



## **RESOURCE AND DELIVERY COMMITTEE**

**Tuesday, 8 August 2017 at 9.00am  
Corporate Meeting Room, Headquarters, UHW**

**UNCONFIRMED MINUTES OF THE  
PEOPLE, PLANNING AND PERFORMANCE COMMITTEE  
HELD ON TUESDAY, 16 MAY 2017  
CORPORATE MEETING ROOM, HQ**

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**Present:**

Professor Marcus Longley  
Ivar Grey  
Stuart Egan  
Akmal Hanuk

Chair  
Independent Member – Finance  
Independent Member - Union  
Independent Member - Community

**In Attendance:**

Abigail Harris  
Ceri Chinn  
Chris Darling  
Fiona Kinghorn  
Fiona Salter  
Graham Shortland  
Julie Cassley

Executive Director of Planning  
Lead Nurse, Perioperative Care, Surgery  
Programme Manager, PCIC  
Interim Director of Public Health  
Staff Representative  
Medical Director  
Interim Executive Director Workforce,  
Organisational and Development  
Head of Operational Service Planning  
Director of Nursing, Surgery  
Director of Operations and Delivery,  
Surgery  
Director of Finance  
Executive Nurse Director  
Directorate Manager of Surgery  
Head of Finance, Surgery  
Director of Operations and Delivery,  
PCIC  
Clinical Director of Perioperative Care

Lee Davies  
Linda Walker  
Mike Bond

Robert Chadwick  
Ruth Walker  
Sian Crowley  
Steve Hill  
Sue Morgan

Tony Turley

**Secretariat:**

Glynis Mulford

**Apologies:**

Peter Welsh  
Nigel Gibbs  
Steve Curry

Director of Corporate Governance  
Staff Representative  
Interim Chief Operating Officer

**PPP 17/001 WELCOME AND INTRODUCTIONS**

The Chair opened the meeting and welcomed everyone present.

**PPP 17/002 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

### PPP 17/003 DECLARATIONS OF INTEREST

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

### PPP 17/004 MINUTES OF PEOPLE, PLANNING AND PERFORMANCE COMMITTEE HELD ON 6 MARCH 2017

The Committee **APPROVED** the Minutes of the People, Planning and Performance Committee held on 6 March 2017.

### PPP 17/005 ACTION LOG FOLLOWING THE MEETING OF 6 MARCH 2017

The Committee **RECEIVED** the Action Log from the PPP Committee meeting of 6 March 2017. All outstanding actions had been completed.

### PPP 17/006 YEAR END REFERRAL TO TREATMENT TIME UPDATE

Mr Lee Davies, Head of Operational Service Planning, presented a report summarising the Tier 1 target year-end performance. He highlighted that RTT had the best performance since 2013, the unscheduled care performance was the best in Wales in March, exceeding previous recent winters. In relation to cancer both targets had been met. The waiting time for diagnostics had improved significantly, and the target agreed with WG was exceeded. There had been progress in delivering the mental health measures with significant improvements in the waiting times for memory clinics. Two areas had experienced continued difficulties – these being ambulance lost hours in relation to unscheduled care, and delays in outpatient follow-ups.

It was discussed and noted:

- It was raised that there was a lack of information about mental health services. In response it was stated that the information was available and would be followed up.

#### **ACTION: Lee Davies**

- It was raised that thrombolysed door to needle was very low. This was acknowledged and it was explained that this had been observed across Wales. It was suggested that there was a debate to be had on whether the target was realistic. The measure had slightly changed and as these were small numbers the percentage was volatile. The Health Board's performance in this area was one of the best in Wales and the UK and was doing well on the thrombolysis rate. It was noted that overall performance in how they are delivering thrombolysis was very positive.

- In relation to outpatient follow-ups, it was highlighted that the number with no target date had only dropped by 10%. In response it was stated action was being taken to reduce the number of 'no target date' and a number of these have been transferred into the 'delayed' category. There was a need for changes in the system to address this and make improvements. This was a moving position and difficult to profile an improvement trajectory.
- It was stated there was a need to have a plan in place with a set date on resolving the issue on a permanent basis. The need for a systematic approach department by department was needed using IT solutions available to ensure that patients were on the right care pathway.
- It was suggested that it would be useful for members to see a flow chart or diagram of where the bottleneck are in order to understand where the delay is in the system.

**ACTION: Resources and Delivery Committee to consider report on outpatient follow-up improvement plan, with key milestones for delivery.**

The Committee:

- **NOTED** the 2016/17 year-end Health Board performance and IMTP trajectories for 2017/18 against key Tier 1 targets and other priority measures

#### **PPP 17/007 NEW PRIMARY CARE MEASURES**

Sue Morgan Director of Operations and Delivery, PCIC, presented an update report on the new Primary Care Measures. It was noted that the Welsh Government had introduced the measures to track delivery against the primary care plan. It was noted that these measures were not given the same profile as the Tier 1 targets. It was reported that Cardiff and Vale was leading on the implementation of the measures and was making sure the organisation was using them to drive improvement of primary care services and the delivery of outcomes and outputs. These fell into two categories such as the outputs of immunization and screening rates but there were also process measures such as appointment indicators.

