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

Annual Report of The Strategy & Delivery Committee 2020/21

1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met five times during the period 1 April 2020 to 31 March 2021. This is in line with its Terms of Reference.

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

The Strategy & Delivery Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	12.05.20	14.07.20	15.09.20	10.11.20	12.01.21	09.03.21	Attendance
Charles Janczewski & Michael Imperato (CC)	Cancelled due to Covid	✓	✓	✓	✓	✓	100%
Sara Mosely (VC)	Cancelled due to Covid	✓	X	✓	✓	✓	80%
Prof. Gary Baxter	Cancelled due to Covid	X	✓	✓	✓	✓	80%
Dr. Rhian Thomas	Cancelled due to Covid	✓	✓	✓	✓	✓	100%
Total	N/A	75%	75%	100%	100%	100%	90%

4.0 Terms Of Reference And Workplan

The Terms of Reference and work plan are to be reviewed and approved by the Committee on 09th March 2021 and be approved by the Board on 25th March 2021.

5.0 Work Undertaken

As Set out in the Committee Terms of Reference the role and responsibilities of the Committee are divided into four categories as shown below:

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

During the financial year 2020/21, the Strategy & Delivery Committee reviewed the following key items at its meetings as set out below.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews in the following key areas:

- Elective Surgery
- Primary Care
- Mental Health

These detailed reviews included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas. The Committee will also be considering Recovery after Covid 19 at its meeting in May 21.

Private Strategy & Delivery Committee

July, September, November 2020 & January, March 2021

Papers presented to the private session of the Strategy & Delivery Committee are as follows:

- Suspension Report
- Brexit Implications and Preparedness

PUBLIC STRATEGY & DELIVERY COMMITTEE – SET AGENDA ITEMS

Key Organisational Performance Indicators

At all meetings, the Committee discussed and noted the year to date performance indicators for 2020-21 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Boards Integrated Medium Term Plan.

On the 14th July The Deputy Chief Operating Officer (DCOO) confirmed that throughout COVID-19, work was clinically led, based on clinical prioritisation. The DCOO confirmed it was unknown when Welsh Government would expect the UHB to return to normal measures. The Committee Chair recognised the work undertaken and advised the Committee that the UHB was in a very good position heading into March, prior to COVID-19, and the UHB needed to ensure that it does its best to re-introduce services to patients.

On the 15th September The Chief Operating Officer (COO) highlighted that the waiting list position for planned care continued to age. Since the dip in unscheduled care attendances from April, it had increased by 3000 per month and there was an increase in mental health activity from 300 to 900 referrals. He then spoke about the second lens which was “Age”; analysis showed that while the waiting lists were static up to June and starting to increase, waiting times had significantly deteriorated across the board and had been impacted by Covid.

The “Stage of Pathway” was then discussed i.e. what patients on a waiting list were actually waiting for:

- Outpatients – represented 60% of the waiting list – the biggest and growing problem
- Inpatients and diagnostics – represented a 1/3 of the waiting list.

There were positive outcomes in cancer with 1500 referrals back in July, the single cancer pathway was back at 81% and the number of cancer treatments were back to 170 a month. He advised that they had been working under an operating model of being in a Covid ready state and that the relaxation of reporting and targets was still in place. The DCOO provided a presentation and spoke about the scale of the challenge faced in terms of Referral to Treatment (RTT) and waiting list times. This was only one of the components in terms of risk and there were higher categories in outpatient follow ups. The risks found were not based off prioritisation, neither were they systematic showing a crude measurement between urgent and non-urgent risks. The COO summarised that there were 280,000 patients in total, whilst our waiting lists remained largely static to June, they were starting to grow plus waiting times had deteriorated. There were 50,000 patients on RTT pathway at outpatient stage plus 174,000 outpatient follow-ups.

On the 10th November The COO highlighted 2 areas of the report:

- Mental Health Performance

The COO advised that Mental Health performance had significantly deteriorated with 43% of assessments being undertaken within 28 days down from 84% previously.

This was a product of 2 things:

- 1) An increase in volume of referrals which was expected (to some extent) – There had been almost 1000 referrals that month.
- 2) A redesign which took place during COVID as a needs must task. This provided counselling services through Primary Care and there was little distinction between the need for counselling services – two thirds of the referrals did not warrant a full counselling intervention.

