation period which will improve the outcomes for these patients.	Measured against the British Society of Rehabilitation Medicine standard 7.
Implementation of hospital at home initiative and to avoid hospital admission and improve care delivery closer to home.	To have a Community Nursing service which ensures the child can be cared for in the right place. In addition Children will be able to be discharged earlier from Hospital where appropriate.	Early supported discharge / Reduced LoS / Care closer to home / Improved patient experience.
	Ability to provide urgent fast track care for EOL.	Reduction on acute bed pressures.
Improve our care of vulnerable adults and diverse groups to include transgender education and engagement	Feedback and liaison with groups results in improved outcomes for these patients	Number of patients who report a positive experience of this service increases.

8.2 High level 2020/21 and 2021/22 Actions

The high level clinical board's Quality, Safety and Improvement actions for 2020/22

Extend Hospital at home service further to consider development of NP roles and other hospital preventative measures.

ACTIONS TO DELIVER QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK – 2020/21 – 2021/22		
ACTION	OUTCOME	MEASURE
Consider and scope development of Young Persons Unit.	Young people nursed in appropriate environment.	Measure young person's responses via patient surveys
Deliver recommendations of RCS improvement plan	Improved sustainability for Welsh Specialist Paediatric Surgical Services.	Improvement plan developed and can be evidenced on follow up monitoring and audit.
Introduce the midwifery model of clinical supervision for midwives to gynaecology nursing	All nursing and midwifery staff will have access to 4 hours of clinical supervision a year All nursing and midwifery staff will have a named clinical supervisor for support	100% of nursing and midwifery staff will receive 4 hours of clinical supervision each year 100% of nursing and midwifery staff will have a named clinical supervisor

8.3 Patient Experience Framework

8.4 Details 2019/20 Actions

The details of the clinical board’s priority Patient Experience Framework actions for 2019/20

ACTIONS TO DELIVER PATIENT EXPERIENCE FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
AIM 1 – REAL TIME		
To continue gathering feedback from ‘Happy or Not’ feedback machines and use of age appropriate patient feedback forms	Provides reliable feedback on the quality of our services. Improve on our concerns performance. Further enhance the use of informal resolution within the clinical areas	Increased compliance with patient satisfaction surveys. Encouraged service users to raise concerns during their experience. Increased informal resolution rates.
AIM 2 – RETROSPECTIVE		
Encourage greater use of “you said we did” Monthly patient satisfaction surveys	Demonstrate actions taken following patient/service user feedback. Develop Children’s Rights impact assessment.	Improved patient satisfaction. Prevention of similar occurrences and therefore number of themes reduced. Undertake more patient stories captured by Youth participation Board.

ACTIONS TO DELIVER PATIENT EXPERIENCE FRAMEWORK – 2019/20		
ACTION	OUTCOME	MEASURE
	Demonstrate actions taken following patient/service user feedback.	Work closely with patient experience team to look at more child friendly approaches to gathering patient feedback. Ward managers review and action points on monthly basis
AIM 3 – PROACTIVE/REACTIVE		
<p>'Washing Line' patient feedback.</p> <p>Strengthen the use of virtual maternity services liaison committee</p> <p>Improve access to and modernise antenatal education classes as recommended by 'Your Birth We Care'</p>	<p>Demonstrate actions taken following patient/service user feedback.</p> <p>Improve use of digital technologies and social media platforms to engage with women and their families</p> <p>Women will report a positive experience of varied antenatal education / preparation for parenthood e.g. Aquanatal, yoga, hypnobirthing, Facebook Live</p>	<p>Ward managers review and action points on monthly basis</p> <p>The number of women who actively engage with shaping maternity services</p> <p>The number of women who report a positive experience of antenatal education at Cardiff and Vale</p>
AIM 4 – BALANCING		
To improve number of patient stories being taken and shared with staff.	Patient stories are an effective use of gathering patient feedback to help us learn the good, the bad and what we can learn to improve their experience.	Every Q&S meeting will begin with a patient story

C. RESOURCING & ENABLING FRAMEWORKS

C10. CAPITAL INFRASTRUCTURE

The following capital schemes are key enablers to support our clinical board priorities are in progress:

10.1 In Development

Scheme	Benefit	Current Status	Delivery Timescale
Single point of entry for children	<p>Emergency and urgent care of children in the Cardiff and Vale area is delivered from UHW, within two geographically separate areas – the Paediatric Emergency Unit (PEU) and the Children’s Assessment Unit (CAU). They are the only such units within Cardiff and serve a paediatric population of approximately 100,000 children. Secondary and tertiary specialities provided at UHW attract paediatric patients from the wider population and will be affected directly by the flow of activity from Cwm Taf as a result of the South East Wales service reconfigurations.</p> <p>A service model proposal was completed and submitted to executives and will be considered as part of major trauma proposals within UHW. Hospital at home service will be delivered from wherever this service is established in the future. This is being led by community child health but will need a “virtual ward” base to co-ordinate the delivery of this service in the acute setting.</p>	Service model proposal completed May 2018	
Antenatal clinic at UHL and UHW	Antenatal care services for women are to be maintained within the Vale as identified by Community Health Council colleagues. Ensure	The antenatal clinic environment has been identified as needed for transfer of services from Rookwood hospital.	April 2019

Scheme	Benefit	Current Status	Delivery Timescale
	services across sites are delivered from appropriate facilities.	Options for relocation currently being explored with input across Boards	
South East Wales Reconfiguration	An enhanced midwife led unit with multi-purpose rooms (LDRP – Labour, Delivery, Recovery, Postnatal) to ensure all women have access to water in labour	No capital funding has been considered for midwife led women within the alongside birth centre to ensure that facilities are fit for purpose and all women are able to access water in labour. Working with estates to identify solutions. Costings provided to Estates and Facilities for the installation of more birth pools	April 2019
Childrens Respite Care	Model agreed for children’s residential respite, initial planning in place. ICF funding for scoping and initial plans	Scoping work under for 6/12 in 2018/19 to funding ICF	April 2019

10.2 Awaiting Approval

Scheme	Benefit	£000s	Delivery Timescale
Upgrade of Jungle ward in phase 1 of CHfW funded by the Noah’s ark charity	Phase 1 was completed in 2005 and the clinical services delivered there have changed since its completion specifically we deliver more care for the neuro-rehabilitation services and these children and young people require specific accommodation to enable their recovery. The current build is not fit for purpose as the children have limited access to bathroom facilities and the area does not enable independent living and recovery. Mental health admissions have also increased from 158 in 2016 to 227 in 2017 and these young people need an environment where they can be cared for safely. Increasing numbers of children are also requiring long term ventilation (LTV) through non-invasive means .This requires air and oxygen supplies which are not available in		TBC

Scheme	Benefit	£000s	Delivery Timescale
	phase 1. These children can live at the hospital for a number of months whilst a home care package or the training of the family is needed. They need purpose built appropriate accommodation to deliver this care.		
Childrens theatre suite number 5	When the CHfW was built theatre 5 was constructed to ensure future proofing of this area and to be able to provide a theatre for neurosurgery for the future. This shell needs completion to enable paediatric surgical capacity to expand for all specialities. This would also ensure all children's surgical procedures were provided in children's theatres and enable expansion to the current schedule. It would also free up additional capacity to the main adult theatres to enable more adult procedures.		

10.3 In Implementation

Scheme	Benefit	£000s	Delivery Timescale
Neonatal Unit phase 2b	This will be the final phase of the 51 cot neonatal unit and will enable the unit to comply with all national building standards for neonatal units. This phase will include the isolation cubicles and the final parent facilities along with a link to the intensive cares to enable direct access for the specialist transport team. This development directly supports the flow of activity from Cwm Taf as a result of the South East Wales service reconfigurations.	ongoing	Completion April 2019
3 rd theatre on T2 Development	Increased capacity and improved environment for elective sections/deliveries. This development was undertaken as a direct result of the planned flow of activity from Cwm Taf as a result of the South East Wales service reconfigurations.		
Total			

C11 INFORMATICS & IT

The 2019/20 priority informatics and IT deliverables for the clinical board are:

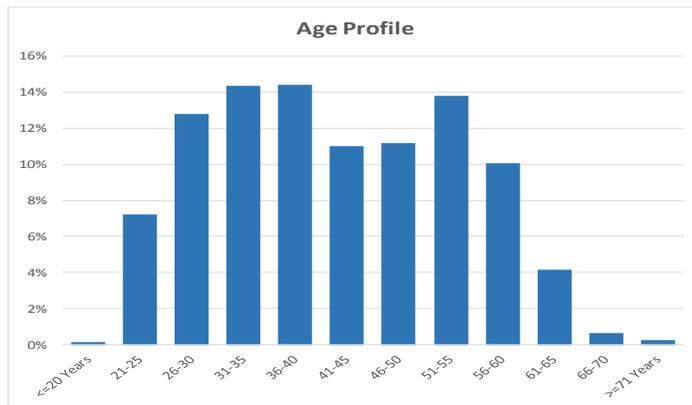
Scheme	Benefit	Delivery Timescale
Participate in UHB scheme to deliver Digital dictation or equivalent	Simplified processes associated with typing of clinic correspondence, may produce opportunities for workforce redesign	
National nursing e documentation	All vital sign observations and paperwork charting will be coordinated by a national nursing document with specifics for paediatrics. This will enable seamless patient transfer across health boards in Wales and reduce repetition for parents to numerous clinical staff and on every admission for children with chronic conditions. This will also standardise documents used reduce paper usage and order costs.	Adult tool should be delivered 2019 followed by children
Maternity Informatics Provision	Systems that are linked which improves patient safety and access to medical records. Linked systems also reduce waste, harm and variation for nursing and midwifery staff in repeating unnecessary paperwork / tests and ensuring accurate and timely communication between departments/services.	December 2019
Mobile working solutions	As many of services are delivered 'closer to home' and away from the acute sites the need for reliable IT solutions is vital. These must support many different platforms including PARIS / WCCIS etc.	From April 2019

C12 WORKFORCE

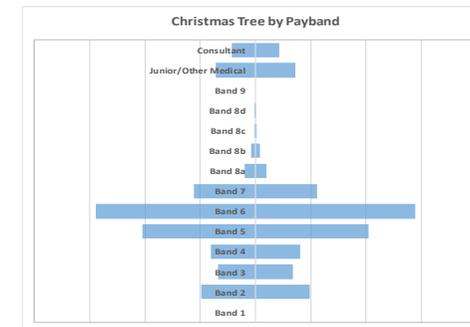
12.1 Clinical Board Workforce Profile

The following charts provide an overview of the UHB's current workforce profiles as at 30th September 2018

