

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
1.30 – 4.00pm on Tuesday 24 September 2019
Nant Fawr 1, Ground Floor, Woodland House, Maes y Coed Road, Cardiff,
CF14 4HH

AGENDA

PART 1: ITEMS FOR DISCUSSION		
1 1.30pm	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
PART 1: ITEMS FOR DISCUSSION		
4 1.35pm (10 mins)	Minutes and Matters Arising from the SRG meeting on 24 July 2019	Chair
5 1.45pm (10 mins)	Feedback from Board <i>To receive feedback from the Board meeting of 25 July 2019</i>	Nicola Foreman Director of Corporate Governance
Deliver Outcomes that Matter to People		
6 1.55pm (30 mins)	Patient Questionnaire <i>To receive a presentation and discuss the key themes identified from patient questionnaires</i>	Angela Hughes Assistant Director of Patient Experience
Culture and Values		
7 2.25pm (45 mins)	Amplify 2015 <i>To receive a presentation on the roll out of 'Amplify 2015' – a culture and leadership programme aimed at getting staff to think differently about delivering healthcare - and to seek the SRG's views on how partners can support this work</i>	Martin Driscoll Executive Director of Workforce and Organisational Development
3.10	10 minute COMFORT BREAK	
Sustainability		
8 3.20pm (35 mins)	Integrated Medium Term Plan 2020-21 Priority Setting <i>To receive a presentation on the UHB's IMTP priority setting process and seek the SRG's views on the emerging priorities.</i>	Chris Dawson-Morris Corporate Strategic Planning Lead
Our Service Priorities		
	No items	

**PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER
REFERENCE GROUP**

1	Next Meeting of SRG 1.20pm-4pm, 27 November 2019 Nant Fawr 1, Woodland House	
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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 24 JULY 2019, NANT FAWR 1,
WOODLAND HOUSE**

Present:

Richard Thomas
Duncan Azzopardi
Sarah Capstick
Liz Fussell
Julie Goodfield
Zoe King
Paula Martyn
Geoffrey Simpson

Care & Repair Cardiff and the Vale (Chair)
Cardiff University
Cardiff Third Sector Council
UHB Volunteer
South Wales Fire and Rescue Service
Diverse Cymru
Independent Care Sector
One Voice Wales

In Attendance:

David Allison
Mike Bond
Nicola Foreman
Abigail Harris
Angela Hughes
Fiona Jenkins

General Manager, Integrated Medicine, UHB
Director of Operations, Surgery Clinical Board, UHB
Director of Corporate Governance, UHB
Director of Strategic Planning, UHB
Assistant Director of Patient Experience, UHB
Executive Director of Therapies and Health Science, UHB

Anne Wei
Keithley Wilkinson

Strategic Partnership and Planning Manager, UHB
Equalities Manager, Cardiff and Vale UHB

Apologies:

Posy Akande
Sam Austin
Shayne Hembrow
Steve Jones
Steve Murray
Jason Redrup

Carer
Young Persons
Independent Housing Sector
South Wales Police
South Wales Police
South Wales Police

Secretariat:

Gareth Lloyd, UHB

SRG 19/32 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and Julie Goodfield and Zoe King were introduced to the Group.

SRG 19/33 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Wendy Orrey.

SRG 19/34 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 19/35 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 16 MAY 2019

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 16 May 2019.

Thoracic Surgery

Abigail Harris reminded the SRG that the UHB had sought assurance about the consultant job plans in particular the availability of on call thoracic surgeons for the Major Trauma Centre (MTC) service at UHW which would commence in April 2020. The Community Health Council was also seeking assurance that a safe MTC service could be provided. The Medical Directors of Cardiff and Vale and Swansea Bay UHBs had identified a need for 8 consultant thoracic surgeons and this had been agreed in principle. Cardiff and Vale UHB would therefore be appointing an additional thoracic surgeon in time for the commencement of the MTC service.

SRG 19/36 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 30 May 2019.

Nikki Foreman highlighted some of the key issues discussed.

- The 'Patient Story' had been about maternity care. It had demonstrated strong working between the multi-disciplinary team and the patient had felt she had been fully supported.
- The UHB had looked at its compliance against the recommendations in the report of the independent review into Obstetric services in Cwm Taf Morgannwg UHB. The UHB had concerns about compliance with just two of the seventy recommendations. Cardiff and Vale UHB was seeing an increase in demand for its Obstetric services as a result of the adverse publicity surrounding the Cwm Taf Morgannwg UHB service and this was having an impact on the service in Cardiff and the Vale.

