



## **RD: 17/013 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

## **RD: 17/014 DECLARATIONS OF INTEREST**

The Chair invited Members to declare any interests in the proceedings. None were declared.

## **RD: 17/015 MINUTES OF THE RESOURCE AND DELIVERY COMMITTEE MEETING HELD ON 8 AUGUST 2017**

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 8 August 2017.

## **RD: 17/016 ACTION LOG FROM MEETING PEOPLE, PLANNING AND PERFORMANCE MEETING HELD ON 8 AUGUST 2017**

The Committee **RECEIVED** the Action Log from the meeting of 8 August 2017 and **NOTED** the following:

**RD 17/005: Terms of Reference:** To ensure all actions are indicated with a timescale

**RD 17/006: Year End Referral to Treatment Time Update:** The Executive Nurse Director was not aware that this had been reported to Quality, Safety and Experience Committee.

**ACTION:** P Welsh to verify that a report had been presented to Quality, Safety and Experience Committee and if not for this to be scheduled for a future meeting. The Committee to be updated on progress at next meeting arranged for January 2018.

**PPP 17/018: WAO Review of Operating Theatres & UHB Management Response and Theatre Improvement Project:** As the report was being presented at the meeting, the status to be changed to 'on agenda for today'.

**Management Executive Meeting - 22.05.17- Employee Relations Case:** The Committee was assured that the message had been reinforced to Clinical Boards to release staff for investigation work and for this to be conducted in a timely manner.

The Committee:

- **NOTED** the Action Log

## RD: 17/017 ASSURANCE ON RTT PLANNING CYCLE DEVELOPMENT

Lee Davies, Assistant Chief Operating Officer gave a PowerPoint presentation on Referral to Treatment Time (RTT) Planning Cycle Development. It was highlighted:

- An overview of the key messages in meeting national targets for waiting times was described. The new approach that the UHB had taken to RTT delivery in 2015/16 was also explained working to quarterly performance cycles with the aim of controlling the performance position. This had resulted in reaching and delivering targets for the past 11 quarters. This consistency led to the best 36-week position for seven years. The new strategy had led to significant additional funding from Welsh Government (WG).
- The approach to developing the Planned Care Delivery plans was explained. The demand and capacity analysis had been completed in October and Clinical Boards are in the process of assessing the gaps this leaves and the options to address them.
- During the year the approach must remain flexible, depending on the quarterly demand for each specialty. Each specialty agrees a quarterly target with weekly intensive overviews to pursue delivery of the schemes.
- The purpose of the annual plan was to provide a reasonably robust assessment of deliverability. But emphasised demand could not be predicted precisely and this was not an exact science. The capacity and demand with key specialties was also explained in-depth in relation to new outpatients and inpatients and day cases.
- A summary was presented regarding the change in waiting list sizes stating they still encountered problems with outpatients as the list was still growing but the treatment backlog had reduced in the past year. Two thirds of the growth in the outpatient waiting list had previously been in eight specialties but solutions had been implemented leading to a backlog reduction in these areas over the past 12 months. A residual collection of specialties had continued to go up over the year but recurrent solutions were in place.
- In regard to the 2018-21 Integrated Medium Term Plan (IMTP) – the four scenarios were explained and what type of scenarios would be analysed over the next three years, such as how ambitious we could be in moving towards to 95% compliance.

It was commented and discussed:

- In response to RTT monies from WG and how the Health Board (HB) measures what is expected to be delivered, it was stated that delivery schemes are agreed with Clinical Boards identified where they need to have schemes in place, increase core capacity and look at what the core capacity is. Monies from WG are attained later on in the year but the HB did not rely on this. In terms of value for money from Welsh Government

funding, it was noted that delivery options are limited when funding is provided mid-year.