The work being undertaken by cluster was explained - such as sharing measures and issues, and tailoring solutions to each cluster. Since November measures had been taken through all clusters to ensure they were reviewed. The information was being used at the PCIC Performance Group. Flu immunization and bowel screening measures were explained. It was noted that Wellbeing Coordinators had been introduced who were constructive in influencing and improving seasonal flu uptake.

Phase 2 measures were explained. This had gone through a Public Health Wales feasibility and rationale exercise. Evidence had been looked at and was content that information was easy to capture. A summary dashboard was being developed. The important element was for PCIC Clinical Board to keep track of actions driving down to cluster level, having sight of information and to push through the initiatives.

It was discussed and noted:

- It was encouraging to see the power of data in primary care to influence the work of the Health Board and to see the work on GP appointment indicators being closer to completion.
- The Independent Member for Community proposed to help in accessing parts of the community that were difficult to approach, which was welcomed
- The plan relating to the Wellbeing Coordinators was attached to the Immunisation Report. The plan identified where there was a need and the issues encountered with hard to reach communities.
- There were very robust business models in place but these usually related to the larger GP practices. There were some issues around fragility regarding some of the estates and workforce. There was a need for structure and was looking at mergers with other practices. Ultimately the intent would be for clusters to submit the plans themselves.
- They would be looking at the existing workforce to work in these areas as well as an additional skill mix.

The Committee:

- **NOTED** the update on the actions against the indicators previously reported to the PPP Committee in November
- **NOTED** the progress to develop a summary dashboard to report the all Wales Primary Care indicators in a more summarised version
- **NOTED** the continued development of the all Wales Primary Care measures

#### **PPP 17/008 WALES AUDIT OFFICE – REVIEW OF OPERATING THEATRES & UHB MANAGEMENT RESPONSE AND THEATRE IMPROVEMENT PROJECT**

Dr Tony Turley, Clinical Director of Perioperative Care gave a presentation on the Wales Audit Office Report, the Theatre Improvement Project and Benchmarking UK and the progress made since the Committee was last updated in November 2016. It was highlighted:

- Theatres had received £860k of replacement equipment but faced a backlog of £3m.
- The metrics were looked at in relation to the utilization of theatres. This provided visibility to what was happening across the patch. They were able to predict what would happen with the ability to track all categories. Discussion was needed on how much could be done within the financial constraints.
- On the day cancellation and medical unwellness was described as having the biggest impact on cancellations and were able to identify where the cases were being cancelled by location. Issues with access to beds and staffing fitness were also cause for concern.
- There were issues with a few of the theatres. These were currently addressed and a plan was in place.
- An theatre estates plan was being developed to refurbish the wards at UHW and UHL.

- There were issues with staff vacancy but a workforce plan was in place with 40 new members of staff to start from May 2017 - Sept 2017.
- The Health Board took part in NHS Benchmarking Theatres Project for England and Wales and feedback from this was described.

The following issues were discussed and noted:

- Assurance was sought to there being a medium term solution around Operating Department Assistants (ODAs) and getting activity through. Members were advised that a recruitment plan was in place.
- The ODA position was UK-wide issue. It was, highlighting when one constraint was solved other issues within the department surfaced. Did not attend (DNAs) were noted to be high but the clinical board had experience resistance to improvement but there was a need to fix the bigger things in the first instance such as ODAs and estates where the impact was greatest. In relation to DNAs processes were in place to ensure that a full theatre list could be undertaken even if a DNA occurred.
- It was noted that increasing theatre utilisation, including reducing cancellations were key to the delivery of RTT.
- It was confirmed that some cancellations were the result of leave. It was noted that the six week notice annual leave policy is in place and that the SCRUM system was in place to manage leave, and the message was being reinforced that the CB, and individuals needed to plan appropriately. Weekly meetings were in place with Directorates to manage lists and annual leave.
- It was acknowledged there were problems with repatriating patients from out of area back to their local hospital, , although this recognised as a system-wide issue. In relation to neurosurgery, it was noted that the health board provides the tertiary rehabilitation for these patients, but more work needed to be done to confirm the point at which it was appropriate for a patient to receive ongoing rehabilitation locally.
- Members stated it would be helpful to see a plan that would take utilisation back up to the position achieved in early 2016.

**ACTION: To present report to new Committee with improvement plan**

- The Committee **NOTED** the presentation and **AGREED** that the plan and monitoring of issues would go forward to the new Committee

*Dr Tony Turley and Team left the meeting 10.35am*

**PPP 17/009 WALES AUDIT OFFICE (WAO) – COMMUNITY NURSING  
WORKFORCE: DISTRICT NURSING**

Mrs Ruth Walker, Executive Nurse Director, presented the WAO report on the Community Nursing Workforce undertaken in 2014 stating all actions identified in report had been completed and taken forward. It was highlighted that district nursing had moved on considerably since 2014. Work had been completed to align to cluster models and there was work ongoing around fully utilizing the resource. PCIC Clinical Board had

revisited the work of district nurses and took this through to the Local Medical Committees (LMC), which was progressing well. The next step will be around the all Wales principles of district nursing and the Health Board was having conversations with the Chief Nursing Officer (CNO) around this.