- The Health Inspectorate Wales (HIW) Annual Report had been broadly positive. It concluded that where improvements had been required the UHB was good at implementing them. Further work was required on several GP practices and some of its hospital settings. One of the more negative reports was on the UHB Emergency Unit and the UHB was addressing the findings.
- Patient Safety – The number of serious incidents had decreased and all were discussed by the Management Executives on a weekly basis. There were just two never events.
- Performance – Improvement was reported in 22 of the 26 measures. The 4 and 12 hour waiting time targets in the Emergency Unit were not being met but performance was better than most Welsh Health Boards.
- At the end of month one the UHB was circa £600k overspent and £3.13m adrift of its cost improvement target at the time of the meeting.
- Transformation Programme – five programmes will be visualised.
- Nurse Staffing Act – The requirements were being met with the exception of mental health nursing where there were recruitment problems.

Abigail Harris reported that the estates backlog maintenance was circa £300m yet the UHB received just £17m discretionary capital funding per annum. This presented a significant challenge.

Nikki Foreman agreed to provide a written summary for future meetings.

Action: Nikki Foreman

Before the next part of the meeting Abigail Harris set the context for the presentations. The UHB's Shaping Our Future Wellbeing Strategy published in 2015 was based on four principles: empower the person; home first; outcomes that matter to people; and avoid harm, waste and variation. A Healthier Wales published in 2018 echoed these principles but refers to the need to accelerate the pace of change. The emphasis will be on providing an increasing number of services in or near peoples' homes and outside of acute hospitals and the three presentations are different components of this transformation. The Integrated Medium Term Plan sets out how the UHB will deliver its Strategy over the next three years and over the coming months the UHB would also be engaging on an overarching Clinical Services Plan.

The SRG **RECEIVED** a presentation from Fiona Jenkins on the ideas emerging from the draft Rehabilitation Strategy.

Workshops had been held with clinical staff across the UHB and colleagues in both local authorities. The thoughts and ideas of stakeholders was now sought on how the Strategy could be made real for 'Wyn' and the citizens of Cardiff and the Vale of Glamorgan.

The SRG was informed that although the focus was on 'Wyn', the Strategy was for children as well as adults. The focus of the Strategy is to enable people to maintain their health and wellbeing at home and in their communities.

The SRG made a number of observations

- There should be specific reference to carers as they frequently play a key role in rehabilitation.
- 'Wyn' needs to be the prominent figure at the centre of the diagram rather than the house.
- The visuals are good but the language should be simpler.
- The colour scheme is too dark and fussy.
- A fire station should be included in the diagram as they now provide 24/7 advice on a range of issues.
- Integration and interface between the different providers and elements will be key and will require clear management. Abigail Harris reported that colleagues from Canterbury had observed that in Cardiff and the Vale there is a tendency to talk about organisations rather than systems which can have many different providers. There must be clear pathways between all organisations.
- Advocacy services should be included. Fiona Jenkins explained that once the Strategy had been agreed it would be developed into an interactive tool whereby people could click on the pictures to reveal additional information including information on support groups.
- The pictorial representation of 'Wyn' must be consistent across all the UHB's materials.

Fiona Jenkins explained that the intention was to complete the Strategy by the end of August and she would welcome any further comments for the SRG or their organisations before then.

Action: SRG

The SRG **RECEIVED** a presentation from David Allison on proposals to improve the pathway for frail older people in the Vale of Glamorgan. The proposals were being tested with the SRG in advance of the formal engagement process.

The SRG was informed that it is projected that the number of people aged over 85 in the Vale will increase by 15% in the next five years and by 40% in the next ten years. Based on frailty the demand for services will increase by 31% over the next ten years.

Care for frail elderly people in the Vale is currently provided as follows:

UHL

- Elderly Care Assessment Service,
- Day Hospital
- Four 'Care of the Elderly' wards

Barry Hospital

- Sam Davies Ward

At present ongoing care needs are assessed in hospital leading to significant delays in discharge. This leads to clinical deconditioning with the result that care needs will actually increase. The proposal being tested through engagement is to close Sam Davies Ward and establish UHL as the centre of excellence for older people. Two of the four wards at UHL are likely to become 'discharge to assess' wards. People for whom it would be unsafe to return home straight away would be transferred to a 'discharge to assess bed' for ongoing recovery and rehabilitation and have their care needs further assessed. 'Discharge to Assess' assessments more accurately reflect care needs and reduce over prescribing of home care as patients have not become deconditioned. The wards will be less clinical and staff would need to be retrained in terms of using a self-care model to support patients with their independence. The 'discharge to assess' model has been used in England for 5-6 years and has also been introduced in St David's Hospital.