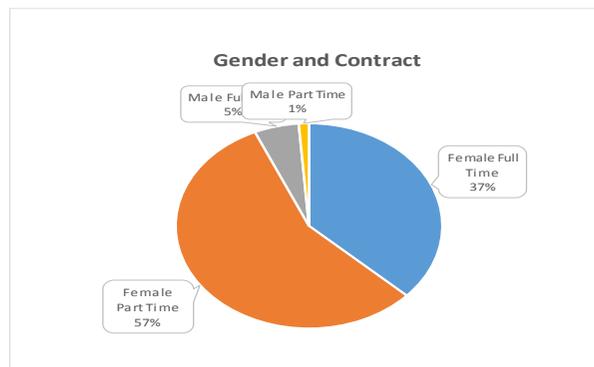
Age Profile



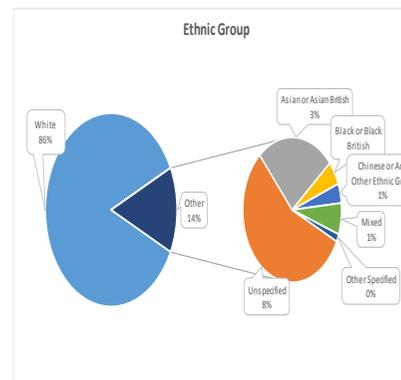
Pay Banding Profile



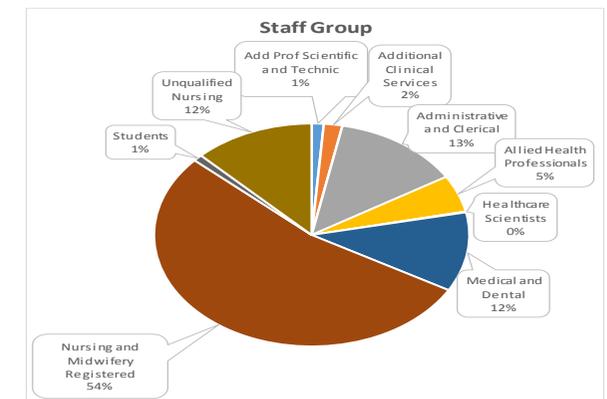
Gender



Ethnicity



Distribution by Staff Group



Staffing Profile

Shape of the Children and Women Workforce

The Children and Women's Clinical Board directly employs approximately 2011(1711FTE) staff based across multiple sites. 80% of our total budget expenditure is on workforce, £78M pay /£20M non pay. 93.4% of staff are female of which 56% work part time. An analysis of the staff group configuration confirms that 87% of the current workforce are patient facing. 12% of the current workforce are administrative support staff but only 9% of our current pay bill is attributable to this function.

86% of the board's current workforce are white with 14% coming from other ethnic groups.

Age Profile

As a clinical board one of the key workforce challenges is that 48% of the workforce are aged below 45 years old. With a predominantly female workforce, maternity leave rates are high. As a consequence covering gaps in rosters due to maternity leave requires forward planning. 28% of our workforce are aged 50 or over. Currently, a significant proportion of these staff are specialist and highly skilled clinical staff such as Consultant Medical staff and Advance Nurse Practitioners. The implementation of effective talent management plans will therefore be a key priority going forward to sustain current and future services.

Turnover

The table below details turnovers rate within the Clinical Board.

001 Acute Child Health Services	5.66%
001 Community Child Health Services	7.43%
001 Obstetrics & Gynaecology	13.65%
001 Children & Women MGMT	0.00%

It can be seen that turnover is low with the exception of the Obstetrics and Gynaecology Directorate, which is higher than expected at 13.6%. The board's registered nursing and midwifery turnover rate is 8.91% which is within acceptable limits.

Recruitment

As described previously, 87% of the workforce supports the delivery of direct patient care. Aligning operational pressures and high levels of activity to the workforce plan is essential if we are to avoid unnecessary expenditure on variable pay - including high cost agencies. As part of financial and workforce plan the Clinical Board plans to have higher registered paediatric nurse staffing levels between August to March in anticipation of winter pressure and the key delivery of operational targets. The workforce plan profiles this strategy.

Key workforce challenges for the Clinical Board:

There are a number of specific workforce challenges

- Delivering prudent healthcare and associated workforce reductions aligned to service transformation plans
- 64% of the registered nursing and midwifery staff group are aged below 46 years old. Therefore, maternity rates are higher than other Clinical Board's at 3.6%.
- Recruitment to key posts to deliver service transformation and change
- Management and administrative capacity and capability at directorate level
- The need to develop clinical leadership capacity and capability within the board
- The need to resolve difficult relationships in one or two teams which impact negatively on the wider workforce and morale
- Implementation of a revised therapy structure and the strengthening of leadership within the structure
- Recruitment to the specialist training tiers posts in some specialties particularly Obstetrics and Gynaecology
- The transition and integration of CAMHS staff into the Clinical Board and the Community Child Health Directorate arrangements
- Implementation of a new service model for paediatric Occupational Therapy and the action plan arising from the recent external review
- The need to develop plans to recruit and replace a number of specialist nurse practitioners due to retirement
- The recruitment of midwives, paediatric nurses and health visitors only once a year due to the HEIs only having one intake per academic year resulting in higher number of vacancies throughout summer months and a corresponding increased expenditure on variable pay

The drive to deliver a balanced and more sustainable financial position, while maintaining safe and sustainable quality services, sets the context for the Clinical Board's workforce agenda.

Key workforce assumptions

The key workforce assumptions underpinning this plan are the need to:

- Achieve all workforce performance indicators
- Strengthen the Clinical Board's control over the use of staffing resources, both fixed and variable and reduce unnecessary costs e.g. WLI's, agency staffing, etc.
- Identify and deliver the workforce implications of the reconfiguration of Neonatal, Paediatric and Obstetric services across South East Wales, the development of a Single Point of Entry, the Healthy Child Wales Programme and CAMHS transfer,
- Ensure sustainability of workforce and recruit to substantive posts to provide continuity and effective clinical care
- Continually innovate, engage, motivate, develop new ways of working to transform the services
- Take steps to increase the flexibility of the workforce by deploying staff around the organisation to areas of greatest clinical need to protect priority services and patient care
- Continue to deliver a reduction in sickness absence in line with agreed UHB targets.