It was discussed and noted that:

- The community and district nurses were a dedicated group and there was a difference between the role of the two groups. Changes were being introduced on the models of care enabling more patients to be discharged earlier from hospital. It was realised the Community Resource Teams (CRTs) had an impact on demand for district nursing services.
- Ways of training district nurses were being reviewed with the University and Royal College of Nursing. This was to have a programme that was fit for purpose on model based nursing. Due to this the Health Board could face some challenges as there will be a shift in resources. The Health Board offered a 24 hour district nursing service which needed to be maintained.
- There was a need to equip nurses to enable them to use technology. This was to aid lone workers in regard to homes visits and provide more efficient services where records and care plans could be updated electronically. The technology needed to support agile working and the increase monitoring of patients at home.
- In relation to recruitment there was a national shortage of nurses. A number of strategies had been employed to encourage people to apply for roles. The interim Director of Workforce, Organisation and Development had been driving Project 95 with the object of raising the nursing capacity to 95%. This had been achieved in a number of Clinical Boards.
- In response to celebrating the nursing profession, it was stated a biannual conference was held to commemorate their achievements and the amazing work of nurses across the Health Board.

The Committee:

- **NOTED** progress made on all actions and **NOTED** areas of good practice from the Report
- **CLOSED** the item on the Wales Audit Office Tracking Report

*Mrs Ruth Walker left the meeting after presenting report*

#### **PPP 17/011 WALES AUDIT OFFICE (WAO) – MEDICINES MANAGEMENT**

Dr Graham Shortland, Medical Director gave an oral update on the WAO Medicines Management report stating this was monitored regularly through the Medicines Management Group. The report also considered by the Improving Medicines Committee and Health Systems Management Board (HSMB). Updates will continue to be presented every six months.

It was stated that the Wales Audit Office reports are tracked by the Audit Committee and the Director of Corporate Governance distributes the papers to relevant Committees.

**ACTION: A report to be brought to the Resource and Delivery Committee for sign off**

- The Committee **NOTED** the updated item on the Wales Audit Office Tracking Report

**PPP 17/012 IMMUNISATION: UPDATE ON PERFORMANCE AND SCHEDULE CHANGES**

Mrs Fiona Kinghorn gave an update on immunisation performance. It was recognized that the Health Board was the best in Wales but a persistent challenge existed with risk groups under 65 in relation to the flu vaccination. These were a cohort of patients with chronic conditions.

There was a need to try and improve performance against the target, and actions had been taken through cluster work with PCIC, social media. It was noted that the recall mechanisms were also being look at to see how they could be modified to encourage patients to take up vaccinations. There was low uptake amongst teenagers and work was done around understanding the reasons for this. Key to this was the efficacy of the database systems and was currently waiting on new Cypress system with NWIS which was due to be delivered in 2018. This key issue had been escalated to Welsh Government as the timescale was deemed too long.

There will be changes in eligibility to childhood flu vaccination by increasing the age for which this will be offered. A programme of HPV vaccination for men who have sex with men will be introduced and will be delivered through sexual health clinics. In addition, the 5 in 1 vaccination will be increased to 6 in 1 to include hepatitis B.

There was further discussion on behavioural science and how this can have a positive effect in delivery of vaccinations.

The Committee:

- **NOTED** the UHB's current uptake of immunisations and forthcoming changes to the immunisation programme
- **SUPPORTED** the implementation of actions to improve uptake and implement changes to the programme; and provide feedback on any suggested additional interventions

**PPP 17/013 DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP)**

Mrs Abigail Harris, Director of Strategic Planning, gave an oral update on the draft IMTP informing Members that a comprehensive report had been presented to the Board in March. Through the Targeted Intervention mechanism the Health Board was holding ongoing discussions with Welsh Government (WG). There were actions in place to bring down costs and work was underway to identify options to further reduce the deficit. It would therefore be necessary to clarify whether any of these actions would have an

impact on the current IMTP and annual plan. A Targeted Intervention meeting was scheduled with WG to take place shortly and this item will continue to be discussed in the Finance Committee on actions taken and to provide assurance that everything was being done to deliver an improved position.

The message presented to Clinical Boards was the need to deliver their plan and ensure that normal performance mechanisms were being followed through. Members were informed that the transformation work was being progressed and was key to the delivery of the UHB strategy.

It was discussed and noted that:

- Responding to how the strategy could be achieved, it was stated that a piece of work had been completed looking forward to 2026 to set out the key milestones to deliver the strategy. Work was being finalised to firm up the measures against each of the ten strategic objectives set out in the strategy, to ensure that the delivery milestones were completely aligned. The Health Board will be sharing this with Welsh Government (WG) and will reported to the Board.
- Members were informed that WG hold meetings with Wales Audit Office and Health Inspectorate Wales. They will be reviewing the Health Board escalation status in June after the next Targeted Intervention meeting.