The SRG made a number of observations

- Could it be a 'prototype' for the wider Rehabilitation Strategy.
- There is a lot of support for Sam Davies ward and Barry Hospital in general and proposals to close facilities there will face significant opposition.
- The needs of carers in the western Vale should be considered
- Accessibility would be an issue.
- It will be important to emphasise that Barry Hospital is not closing and at the same time outline the future proposals for the site.

- Home care service capacity will have to be increased. David Allison suggested that reducing over prescribing would potentially free up some more home care capacity.

Keithley Wilkinson reported that an Equality Health Impact Assessment (EHIA) was being developed which would address some of the issues that had been raised by the SRG.

David Allison thanked members for their suggestions which would help with ensuring that issues that the public are going to be interested in are addressed in the engagement document and the frequently asked questions section of the engagement materials.

Action: David Allison

Anne Wei explained that the proposals would be subject to a formal eight week engagement process. The proposals would be brought back to the SRG in September as part of this process. There would be a public workshop with clinicians and public/stakeholders to test the thinking and the SRG would be asked to assist with publicising this event and the engagement as a whole.

SRG 19/39 DRAFT STRATEGIC EQUALITY PLAN

Keithley Wilkinson explained that the UHB had a legal duty to produce a Strategic Equality Plan every four years. The next Plan would cover the period 2020-2024 and the SRG was being asked for its views on this next iteration.

The current Plan has four objectives

- People are and feel respected (this includes patients, carers and family members as well as staff)
- People are communicated with in ways that meet their needs (whether this is through leaflets, face to face, signage, Welsh or other community languages including British Sign Language)
- More people receive care and access services that met their needs (including those from disadvantaged communities)
- Gender and any other protected characteristic pay gaps are reduced.

The UHB has developed one year action plans and has met these four objectives. The intention is to add two further objectives: one from 'Is Wales Fairer 2018' and one relating to the Deputy First Minister's announcement on the socio economic impact of policy.

The SRG suggested that the UHB should ensure that the equalities agenda is embedded in everything that it does.

Keithley Wilkinson informed the SRG that a much more inclusive approach would be taken and the word 'inclusive' would be contained in the title of the Strategy.

Keithley Wilkinson agreed to include the minor changes to the current four objectives suggested by the SRG in the draft Strategic Equality Plan 2020-24. The draft would be circulated to the SRG for comment.

Action: Keithley Wilkinson / All

**SRG 19/40 DAY SURGERY AT UNIVERSITY HOSPITAL
LLANDOUGH**

The SRG **RECEIVED** a presentation from Mike Bond on proposals to deliver more non-complex surgery at UHL.

The SRG was informed that non-complex relates to the fitness of the patient rather than the complexity of the surgery. Although there were approximately 10,000 surgical treatments at UHL per annum it was not being used to its full potential. The UHB was looking at how this potential could be realised. Another issue was that a significant proportion of noncomplex surgery cases were cancelled at UHW due to priority necessarily being given to urgent unscheduled surgery. This would not be an issue if non-complex surgery was undertaken at UHL as there is no unscheduled surgery undertaken there.

The SRG made a number of observations and posed several questions

- Do the proposals relate to children? Mike Bond clarified that the proposals did not relate to paediatric surgery and agreed to make this clear in the engagement document.

Action: Mike Bond

- Will staffing levels have to increase at UHL? Mike Bond explained that the workforce would have to increase at UHL. There is a theatres workforce strategy across the UHB which take into account all proposed developments at UHL and UHW.
- What will be the impact on medical students? Mike Bond explained that the noncomplex theatre lists would initially be undertaken by consultants but in time there could be sessions for students. A workshop on 2 August would consider the Surgery Services model within the UHB and a large component of the discussion would be on medical cover.
- Engagement would be required with the local communities around UHL and UHW on all the strategic proposals for site developments.

- Parking at UHL would be an issue. The recent introduction of the Park and Rise service at UHL was highlighted.
- What would be a realistic percentage of surgery cancellations? Mike Bond suggested that halving the current 25% in Ear, Nose and Throat Surgery should be easily achievable and he hoped it would be nearer 5%-10%.