12.2 Workforce Priority Deliverables 2019/20

The following actions are proposed for 2019/20:

Efficient Workforce

Action(s)	Outcome	Target/Measure
To deliver 12 month cumulative reduction in sickness target by March 2020 (target TBC)	Improved attendance	% 12-month cumulative reduction on March 2019 cumulative position.
Ensure delivery of Directorate recruitment plans	Vacancy factor remains low as current position 3% to 5% depending on month of year Variable pay expenditure reduces by 5% on a month by month basis in comparison to previous year Improved quality of care as less reliance on temporary staffing	<5% vacancies

Implement innovative ways of retaining staff i.e. increased rotation, development and succession	Turnover rate remains as current position Staff with key skills and experience are retained.	7- 9% turnover rate
Ensure high quality PADR processes are carried out	Compliant with PADR process	100% compliance PADR process
Ensure delivery of Directorate recruitment plans to increase recruitment of paediatric nurses to bank	Compliance with total nursing and midwifery budgeted allocation for 2019/20 Compliance with Medical workforce budget for 2019/20	
<p>Develop workforce resourcing plans to reflect the following:</p> <ul style="list-style-type: none"> • Requirements of Nurse Staffing Levels (Wales) Act 2016 • BAPM • BR+ • Health Visiting • CNNS • Achieve RCN standards for Paediatric Nursing • Implement recommendations of Paediatric acuity tool assessment • Flexible deployment /movement of staff to ensure most effective placement according to need • Effective rostering and recommendations from recent audit review 	<p>Improved nurse capacity and associated costs</p> <p>Deliver further Birth Rate+ assessment to ensure we maintain compliance</p>	<p>Compliance with total nursing and midwifery budgeted allocation for 2019/20</p> <p>Compliance with medical workforce budget for 2019/20</p> <p>Minimum of 95% Band 5/6 establishment filled reflecting seasonal plan i.e. 95% (April to August increasing to an average of 97%-99% (September to March)</p> <p>100% on contract agency usage sustained</p> <p>Birth Rate + compliance is maintained</p>

<ul style="list-style-type: none"> • Appropriate skill mix to support therapy and additional scientific and technical staff groups <p>Deliver Clinical Board medical workforce plan for 2019/20 as outlined in overarching UHB medical productivity plans</p> <p>Deliver ongoing MTI workforce plan within Clinical Board to support general/specialty paediatrics, neonates and obstetrics and gynecology</p>	<p>Implementation of therapy workforce plans which underpin exiting and new service models</p> <p>To mitigate, costs associated with expensive locums resulting from gaps in rotas due to vacancies and maternity leave and ensure compliance with the All Wales Agency Cap , the following actions will be taken:-</p> <ul style="list-style-type: none"> • The appointment of a combination of Hybrid Locums, MTI's and Tier 2 visa overseas doctors to cover ST7/ST8 gaps in in Obstetrics and Gynaecology • All Directorates will forward plan to fill established posts below Consultant level and as far as practically possible by over recruiting by 1-2 FTE at Clinical Fellow Higher and Lower Level 	<p>Utilizing skill mix of 90:10 maternity support worker more efficiently within the midwifery Birth Rate+ workforce</p> <p>Increased number of Band 3& 4 support workers based in community setting</p> <p>Rotation of MSWs within the community / postnatal wards to support midwifery staff</p> <p>Increased number of band 3&4 therapy support workers/technicians</p> <p>Medical variable pay expenditure reduced in line with trajectory</p> <p>Compliance with NHS Framework and all Wales Agency Caps</p>
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Reduce junior doctor roster gaps particularly in Obstetrics and Gynaecology Directorate through the appointment of MTIs /locum hybrid consultants	<ul style="list-style-type: none"> Anticipating the financial risks associated with managing the medical staffing component of small fragile specialities by identifying a contingency to cover events such as long term absence. 	
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Sustainable Workforce