The Committee

- **NOTED** the oral update

### **PPP 17/014 UPDATE ON HEALTH ENTERPRISE, ALLIANCE FOR REGIONAL TRANSFORMATION (HEART) PROGRAMME**

Mrs Abigail Harris, Director of Strategic Planning presented the report on the HEART programme. This was in collaboration with the two local authorities and Cardiff University. The partnership was intended to bring together the effort of the four partners in a more coordinated approach. The programme focused on three them: citizen driven services which links with our work on the perfect locality; collaborative infrastructure development (including technology and estate) – including the redevelopment of UHW to provide a fit for purpose modern hospital; and clinical innovation to contribute to generating wealth and improved health.

Members were informed that a report will be brought back to the Board and Strategy and Engagement Committee including an estates strategic plan for the UHB. It was highlighted that the City region was placing clinical innovation as an important component. It was commented that life sciences sector was underdeveloped and there was a need to make improvements in terms of research and clinical innovation. Interest had been expressed from industry partners keen to work with the Organisation.

- The Committee **NOTED** the progress made on the HEART programme

## PPP 17/015 CAPITAL PROGRAMME AND COMPLIANCE REPORT

Mrs Abigail Harris, Director of Strategic Planning presented the report on the Capital Programme and gave an update on the end of year position. An update table on the proposed discretionary capital programme was tabled.

Members were made aware of a number of risks and issues. There was an ongoing problems with the cold water in the Children's Hospital being too hot. There had been discussions with the contractors and major installation flaws had been discovered and needed to be rectified. It was noted that the neonatal development would slip by three months due to the complexity of the programme. It was also noted that the Rookwood full business case had been submitted to WG and would be presented to Board for final sign off. There had been significant additional costs to the programme as a result of increased costs associated with delivery of the scheme which WG was aware of. In relation to statutory compliance work, it was noted that the work programme was behind as it was taking more time to do remedial work.

The draft discretionary programme included funding for an 'Invest to Save' scheme to be introduced. There was uncommitted discretionary capital of £2.4m but it was noted that a number of urgent schemes were still being costed, and it was likely that not all of the schemes identified as urgent were affordable and would need to be prioritised.

It was discussed and noted:

- In relation to neonates it was explained this was not a cost issue but timing element.
- In relation to ongoing risks, the Health Board was compliant with 22 out of 44 risks and confirmed the rating would be reduced. All other projects that has been surveyed will be reprioritised and have an agreed schedule of those deemed important.
- £500k was received for IT capital and in the past this area had obtained end of year expenditure from slippage on the all-Wales capital budget. £3.6m end of year funding had been awarded in 2016/17 but it was noted that funding at this level was not guaranteed each year and that the original plan for IT had identified the need for higher levels of investment.
- The Committee **NOTED** the report and associated annexure

## PPP 17/016 WORKING TOGETHER FOR OUR FUTURE WELLBEING: UPDATE ON THE IMPLEMENTATION OF THE UHB FRAMEWORK FOR WORKING WITH THE THIRD SECTOR

Mrs Fiona Kinghorn, Interim Director of Public Health stated that good progress had been made on the action plan approved for 2016/17. The paper gave a snapshot of what was delivered and introduced the plans for 2017/18. There had been good development of work between primary care clusters and third sector as well as Clinical Boards and third sector. There had been third sector mapping with locality work and each of those came under the four themes of Shaping our Future Wellbeing.

The Committee:

- **NOTED** the end of year progress in delivering the Action Plan for 2016/17 which supports implementation of the UHB Framework for Working with the Third Sector
- **NOTED** the action plan for 2017/18

### PPP 17/016 PROGRESS IN DEVELOPING THE SOFW: IN OUR COMMUNITY PROGRAMME

Mrs Claire Williams, Corporate Strategic Planning Lead, gave an update on Shaping our Future Wellbeing. This was a programme of work called In Our Community which looked at the major infrastructure needed for provision in the community. In the strategy it stated there was a hospital and network of facilities to support care at home and in the community and highlighted the following:

- Improvements had been made how we deliver our universal prevention population health services.
- Improvements on quality of services could be made by working with partner organisations to deliver this more collaboratively and in a coordinated way.
- To improve capacity in the system, we needed to reduce DNAs to release capacity.
- We were unable to provide some of the services because of the inability to utilise our health centre facilities. This was due to the condition of the estates as they were not set up for the services we would want to provide.
- There was a preferred way forward and a preferred solution including a health and wellbeing centre for each locality and a wellbeing hub in each cluster area.
- There was a need to have reassurance around collaboration and the partnership piece of work and to jointly describe how the whole system service model works.
- There was a need to think again in terms of outpatients in relation to what we were doing with each of the outpatient contacts and how they could be stratified in a different way.
- To need to develop the criteria to inform the rationalisation of our estate. To factor in opportunity provided by co locating with the local authority.