- The Committee was informed they were asking WG to engage in discussions around receiving full allocation going into next year and what other monies would be available. This was in order to work on value for money and ensure the schemes being put in place were going to add to sustainability and service redesign.
- In regard to what system is used in anticipating the demand triggers, it was explained that it is not possible to forecast demand with precision but projections can be made based upon historical patterns. It was emphasised there was not a whole systems modelling tool in the NHS as there were a number of variables. The team works with the University's school of mathematical modelling and will continue to develop and make use of the tools available.
- It was stated that management of risks was important for the Committee to consider as there were implications on the waiting list and in regard to finance and queried how this would move forward to help mitigate the risk. In response it was explained that this was a part of the Integrated Medium Term Plan aligning to other areas such as workforce and the plans should improve year on year. It was stated there will always be risk but it was about prioritising and scheduling what the risk would be.

#### **ACTION:**

The Committee:

- **NOTED** the presentation

#### **RD: 17/018 UPDATE ON THEATRES UTILISATION REPORT**

Mr Alun Tomkinson, Clinical Board Director and team updated the Committee on the report and highlighted the following:

- It was reported that back in May 2017 the utilisation of theatres had dropped to between 73-74% with 78% booking compliance and a cancellation rate of 19%.
- In order to strengthen areas key strategies were put in place such as:
  - a workforce plan to improve staffing levels
  - to strengthen governance and accountability with the clinical and managerial teams
  - to look at systems reviewing whole pathways around the surgical stream
- Utilisation had increased to 78-79% in September / October with a stretch target of 83%. Bookings had reached 86% compliance; this was an 8% improvement. Improvements in CAVOC had shown 92% of theatre utilisation.

- There was still room for improvement and work had commenced with the Children's Hospital predominantly to do with the use of theatres for elective and emergency surgery. There has also been improved trajectory for day units on both the UHL and UHW sites.
- Learning points from these processes has been around engagement and ownership and ensuring management and clinicians are working with teams. There were different solutions for directorates within the Surgical Service with good practice being shared across the Clinical Board.
- Pre-assessment and preadmission was critical and a working group had been established to review areas and informed it aligned with work for next year in terms of the Integrated Medium Term Plan.
- Work with Public Health had also commenced in regard to DNAs and would be linking this aspect of work to deprivation and understanding where particular GP clusters have a commonality with cancellation rates. In addition, they would be working with GPs around communication.

It was commented and discussed:

- In regard to sustainability, it was stated that a performance framework was placed in the directorates and a large part of this was around communication with specialties and services.
- There was a level of assurance this was sustainable and was confident around staffing levels. There were critical elements around engagement and communication with workforce and how this would be managed.
- The Clinical Board were commended in employing those hard to fill vacancies, stating there was a need to keep up morale which was challenging in the environment.
- It was emphasised that a significant component on utilisation was around availability of beds and that theatre inefficiency was not just around theatres.

The Committee:

- **NOTED** the contents of this paper and the progress made since the last meeting
- **AGREED** the proposed next steps

## **RD: 17/019 WALES AUDIT OFFICE - ORTHOPAEDICS**

Mr Alun Tomkinson, Clinical Board Director and team presented the Wales Audit Office report, stating the paper presented a positive aspect in terms of the development of an audit conducted in 2013. A revised model of care was being piloted in CMATS and at this stage indicated a positive impact on outpatient demand.

In regard to outpatient waiting times, there was an extra 2,000 patients referred this year and CMATS was therefore critical in meeting the gap as internal capacity was struggling. There was much work being done to bring the waiting list down

and although challenging, the team were confident this would continue to improve which had been reflected in the RTT position in the last few quarters.

The Committee was informed in regard to prosthesis costs the service, with NWSSP, had negotiated the lowest cost of knee replacement in Wales. It was stated that the Organisation accepts more complicated work from neighbouring Health Boards with significant higher costs, which had raised the average. The service also takes on revision costs and this marker reflects the casemix acquired in Cardiff. On a positive note, the Health Board was now the benchmark in Wales for driving down these costs.