Action(s)	Outcome	Target/Measure
<p>Complete Clinical Board workforce templates</p> <p>Define workforce milestones and requirements for years 1, 2 and 3. Relating to impact of SWP, Single point of Entry, new service developments, Healthy Child Wales Programme</p> <p>Develop new roles where applicable to support plans</p>	<p>Meet future workforce supply needs</p> <p>4 FTE additional consultant obstetricians will be required to address shortages in consultant cover for delivery suite. We do not anticipate difficulty recruiting to these posts.</p> <p>6.69 FTE neonatal nurse required to comply with additional activity from SWP</p>	<p>Workforce plans in place for clinical board, aligned to commissioning intentions, cross cutting themes and with detailed delivery plans</p> <p>Workforce plans in place for hard to fill posts such as Clinical Fellow Higher in Paediatric Surgery, Obstetrics and Gynaecology, ANNPs and Consultant Paediatric Anaesthetist</p>
Nurse practitioner succession planning	Adequately trained professionals who are flexible and deliver service requirements.	<p>Modernised service to deliver outcomes that matter to women and children</p> <p>Timely access to appointments / procedures</p>
Improving Consultant and Career Grade Job Planning compliance	As a Clinical Board we are redesigning a number of services i.e. Paediatric Cardiology, Paediatric Surgery. The changes proposed will impact on job plans which is why a number of job plans are yet to be agreed. The Clinical	100% compliance with Job Planning Target

Action(s)	Outcome	Target/Measure
	Board's compliance trajectory for job planning is predicted to improve, as soon as the new service models are finalised and implemented.	

Capable Workforce

Action(s)	Outcome	Target/Measure
Increase compliance of PADR, statutory and mandatory training	Successful delivery of 100% PADR and statutory mandatory target	100% compliance of PADR and mandatory training
Performance manage PADR compliance within the Clinical Board	Successful delivery of 100% PADR target	100% compliance of PADR
Ensure delivery of high standard preceptorship and induction practices for new qualified applicants	Improved capability of newly qualified nursing, midwifery and professional staff	97% retention rate for newly qualified starters at 12 months
Ensure that all newly qualified nursing and midwifery starters have completed their clinical skills training within 12 months of their start date.	Improved nursing and midwifery capability	99% staff completed clinical skills training within 12 months of start date.
Train new nursing mentors once 12 months post registration.	Increased mentoring capability within nursing workforce	% increase in nurse mentors from March 2019
HCSWs to attend the committed to caring induction programme Establish assessors and internal verifiers in line with Health Care Support worker recommendations	Improve non-registered (HCSW) academic capability	50% of Healthcare Support Workers achieving the appropriate academic qualifications in line with of the Skills and Career Framework.

Transforming Workforce

Action(s)	Outcome	Target/Measure
<p>Implement full utilisation of MSS and ESS functionality within the Clinical Board</p> <p>Embed BI as management tool within Clinical Board to improve monitoring and performance by managers</p> <p>Roll out any new ESR functionality in line with agreed roll out programme</p>	ESR functionality implemented within Clinical Board	Roll out of MSS and ESS within Clinical Board completed and systems embedded
<p>Ensure that Values and Behaviours are integrated across in workforce processes within the Clinical Board i.e. recruitment, PADR etc.</p> <p>Implement Values into Action development work within the Clinical Board</p>	Embed optimal behaviors within Clinical Board against UHB values	<p>Recruitment and appraisal processes evidence that values are being embedded into UHB</p> <p>100% post advertised have JDs which reflect the UHBs values and behaviours</p>

Engaged Workforce

Action(s)	Outcome	Target/Measure
Deliver UHB Flu target of 60% immunisation rate	Enhanced staff health & wellbeing	60% compliance with Flu target achieved
Refresh and deliver staff engagement plan within the Clinical Board in line with staff survey results	<p>Enhanced staff health & wellbeing</p> <p>Improved staff engagement</p> <p>Increased innovation</p> <p>Improved performance</p>	Improved medical and staff engagement score in 2019/20
Ensure the UHB's values are embedded in the culture of the Clinical Board	<p>All member of the Clinical Board uphold the values and behaviours of the UHB and lead by example</p> <p>Inappropriate behaviours are dealt with and managed appropriately</p> <p>Staff are aware of how to escalate concerns about each other's behaviours</p>	<p>Reduction in dignity at work complaints raised</p> <p>Reduction in concerns raised</p>