The formal engagement would commence imminently and conclude before the SRG's next meeting. It was agreed that a link to the engagement web page would be circulated to SRG members once engagement had commenced, for members to circulate within their own networks and contacts.

Action: Anne Wei / All

The outcome of the engagement would be brought back to the SRG at a later date.

SRG 19/41 NEXT MEETING OF SRG

1.30pm-4pm, 24 September 2019, Nant Fawr 1, Woodland House.

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD
BOARD MEETING
To be held on 25 July at 1.30pm**

WOODLAND HOUSE, GROUND FLOOR, NANT FAWR 1&2, HEATH

AGENDA

PATIENT STORY - Independent Living Service (Sarah McGill, Abigail Harris)		
1	Welcome & Introductions	Maria Battle
2	Apologies for Absence	Maria Battle
3	Declarations of Interest	Maria Battle
4	Minutes	
4.1	Minutes of the Board Meeting held on 30 May 2019	Maria Battle
5	Action Log – 30 May 2019	Maria Battle
6	Chairs Action taken since last meeting	Maria Battle
7	Items for Review and Assurance	
7.1	Chairs Report	Maria Battle
7.2	Chief Executive Report	Len Richards
7.3	Patient Safety, Quality and Experience Report	Ruth Walker
7.4	Performance Report including Adult Mental Health Compliance Rates	Len Richards
7.5	Amplify 2025 Presentation	Steve Parnell Presentation
7.6	Board Assurance Framework & Corporate Risk Register	Nicola Foreman
7.7	Integrated Medium Term Plan 2020/2023	Abigail Harris
7.8	Major Trauma Centre Progress Report	Abigail Harris
8	Items for Approval/Ratification	
8.1	Risk Management and Board Assurance Framework Strategy	Nicola Foreman
8.2	Welsh Language Policy	Martin Driscoll
8.3	The Director of Corporate Governance Report	Nicola Foreman
8.4	Board Development Plan	Nicola Foreman
8.5	Committee Minutes: <ul style="list-style-type: none"> i. Quality, Safety and Experience Committee – April 2019 ii. Finance Committee – May 2019 iii. Strategy and Delivery Committee - April 2019 iv. Health and Safety Committee – May 2019 v. Charitable Funds Committee – March 2019 vi. Mental Health and Capacity Legislation – February 2019 	Susan Elsmore John Antoniazzi Charles Janczewski Michael Imperato Akmal Hanuk Charles Janczewski

	Advisory Group Minutes: vii. Local Partnership Forum – April 2019	Martin Driscoll
9	Items for Noting and Information	
9.1	Reports from Committee and Chairs: <ul style="list-style-type: none"> i. Audit Committee – May 2019 ii. Quality, Safety and Experience Committee – June 2019 iii. Finance Committee – June 2019 iv. Strategy and Delivery Committee – June 2019 v. Charitable Funds Committee – June 2019 vi. Health and Safety Committee – July 2019 vii. Mental Health and Capacity Legislation – June 2019 Reports from Advisory Group Chairs: <ul style="list-style-type: none"> viii. Local Partnership Forum – June 2019 	John Union Susan Elsmore John Antoniazzi Charles Janczewski Akmal Hanuk Michael Imperato Charles Janczewski Martin Driscoll
10	Agenda for Private Meeting:	
	Clinical Claim Approval	Ruth Walker
11	Review of the Meeting	Maria Battle
12	Date and time of next Meeting	
	Thursday 26 th September at 1.00pm Woodlands House, Ground Floor, Nant Fawr 1, 2 and 3	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

Report Title:	Amplify 2025				
Meeting:	Strategy and Delivery Committee			Meeting Date:	10.09.19
Status:	For Discussion	For Assurance	For Approval	X	For Information
Lead Executive:	Chief Executive (Culture) Executive Director of Workforce and OD (Leadership)				
Report Author (Title):	Assistant Director of Organisational Development				

SITUATION

Cardiff and Vale University Health Board (CAVUHB) have signed a learning alliance with Canterbury Health Board (CHB) from New Zealand. CHB have made significant cultural and system improvements during the past ten years which have positively impacted on how patients move through their 'joined up' services, consequently improving outcomes. These changes have benefitted staff moral and improved the culture within CHB to a high trusting environment, with a person centered approach.

Working collaboratively with CHB, CAVUHB have designed a similar program of work to develop our own health system for the benefit of patients and staff. The recent 'Amplify2025' engagement event was the first step in this process. 'Amplify 2025' enabled eighty of the highly engaged leaders at CAVUHB to think differently about delivering healthcare, ensuring we put the person "Wyn" at the heart of all our decision making. Amplify 2025 was designed to complement the current ten year strategy and strategic clinical service plan.