In regard to the revision rates on knee and hips, there had previously been an issue with a manufacturer's metal hip replacements which had a higher failure rate. As a result those cases had been recalled. The WAO report had used data from 2013 but going forward would look at the last five years of data nationally. There had been a change in practice involving more scrutiny and tracking of implants. This was fully in line with the national level with clinical benefits.

PROMS had been rolled out to hip/knee surgery and achieved an 84% response rate for this year. This had allowed only 5-6% of patients to require follow-up and supported the recording of clinical outcomes, noting they were better than the UK average.

It was commented and noted:

- In regard to revision, this was failure of the product and all costs had been recovered from the manufacturer.
- In response to the query on the CMATS pilot running on limited time and how to keep the momentum going, it was stated that the Planned Care Board within Wales said this was the right thing to do and it was critical to make this sustainable. Although this was a pilot a business case was being written which will evidence over time cost neutrality, emphasising this was critical given financial restraints.
- In regard to the timeline, the aim was not to stop the pilot in April but potentially to obtain support from WG with the Invest to Save scheme. This would also run with the IMTP identifying plans for next year. In addition, would be reviewing over a three year period in regard to compliance to what can be worked through financially with the business case where steps and milestones have been considered.
- Questions were raised on what work was being done to ensure we have business models to recoup costs in relation to high cost of implants. Members were informed that arrangements had been set up with the sub group of the IPFR team and with finance that at the point of referral from other Health Boards agreement is received to pay costs over a certain threshold.
- It was raised whether we were confident the risks we carry of infection prevention and control were being addressed. It was recognised there was more vigilance and an emergency meeting had been called at the last

outbreak, ensuring there is good data collection processes in place to monitor trends; ensuring hand hygiene levels are reached and conducting theatre audits and revisiting the issue again.

- Assurances were sought in regard to areas of concern within the action plan and whether these had been addressed.

**ACTION: M Bond to update the action plan and circulate to the Committee**

The Committee:

- **NOTED** the summary of opportunities highlighted from the Welsh Audit Office
- **NOTED** the areas of focus the Directorate are taking and actions will further assist in delivery of performance

### **RD: 17/020 WALES AUDIT OFFICE – MEDICINES MANAGEMENT**

Dr Graham Shortland, Medical Director, presented the updated report previously audited in 2013-14 in primary care and 2014-15 in an acute hospital setting stating there was a comprehensive process in Medicines Management within the Organisation.

It was commented and noted:

- The Nurse Executive Director was pleased to see there was improvement and progress being made. This was endorsed by the Chair.
- It was agreed for further assurances that recommendations were being acted on, a report would be brought back to the Committee on an annual basis for an update on progress but would be monitored through the Medicines Management Group.

The Committee:

- **NOTED** progress with the actions required by the Auditor General for Wales/ Wales Audit Office

### **RD: 17/021 WALES AUDIT OFFICE – RADIOLOGY SERVICES**

The Resource and Delivery Committee **RECEIVED** and **NOTED** the overall conclusion of the Wales Audit Office (WAO) review of the Radiology service in Cardiff & Vale UHB and progress made against the action plan developed to address the WAO recommendations.

Mr Lee Davies, Assistant Chief Operating Officer, stated that the Radiology Strategy is a complex piece of work and advised that in the main the action plan was being progressed as intended.

It was commented and noted:

- It was encouraging to see work had started on the Radiology Strategy but queried when there would be an indication to have sight of the timeframe with milestones finalised and how this would fit in with the IMTP process.
- The Committee was informed that over the next few months this piece of work would continue and acknowledged that it would be helpful to get more specific timelines as this will be a part of the IMTP document. Once this was complete it would be shared with the Committee.
- It was noted that recommendations had not been accepted by the Health Board and asked whether any dialogue had been established with WAO to secure agreement on the way forward.
- Ms Perez reported that she had spoken to the Director of Operations for CD&T and the reasoning behind not accepting the recommendation was because there had been a slight discrepancy. There were not two recommendations but only one not accepted and this was around the workforce which had been incorporated into the strategy.
- The Assistant Director of Workforce and Organisational Development stated that in relation to WOD plan the Clinical Board plan was scrutinised. There were also indicators in place which were part of the overall workforce plan such as PADR. There were components in the IMTP in regard to the workforce and was satisfied they were in place.