It was discussed and noted:

- Clinicians were keen to have more clinical engagement and there was progression in a number of service areas. Those clinicians had seen the opportunity to accelerate or build on opportunities already realised.
- Discussions will be held at Management Executive how to engage and reach agreement with Clinical Boards.
- There had been engagement focussing on the Wellbeing Hubs. One of the key challenges was ensuring that the development of services in the community was done in a way that ensured a reduction in costs of the healthcare system overall, with a shift in resources from the acute hospital sector.
- The Committee **NOTED** the presentation

## PPP 17/017 WORKFORCE AND ORGANISATIONAL DEVELOPMENT DELIVERY PLAN 2016/17: FULL YEAR'S REPORT

Mrs Julie Cassley Interim Director of Workforce and Organisational Development gave a presentation on the delivery of the plan for 2016/17. It was highlighted that:

- The WOD plan fitted in with IMTP and SOFW and was looking in depth at the deliverables and what had been achieved with the five objectives.
- A summary of key successes was described such as 93.6% band 5/6 nurses in post against 95% target.
- There had been a 100% switchover from high premium agency to framework agency and sickness absence was at its lowest rate in six years.
- Key challenges ahead was also described such as maintaining an affordable workforce cost base and reducing avoidable spend and sustaining off contract agencies.
- In April 2016 there were 900 off contract shifts and this was reduced with the hard work of staff and nurse engagement.
- There was positive feedback from patients in relation to Values into Action.
- The values objectives had been reduced from six to four areas and will re-launch the new objectives in the near future. These will be embedded into all processes.
- A detailed WOD plan has gone into the IMTP for 2017/18 and the main objectives was described.

It was discussed and noted:

- The recruitment and retention premium in Mechanical and Electrical Trades was highlighted and understood as being explored on an all Wales basis. Comment was raised that this scheme could open doors for other groups of staff to complain under job evaluation.
- In response it was stated that these were very infrequent and went through a robust All Wales process, ratified through the Wales Partnership Forum. It was also noted that the premium was time limited.
- It was commented that the RAG status was useful showing a huge amount of work that was being done through the WOD team.
- The Committee **NOTED** the presentation

## PPP 17/018 NURSE RECRUITMENT AND RETENTION - MEDICINE CLINICAL BOARD

Mrs Sue Thomas, Head of Workforce and Organisational Development, presented a paper on the nurse recruitment and retention plan in the Medicine Clinical Board, which has a challenging nurse band 5 vacancy position.

A broad range of initiatives used to recruit nurses were explained and stated they were moving forward by introducing interventions through a 'four pronged' approach. Plans on retention and marketing were well underway and a recent success in a recruitment fair/campaign was referred to. The staff had done very well in marketing Medicine as a positive place to work. A plan was also being developed on workforce change in order to underpin the establishment of the nursing workforce as there is a known UK wide nursing shortage gap. The team was confident they were doing all that was necessary to hire and retain.

Although a considerable amount of effort and progress is being made, due to turnover it is estimated that the Medicine Clinical Board will continue to have a gap in band 5 posts. The broader plan was to review the workforce models around the needs of the patient and acuity of service. CNO standards will be observed. It was anticipated that through such service redesign there would be an opportunity to identify areas where it is possible to have a different skill mix around the patient and a further opportunity to realign establishments to assist in improving the overall vacancy position.

It was discussed and noted:

- Concerns were raised whether this would bypass CNO standards. It was commented that international evidence showed a decrease of qualified nurses had proved to increase morbidity and mortality. However, it was recognised that other evidence was informing the development of the ward model developed as part of BIG1.
- In relation to compliance with the new Act there is a working group being led by the Deputy Nurse Director which is overseeing the implementation of the CNO standards, to ensure the Organisation is compliant.
- This was a much wider issue as there were issues with beds being open that were unable to be staffed.
- Staff Representative stated union members had expressed misgivings working on wards with only one qualified nurse and concerned they could become deskilled.
- The workforce change model had not yet been developed and emphasis placed on the service model would need to be agreed. This would be developed in partnership with staff and trade union engagement.
- The development of the Healthcare Support Framework was in place. Healthcare Support Workers accounted for 40% of our nursing workforce. It was stated that the workforce and healthcare was changing and there was a need for transformation.
- It was commented that perhaps one of the mechanisms not explored was a Retention and Recruitment Premium (RRP) as staff representatives felt benefits had been eroded over the years and that working in this area was not so attractive.
- There was a need to have a plan in five years in order to have enough qualified nurses.