The term "Amplify" is an umbrella term to encapsulate all of the work that is being delivered around the culture and leadership agenda, which includes value base recruitment / appraisals, talent and succession planning, leadership styles and the climate it creates, inclusion and health and wellbeing.

The next stage is to increase the number of staff exposed to this new thinking, allowing them to take part in the design of health services for the future. The Health Board is in the process of establishing a 'Showcase' experience at which up to five thousand of our staff, partners in the community, patients, families, suppliers and other visitors will be invited to attend. Showcase will be a two hour experiential walk through our system, incorporating both current and future models of delivering care.

In line with the Wellbeing and Future Generation Act 2015 and to build on Wales being a cohesive community, we have collaborated with Cardiff and Vale College to assist us in developing the showcase. Students from a wide range of curriculums will be working in partnership on the design and build for the showcase event. Construction students will be utilising their skills to build "Wynn's" house. A local technology company '4Pie' is supporting the event, providing new technology which will enhance the overall experience of 'Showcase'.

The showcase venue will be leased for six months. The design and build of the showcase will take approximately 12 weeks with the experiential walk through running for six weeks, enabling up to 5200 staff to participate in facilitated groups of ten. There is the potential to extend the lease of the property if the event proves to be a success.

BACKGROUND

CAVUHB developed the 'Shaping Our Future Wellbeing Strategy' in 2015. This document is a ten year plan which sets out the vision of 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. The showcase is designed to amplify the awareness and pace of this strategy, ensuring its delivery by 2025. The showcase will facilitate maximum engagement with our staff, allowing them to be part of the design process for our future healthcare system. To achieve this vision and ensure that the right service is in the right place for our patients i.e. as close to home as possible, we need to radically rethink how we deliver these services, therefore, we need to engage our staff and stakeholders to plan how we achieve this.

ASSESSMENT

This methodology is tried and tested at CHB, who have run two showcase events over the past ten years. The results of this process in CHB is visible in the highly engaged staff, who all talk about the health system as a whole and that they all feel empowered to 'make it better'. CAVUHB have worked with key architects from Canterbury to design the Amplify 2025 and Showcase events. 'Amplify 2025' was a great success, with all those that attended enthused about the future. Showcase is the next stage of the work program which will support the delivery of our vision for the future.

The benefits of showcase at CHB far outweighed the costs. The matrix below highlights the indicative benefits that can be gained from the showcase event

Measurable Benefit	Baseline	Target
Number of individuals who participate in the "Amplify" engagement event	Collated in June 2019	80 (July 2019)
Number of individuals who participate and go through the showcase social mobilisation	2,500 (NZ)	5200 (Dec 2019)
Leadership styles - a decrease in a dominance directive style to an enabling coaching style through the climate which is created through the UHB	Collated in June 2019	Reevaluated in June 2020
Reduction in absenteeism	Accumulative 12 months 5.18% (June 2019)	4.6% (2020)
Percentage of employees undertaking the staff survey	23% (Autumn 2018)	50% (Autumn 2020)

ASSURANCE is provided by: Len Richards Chief Executive

RECOMMENDATION

The committee is asked to support and promote the Culture and leadership enabler and champion the ambition of Amplify 2025

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

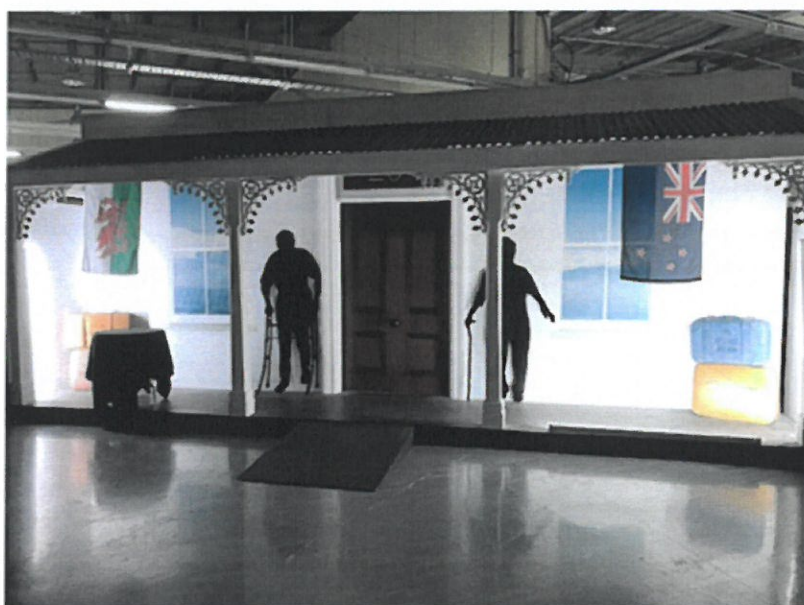
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.