**ACTION: L Davies to update the Committee in regard to the recommendation that was not accepted.**

**RD: 17/022 UNIVERSITY HEALTH BOARD WORKFORCE AND ORGANISATIONAL DEVELOPMENT DELIVERY PLAN – 6 MONTH UPDATE**

Mrs Julie Cassley, Deputy Director of Workforce and Organisational Development, gave a comprehensive overview on the 17/18 half year Delivery Plan Update.

It was highlighted:

- A plan had been developed over three years ago, however, a more recent detailed delivery plan was revised with five objective areas. The setting for the plan was around Shaping our Future Wellbeing Strategy and the IMTP. The five objectives were explained that support this.
- All Clinical Boards work to the objective areas and may place a different emphasis due to their particular needs and service areas. The objectives are flexible and intended to be a framework as well as a delivery plan.
- The key successes and challenges were described such as the downward trend in sickness absence which has been reduced to 4.89%. The Director of Nurses driving the switchover in agency Healthcare Support Workers

(HCSW) to bank and substantive staff; and the 100% switchover from high premium agencies to on contract framework agencies.

- In regard to maintaining good employee relations, it was noted that there had been an increase in formal cases and this impacted on the time being taken to investigate and conclude cases.
- The Health Board were providing a leading role on the MTI initiative for Wales to achieve assignment of posts put forward for the MTI.
- Seven graduates had been appointed to the Organisation and a number of hard to fill Senior Management posts filled, although more work was needed on talent management for Directorates and Clinical Boards.
- The forecast up to next March 2018 on recruiting Band 5 and 6 nurses was shown informing there would be 114 starters during this period. Work had commenced on retention acknowledging this was a UK wide position.
- Adaption programmes were also being run with return to practice initiatives.
- A considerable amount of work had been planned around the Values and Behaviours Framework for this year to ensure the profile was kept high.

It was discussed and noted:

- There was a need to look at the organisation as a whole in regard to shaping the integrated plans. The WOD plan was comprehensive and there was a need to view areas which were going to drive the Organisation forward.
- Mr Martin Driscoll said that the Personal Appraisal Development Review (PADR) was a lag measure demonstrating what had happened, but there was a requirement for this to lean more towards Organisational Development, focussing on what activities we are engaged in and how this would be measured going forward.
- There was wider discussion on PADRs such as contracts and the need to align PADRs to behaviours.
- It was suggested that as the Health Board employs a vast amount of staff, to look at the staff groups within the Organisation and to arrange a development session to acquire a base set of information. In addition, a thorough training needs analysis for the Health Board should be further considered.
- There was a need to look at what kind of workforce we envisage for the future. It was acknowledged that as an organisation we had not worked out how these are measured but should look strategically at what would be the key indicators.

The Committee:

**NOTED** the presentation

## **RD: 17/023 PERFORMANCE AGAINST STRATEGIC EQUALITY PLAN**

Mr Keithley Wilkinson, Equality Manager, outlined and highlighted elements of the report on the Strategic Equality Plan and informed we were in the second year of the four year plan. Members were advised that as a public sector Organisation we had an obligation to have a plan in place under the Equality Act 2010. The plan was based on completed tasks, deliveries and actions which followed the SMART process in what we need to do.

The plan addressed our legal obligations and social and moral obligations and went through a process involving our internal stakeholders, members of staff and external stakeholders in terms of various communities. It was highlighted that the Equality Health and Impact Assessment, although there has been some criticism, was also commended as a piece of work regarding the future horizon scanning approach adopted. The plan was RAG rated with 60 actions completed. Those coded in amber will be completed by March 2018 but pointed that some actions were part of an ongoing process.