The Committee:

- **NOTED** and **SUPPORTED** the plan

*Sue Thomas left the room at 12.35*

## PPP 17/019 APPROVAL OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT POLICIES

The Committee:

- **RATIFIED** Chair's Action to adopt the All Wales Organisational Change Policy
- **RATIFIED** Chair's Action to amend the Relocation Expenses Policy
- **ADOPTED** the revised All Wales Recruitment and Retention Payment Protocol
- **ADOPTED** the revised All Wales Employment Break Policy
- **ADOPTED** the revised All Wales Disciplinary Policy and Procedure
- **RESCINDED** the Protection of Pay and Condition of Service Policy so that all cases with effect from 1 April 2017 are managed under the Organisational Change Policy

It was highlighted:

- The Recruitment and Retention Payment names and address was incorrect.
- It was stated that since the adoption of an All Wales scenario the Workforce and Organisational Development policies were eroding at the terms and conditions of staff and the Health Board was no longer deemed an employer of choice.

## PPP 17/020 CONTINUING HEALTHCARE REPORT

The Continuing Healthcare Report was **RECEIVED** and **NOTED** for information. Mr Robert Chadwick, Director of Finance, stated that in the previous financial year the Health Board gave an uplift to home care providers of up to 8% to recover some of the anomalies on the understanding that we would start fresh going forward. This year the providers were given 2% which was passed on straight from Welsh Government. Some of the Welsh providers no longer recognized the 8% uplift and were asking for an additional 14%. It was stated the Health Board had worked constructively over the last two years with providers to get to current position and there was a need to work through process.

## PPP 17/021 WORKFORCE PERFORMANCE INDICATORS

The Committee **RECEIVED** and **NOTED** the report. It was stated that there were some anomalies in the outliers that needed to be discussed at another meeting. Members were informed that there had been a great deal of manual intervention as well as NWIS changing the system. This was not always within the Organisations' control but would provide an updated position at next Resource and Delivery Committee.

**ACTION:** To provide Resource and Delivery Committee with an update report in relation to the outliers

## PPP 17/022 MINUTES OF SUB-COMMITTEE MEETINGS

The unconfirmed minutes of the Information Management and Technology sub-Committee were **RECEIVED** and **NOTED**.

## PPP 17/023 LEGACY REPORT AND HANDOVER

The Chair commented more detail was needed in the Legacy Statement.

Concern was noted that being the last meeting, there were no dates in place for the start-up of the two new Committees especially in regard to how this will affect Tier 1 follow-up and other issues related to the Committee.

The Committee

- **CONSIDERED** and **NOTED** the Legacy Statement

## PPP 17/024 REVIEW OF THE MEETING AND ITEMS TO RAISE WITH THE BOARD

- The utilisation of theatres
- RRP where other groups could come forward and asked to be treated equally

**PEOPLE, PLANNING AND PERFORMANCE COMMITTEE****ACTION LOG – 16 MAY 2017**

<b>MINUTE</b>	<b>DATE</b>	<b>SUBJECT</b>	<b>AGREED ACTION</b>	<b>ACTIONED TO</b>	<b>STATUS</b>
PPP 17/006	16.05.17	Year End Referral To Treatment Time Update	Due to the lack of information in report on Mental Health Services, for this to be followed up	L Davies	
PPP 17/006	16.05.17	Year End Referral To Treatment Time Update	To consider report on outpatient follow-up improvement plan, with key milestones for delivery	Resource & Delivery Committee	
PPP 17/018	16.05.17	WAO – Review of Operating Theatres & UHB Management Response and Theatre Improvement Project	To present report to new Committee with improvement plan	Resource & Delivery Committee	
PPP 17/011	16.05.17	WAO – Medicines Management	A report to be brought to the Committee for sign off	Resource & Delivery Committee	
AC 17/010	24.04.17	WAO – Radiology Report	Audit Committee asked for report to be monitored and reviewed by its successor Committee. Will also be monitored by Audit Committee through Tracking Report	Resource & Delivery Committee	Matt Temby to provide report for November meeting.
Management Executive Meeting	22.05.17	Employee Relations Case	ME agreed that there were no additional resources and SC would support JC with the message that CBs had to release	S Curry / J Cassley	Report brought to ME at the request of PPP as investigations taking too long to investigate and

			the trained staff in a timely manner to manage these cases.		management of disciplinary cases. PPP had hoped additional resources could be made available for investigating the 62 ongoing cases.
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# Resources and Delivery Committee

## Terms of Reference and Operating Arrangements

Draft: Version 2

## 1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that “*The Board may and, where directed by the Assembly Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*”.
- 1.2 In line with Standing Orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Resources and Delivery Committee**. The detailed Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of UHB responsibilities for Clinical Performance and Workforce. This encompasses the delivery and performance management of services, including those delivered in partnership with other agencies. It will also include key statistical indicators and performance management information associated with the UHB workforce.

## 2. PURPOSE

- 2.1 The purpose of the Resources and Delivery Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place-through the design and operation of the UHB’s assurance framework. It will also support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

In particular the Committee will monitor and receive assurances in respect of the following:

- the delivery of Welsh Government Delivery Framework and other priority targets
- Workforce key indicators, organisational development and performance

The Committee will seek assurance on:

- arrangements that are appropriately designed and operating effectively to ensure the provision of high quality, safe health services and that the health and well-being of the population are being improved.
- management action where the mitigation of risk and /or performance is not in line with target, and to ensure that action plans are implemented.