Appendix 1 - Examples from the CHB showcase



Aç



Aging Room - Our Burning Platform







Giving feedback and signing up (call to action)



Kind and caring
Caredig a gofalgar



Respectful
Dangos parch



Trust and integrity
Ymddiriedaeth ac uniondeb



Personal responsibility
Cyfrifoldeb personol



Amplify 2025

Questions for the Stakeholder Reference Group to consider:

- 1) What are the collective views of the UHB putting our patient 'Wyn' at the heart of our decision making?
- 2) Does the SRG have any thoughts/builds on Employee Engagement?
- 3) We will be wanting our employees to volunteer for training or other community activities to Amplify our Vision through Showcase. Does the SRG have any suggestions in this regard?
- 4) How would the SRG like to be involved in Showcase?

**Cardiff and Vale Stakeholder Reference Group
Meeting 24 September 2019**

Cardiff and Vale UHB Integrated Medium Term Plan 2020/21

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

The process of developing an Integrated Medium term plan is not one that sits outside of our approach to change and delivery in the organisation, it is integral to the way we do things round here. The IMTP process has been maturing in the organisation and the way we presented and conveyed our 2019/22 plan to Welsh Government provides a strong foundation for delivery. The maturing of the transformation programme, alongside work on commissioning, operational delivery and clinical strategy all combine as part of our approach to medium term planning.

2019-22 IMTP Can be found here:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20UHB%20IMTP%202019%20to%202022.pdf>

Planning is not about a document but about creating opportunities for new conversations, helping teams make connections and providing a coherent narrative for our organisation. It is about clarity of expectation on priorities for our staff and with our partners, providing a basis for accountability.

Shaping our Future Wellbeing remains the focus and our IMTP sets out the process by which we will deliver our strategy. Our organisational objective are out wellbeing objectives and the Wellbeing of Future Generations Act provide an underling driver for our organisation.

We have an approved plan for the next three years. Therefore the emphasis needs to shift to refreshing the approved plan for year two, as opposed to drafting a new plan from scratch. This will allow us to roll forward and refresh many of the priorities in the plan and should not mean lots of new initiatives emerging.

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

What about Wyn?

The IMTP needs:

- to describe how we support Wyn to live well in his community
- Describe the impact of our service developments on Wyn's time
- Describe how we are orientating our services to keep Wyn well



Could Wyn tell our organisations story?



In order to provide clarity to our teams it is important we are clear on our organisational priorities. We recognise that a large and complex system will need to be delivering multiple actions, but we also need to be clear about what are the core actions on which we will focus in order to deliver Shaping Our Future Wellbeing.

The Planning process needs to provide a space for our clinical teams to articulate what is important to them. Not to present wish list but to support informed conversation about how we allocate our resources as a system. In discussion with our clinical boards and management executive we have developed an initial set of proposed priorities to inform the planning process:

Organisational Priorities 2020-23

Home First

- ❖ Primary Care Model for Wales- GMS Sustainability (MSK and MH roll out, Out of Hours and Urgent Care Model development)
- Enhanced Social Care development
- Preventing Decline- promoting wellbeing and social prescribing, preventing deconditioning

Avoiding Waste, Harm and Variation

- Optimising Clinical Governance
- Efficiency Programme- Outpatients/ Length of Stay
- Maintaining Regulatory Compliance
- Diagnostic Sustainability- Endoscopy, MRI, CT, EUS
- Surgical Efficiency and Centralisation

Outcomes that matter to people

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

Empower the Person

- ❖ Additional Learning Needs Services
- ❖ Transformation of CAMHs
- Transforming services for vulnerable groups- Prisoner Health and wellbeing, homeless services

Our Priorities

- ❖ Welsh Gov/ NHS Wales Priorities



QUESTIONS

SRG is asked to:

- Consider the list of proposed priorities and consider if they sufficiently reflect our partnership agenda?
- Consider is there are additional key priorities required from a partnership perspective?