In regard to employee information, this was available and would be circulated after the meeting. In terms of Development Day, work has started on how to analyse and monitor some of the information. As an organisation, we are at the equality stage of looking ahead to the future by working in an equitable way. This is a transition stage and giving different support for people to have equal access. The plan for 2018/19 and onwards is to move to a transformation aspect around equity where systematic barriers were being removed.

It was commented and noted:

- In regard to the transgender community awareness training had been developed and delivered to staff. Emphasising this was a societal issue as well as an organisation issue.
- In response to the concern raised around protective characteristics, Members were informed that the Equality Manager and Welsh Language Manager were part of the process for inductions courses, stating that bespoke and tailored training was also conducted. 72% of staff had been involved in equality training where each protective characteristic had been highlighted.

The Committee:

**NOTED** the contents of the paper

## **RD: 17/024 MORE THAN JUST WORDS (WELSH LANGUAGE)**

The Resource and Delivery Committee **NOTED** the oral update from Mr Keithley Wilkinson, Equality Manager. To date Welsh Government had not responded to the report but envisaged this could be presented at next meeting.

## RD: 17/025 POLICIES FOR APPROVAL

### 1. Records Management Policy

Mr Peter Welsh presented the policy on behalf on the Information Technology and Governance sub-Committee as there was a need to change some of the retention schedules and the policy had been updated to reflect this.

The Committee:

- Did not **APPROVE** the policy on Records Management and did not **APPROVE** the full publication of the Records Management Policy in accordance with the UHB Publication Scheme. The queries raised are highlighted below:
- Concerns were raised in regard to the implementation of the policy protocol across the organisation.
- In regard to the Records Management Procedure - Page 12: The Royal College of Nursing should be changed to '*Nursing Midwifery Council*'.
- The area on staff records did not feel strong enough but it was confirmed this was predominantly about Clinical Records but did cover all records. Compliance with the policy was being tracked through the Records Management Group.
- The cover report stated this was to go to the Strategy and Engagement Committee for 5 September and refers to both versions two and three.
- The link to the Retention Policy did not work.

The Director of Corporate Governance stated that he would report the queries raised to the Information Technology and Governance sub Committee and the policy would be resubmitted at the next Committee in January 2018, but if needed, Chair's Action would be requested to speed up the process.

### 2. Medical Appraisal Policy

The Committee:

- Formally **ADOPTED** and **APPROVED** the Medical Appraisal Policy with full publication of the Records Management Policy in accordance with the UHB Publication Scheme.

## RD: 17/026 UPDATED EXTRACT ON CORPORATE RISK ASSURANCE FRAMEWORK

Mr Peter Welsh, Director of Corporate Governance explained that the risks that previously rested with the People, Planning and Performance Committee had been split between the two new Committees. There had been no change since presented at the last meeting. A major overhaul was being undertaken in looking at the risks and this was being progressed. This was being tracking by the Audit Committee.

Work had commenced in looking at how risks were presented and described. There was a need for this framework to be more aligned to our strategic objectives as we go forward and would be implemented from April next year to tie into the IMTP.

It was commented and noted:

- The Director of Corporate Governance explained that the Clinical Boards managed their own risks but the Committee would receive the higher risks and seek assurances around these.
- Concern was raised that executives had risks allocated to them in two portfolios.
- There was work still to be done on risk framework and the CRAF was still at development stage and a work in progress.

The Committee:

- **NOTED** the report was a work in progress

#### **RD: 17/027 HIGH LEVEL PERFORMANCE DASHBOARD**

This paper was presented for information.

#### **RD: 17/028 ANY OTHER BUSINESS**

There was no other business to report.

#### **RD: 17/029 DATE OF NEXT MEETING**

The next Resource and Delivery Committee meeting is scheduled to take place at 9.00am on **Tuesday, 30 January 2018** in the Corporate Meeting Room, Headquarters, UHW