### 3. DELEGATED POWERS OF AUTHORITY

- 3.1 The Committee will, in respect of its **provision of advice** to the Board act as strategic partner to oversee delivery of programmes of work, including performance management of operational teams:

#### A PERFORMANCE

- To give early consideration to key service and operational issues which may impact on the delivery of Health Board plans in relation to workforce and IM&T
- To oversee the ongoing development of the Integrated Performance Report?
- To seek assurance that the measures incorporated in the Board report meet the requirements of external stakeholders
- To seek assurance that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support operational management of the organisation
- To review in detail any major performance variations, in order to obtain assurance on behalf of the Board as to the effectiveness of corrective actions and associated governance arrangements
- To receive regular reports on the Clinical Board Performance Reviews
- To oversee and monitor the Health Board Performance review?
- To monitor performance where Welsh Government or other external bodies have raised concerns
- To Monitor performance where specific targets have been set by Welsh Government or where there are specific issues

#### B WORKFORCE AND ORGANISATIONAL DEVELOPMENT

- Advise on the strategic workforce issues as set out in Shaping Our Future Wellbeing (SOFW) and ensure these are reflected in the Integrated Medium Term Plan (IMTP)
- Consider the implementation of and performance against the WOD Delivery Plan and Objectives, ensuring it is aligned to the Board's overall strategic direction, Prudent Healthcare, and with any requirements and standards set for NHS bodies in Wales;
- Consider Organisational Development implications and advise in the development of plans required to deliver the change in culture, leadership and processes required by the UHB

- Consider the implementation of and performance against Fair Care – the UHBs Strategic Equality Plan (SEP);
- Consider and approve policies as determined by the Board;
- Consider and approve Equality, Diversity & Human Rights and Welsh language Plans and Reports as delegated by the Board.

- 3.2 The Committee will, in respect of its **assurance** role, seek assurances that governance (including risk management) arrangements are properly designed and operating effectively to ensure the delivery of the Performance and Workforce and OD agenda are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the UHB's activities.

To achieve this, the Committee's programme of work will be designed to ensure that:

## B WORKFORCE AND ORGANISATIONAL DEVELOPMENT

- Key workforce performance indicators to support delivery are monitored: including vacancy, turnover, sickness, appraisal, statutory/mandatory training and paybill;
- The workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration / revalidation requirements are maintained;
- There are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision;
- Opportunities to review the transformation of the workforce in line with SOFW are in place and utilised;
- The Health Board is monitoring and enhancing staff engagement, focusing on Health and Wellbeing and values and behaviours;
- The Staff Survey is reviewed and plans to achieve a highly motivated and engaged workforce to enhance the quality of patient care are implemented ;
- That the Health Board is compliant with relevant Employment law, terms and conditions and best practice

- 3.3 The Committee will regularly review the high risks associated with its functions and to receive actions and mitigation to reduce these risks

## Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

## Access

- 3.6 The Chair of the Committee shall have access to Executive Directors and other relevant senior staff.

## Sub Committees

- 3.7 The Board has approved the following sub-Committees:
- Information Governance sub-Committee
  - Information Management and Technology sub-Committee
- 3.8 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

## 4. MEMBERSHIP

### Members

- 4.1 A minimum of three (3) members, comprising:

Chair	Independent Member of the Board
Members	A minimum of 2 other Independent Members of the Board

The committee may also co-opt additional

independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

### **Attendees**

4.2 The following officers are required to be in attendance:

- Chief Operating Officer (Lead Executive)
- Director of Workforce and OD (Lead Executive)
- Director of Public Health
- Executive Nurse Director
- Director of Therapies and Health Sciences
- Director of Corporate Governance
- Trade Union Representative from Local Partnership Forum

Other Executive Directors or deputies should attend from time to time as determined by the Committee Chair.

By invitation:

The Committee Chair may extend invitations to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

### **Secretariat**

4.3 Secretary: as determined by the Director of Corporate Governance

### **Member Appointments**

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

### **Support to Committee Members**

4.5 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

## 5. COMMITTEE MEETINGS

### Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

### Frequency of Meetings

- 5.2 Meetings shall be held quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of the Board Business.

### Withdrawal of Individuals in Attendance

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - sharing of information
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 6.3 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example, public health, equality, diversity and human rights through the conduct of its business.

## 7. REPORTING ARRANGEMENTS AND ASSURANCE

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.2 The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

## 8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## 9. REVIEW

9.1 These Terms of Reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

<b>PEOPLE, PLANNING AND PERFORMANCE COMMITTEE LEGACY STATEMENT</b>	
People, Planning and Performance Committee	16 May 2017
<b>Executive Lead</b> : Executive Director of Strategic Planning	
<b>Author</b> : Director of Corporate Governance	
<b>Caring for People, Keeping People Well</b> :	
<b>Financial impact</b> : Not applicable	
<b>Quality, Safety, Patient Experience impact</b> : (if applicable)	
<b>Health and Care Standard Number</b> ... The Standard Number can be found <a href="#">here</a> The full Standards document can be found <a href="#">here</a>	
<b>CRAF Reference Number</b> ..... This can be found <a href="#">here</a>	
<b>Equality and Health Impact Assessment Completed:</b> Yes / No / Not Applicable If “yes” provide copy of EHIA. This will be linked to the report when published.	