Action(s)	Outcome	Target/Measure
<p>Promote opportunities for entries to local and national awarding bodies for good practice, development work etc.</p> <p>Deliver Children and Women Annual Recognition Awards ceremony</p>	<p>Support staff reward and recognition</p>	<p>Wide range of submissions from staff/staff groups submitted to Clinical Board and external events recognising :-</p> <p>Good practice identified and celebrated from both individual and group contributions</p>

12.2 Clinical Board Performance Management Arrangement

Accountability for Clinical Governance in the Board sits with the Clinical Board Director and is delegated to the Director of Nursing. Responsibilities include:

- Revision of incident reporting processes, investigation and feedback
 - Focus engagement across all staff groups to ensure governance is embedded in all actions of the Clinical Board
 - Ensure regular reporting and feedback to the Executive team as part of the performance review processes
 - Encourage a culture of openness and 'no surprises'
 - Ensure data is used to underpin evidence informed best practice and to improve outcomes
- Clinical Governance and assurance is provided through regular meetings and reviews some of which are detailed below-

C&W Formal Board – meetings are bi monthly and include attendance from the Core Clinical Board Team, Clinical Director or Deputy from each of the Clinical Directorates, Public Health, Equality Manager, PCIC, Staff Side and Executive Director

C&W Core Board – meetings are weekly and include attendance from the Core Clinical Board Team (Director, Director of Operations, Director of Nursing, Head of Finance, Head of Workforce & OD and Board Pharmacist)

QS&PE – meetings are monthly with every other month designated as a Health and Safety focus (but also includes key Q&S issues). Attendance includes, Core Clinical Board members with either the Director or Director of Nursing to Chair the meeting, representation from each of the Clinical Directorates, Safeguarding, Pharmacy, Resuscitation, Health & Safety, Staff side

Local Partnership Forum – meetings are bi monthly and include attendance from the Core Clinical Board Team, representation from each of the Clinical Directorates and staff side members

C&W NMB – meetings are monthly, chaired by the Director of Nursing and include attendance from the lead and senior nurses and midwives within each of the Clinical Directorates, consultant midwives, Flying Start representation, ANNP's

Directorate Performance Reviews – meetings are monthly with each of the Clinical Directorates, attendance includes the Core Clinical Board Team and Directorate Management Teams

Clinical Board Medicines Management – meetings are monthly, chaired by the Clinical Board Pharmacist, with representation from the Core Clinical Board Team (Director, Director of Nursing and Head of Finance or deputy), representation from each of the Clinical Directorate Management Teams, medical speciality leads from each Directorate, directorate pharmacists and nursing representatives

Charitable & Voluntary Stakeholder Reference Group – meetings are quarterly, chaired by the Clinical Board Director and include representatives from each of the Directorate teams, charitable and voluntary stakeholders, and representation from the UHB Communications teams

RTT / Cancer Performance Meetings – meetings are weekly, chaired by Director of Operations with both O&G and Acute Child Health Directorate members to review RTT and cancer performance and activity

12.3 Engagement

The Integrated Medium Term Plan 2019/22 for Children & Women Clinical Board has been produced with input from all three Directorates and has been agreed by the Core Clinical Board team. The development of this document has been supported through directorate performance reviews and has been informed by conversations with and suggestions from many of our stakeholders and partners.

The C&W Clinical Board has a vibrant Local Partnership Forum which is the formal mechanism whereby the Management and Trade Unions work together to improve services for the people of Cardiff and the Vale of Glamorgan and for others accessing services provided by the Health Board. It is a bi monthly forum where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and service issues.

In addition the Clinical Board has an established Charitable and Voluntary Reference group. The group brings together representatives from across the Third (Voluntary) sector working in Cardiff and the Vale and professionals from within the Children and Women's Clinical Board, to consider healthcare services for women, children and young people and how best to support these services through seamless partnership working. It provides strategic and operational advice to the Clinical Board on all aspects of UHB children and young people's services, maternity and women's health, where voluntary sector agencies can assist and influence. This forum meets on a quarterly basis and ensures that Third sector views are able to influence and shape strategic decisions about the UHB provision of children and young people's and women's health services. Our service users benefit from the opportunities to work in partnership to deliver services, recognising the skills and contribution of Third sector partners to the delivery of care.

Children & Women's Clinical Board Structure