<p><b>ASSURANCE AND RECOMMENDATION</b> this will provide the basis of the minute</p> <p><b>ASSURANCE</b> is provided by setting out key achievements since the establishment of the Committee and proposals for ensuring that key issues remain on the agenda of the new Committees.</p> <p>People, Planning and Performance Committee and is asked to:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDER</b> and <b>NOTE</b> the legacy statement</li> </ul>
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## SITUATION

The purpose of this statement is to ensure continuity of activities that currently come under the remit of People, Planning and Performance Committee when these are transferred to the two newly established Committees, Strategy and Engagement and Resource and Delivery Committees.

The activities covered by this legacy statement have been set out in relation to the portfolios of individual Executive Directors in line with PPP Committee’s Terms of Reference. In essence, it is anticipated that all work not completed at the time the PPP Committee is dissolved will be transferred wholly to either the Strategy and Engagement or Resource and Delivery Committees. The core of this legacy statement is to highlight specific reports that the new Committee members can expect to receive in future meetings.

The recommendations set out in this report can be summarized as follows:

**The Strategy and Engagement Committee should oversee:**

1. Development of the Health Boards commissioning plans to meet the identified population health needs
2. Development of the Health Boards Integrated Annual and Medium Term Delivery Plans
3. Development and approval of business cases
4. Monitoring of Strategic Service Developments
5. Oversee and review service change
6. Oversee the work of the Information Management and Technology sub Committee
7. Oversee the work of the Information Governance sub Committee
8. Alignment of Health Board plans with partnership plans developed with Local Authorities, Universities and other public sector organisations
9. Commission citizen centred health and healthcare, in accordance with the health needs of the population
10. Provide Public Health reports in accordance with the health needs of the population
11. An annual refresh of the local Public Health plan as part of the IMTP
12. Monitor and review achievements against the Health Board plans and strategic objectives
13. Receive reports on the All Wales and Discretionary Capital funded programmes.
14. Receive Capital Planning and Compliance reports
15. Review and Monitor the Integrated Unscheduled Care Plan
16. Review of arrangements for monitoring and managing Service Level Agreements (SLAs)
17. Oversee and monitor the management of Corporate Risks that relate to this Committee's agenda

**The Resources and Delivery Committee should oversee:**

1. Approval/rescinding of employment policies (remembering that procedures and guidelines can be approved by EPSG so it is only policies which need to go to Committee)
2. Reporting of suspensions which are more than 4 months as per Disciplinary Policy
3. Approval of Annual Equality Statement and Report
4. Approval of Welsh Language reports
5. Workforce and Organisational Development Delivery Plan
6. Reporting of Wales Audit Office Reports and Management Response
7. Clinical Board Updates
8. Reviewing, monitoring and improving UHB performance against specific performance measures to include:
  - a) Clinical Board Updates
  - b) Referral to Treatment Time

- c) Theatre Improvement Project
  - d) New Primary Care Measures
  - e) Performance management review of Clinical Board Performance and review of Performance Management Framework
  - f) Out of Hours
9. Provide a suite of performance and assurance measures to assess delivery against integrated plans and objectives
  10. Provide assurance and ensure the UHB has strong performance management and accountability arrangements in place
  11. Oversee and monitor the management of Corporate Risks that relate to this Committee's agenda



## RESOURCE & DELIVERY COMMITTEE 2017/18

### SCHEDULE AND AGENDA SETTING MEETINGS

<b>AGENDA SETTING MEETING</b> ALL MEETINGS TO BE HELD IN	<b>DEADLINE FOR PAPERS</b> REQUIRED TO BE SIGNED OFF BY LEAD EXECUTIVE TO BE RECEIVED BY NOON ON DATE SPECIFIED	<b>RESOURCE &amp; DELIVERY COMMITTEE</b> To COMMENCE AT 9.00AM CORPORATE MEETING ROOM, HQ, UHW
No Meeting	No papers to be submitted	Tuesday, 8 August 2017
Monday, 2 October 2017: 12–1pm	Monday, 23 October 2017	Tuesday, 7 November 2017
Tuesday, 19 December 2017: 9–10am	Monday, 15 January 2018	Tuesday, 30 January 2018
Tuesday, 3 April 2018: 9–10am	Monday, 23 April 2018	Tuesday, 8 May 2018
Tuesday, 3 July 2018: 9–10am	Monday, 23 July 2018	Tuesday, 7 August 2018
Tuesday, 2 October 2018: 9-10am	Monday, 22 October 2018	Tuesday, 6 November 2018
Monday, 31 December 2018: 9-10am	Monday, 21 January 2019	Tuesday, 5 February 2019