The COO advised that nobody was waiting for more than 30 days with patients gaining access within 48 hours.

- Cancer Performance

The COO advised that the UHB was moving to a single cancer measure pathway which would be formalized on 1st December.

A rationale for the deterioration was provided, in that cancer breaching occurred at the point of treatment and the following actions had been taken:

- 1) Through GP colleagues, referrals were back to where they were before.
- 2) Treatment levels were back to pre-covid levels by August.

Over the follow months, varying performance would be seen as a result of treating the buildup over COVID and that it would take a few months for the headline performance to recover.

On the 12th January the COO stated that there were a number of challenges in performance, the most dominating factor being the prevailing Covid challenge. Unscheduled care was being continually challenged due to Covid and pressure continued to rise in that area throughout the end of the previous year particularly during the Christmas & New Year. In the days preceding the meeting there had been some respite partly due to some reconfigurations made by the Health Board and partly due to a slightly slower admission rate across region. He highlighted that they had opened surge capacity at the lakeside wing and confirmed that 50 of 400 beds were being used from the 27th December 2020.

The COO informed the committee on the impact on planned care highlighting the:

- Rising 36 week breach position
- Fall in 26 week compliance
- Overall waiting list – waiting list growth has decreased slightly in the previous month by 1000 against a 92,000 figure.

In regards to the Key Organisational Performance Indicators, what was reflected during the September and November meetings were high level strategic brainstorming discussions looking at Planned Care in September and Primary Care in November with the intention to continue these Brainstorms in the March meeting on Mental Health.

Workforce Key Performance Indicators

The Committee discussed and noted the Workforce Key Performance Indicators during each meeting throughout 2020-21 with the exception of 14th July 2020.

On the 15th September the Executive Director of Workforce and Organisational Development (EDWOD) advised how the impact of Covid had resulted in higher headcount numbers due to extra recruitment drive. In turn this had increased employment costs, which also could be attributed to staff doing more overtime. Absence levels were at 10% which was lower than had been budgeted for but this had decreased to 5% as expected, even with the impact of Covid. Formal training had decreased due to no classroom training. Corporate inductions, were able to go ahead and training had resumed with social distancing measures.

On the 10th November the EDWOD advised the Committee that 2020 told a story of COVID-19. In relation to staff absence a peak was seen but had started to reduce. Interestingly, the recruitment peaked and there were around 550 more people working

for the UHB in medical, nursing and general areas compared to the previous year. There were still challenges to face around meeting winter and covid pressures, and a weekly taskforce was put in place to discuss issues. An alternative solution for training was needed otherwise there would be a difficult situation in 12 months' time with compliance. The EDWOD advised that training could be undertaken remotely.

56.1% of frontline staff had received their flu vaccination, at the same time the previous year it was 15.7% and the aim was for a 75% uptake. The intention was to conclude the flu vaccination before the mass covid vaccination plan started.

On the 12th January the EDWOD stated that the current position provided the perfect storm in regards to workforce as wave 1 delivered a new challenge but in wave 2 the Health Board had a tired workforce in addition to new Covid and winter pressures plus additional vaccination work. This meant that the Health Board's workforce resource was being spread very thin. He confirmed that the Health Board had tried to keep services going as long as they possibly could but had to make the decision near the Christmas and New Year period to close some down due to workforce issues. He added that Rachel Gidman would be running a daily co-ordination team to ensure that the Health Boards work force resources were in the right place at the right time which was a real challenge but would be continued for the following 3 months.

14th July 2020

Ensuring that Service, Quality, Finance & Workforce are aligned and integrated

The Director of Transformation & Informatics (DTI) and Programme Director – Dragons Heart Hospital (PD-DHH) shared a presentation and confirmed the following:

- The Mission was to bring 2500 beds into the Health System within 4 four weeks;
- Purpose was clear, partnership was exceptional, phasing worked well and Welsh Government Support was fantastic;
- The tent within the Bowl of the Principality Stadium was one of the largest in Europe;
- Mott Mcdonald were contracted as they were very familiar with the Stadium;
- At the early development stages the Minister visited, assurance was received in relation to the cost of the development during the build from open conversations with the Chief Executive Officer (CEO) and Welsh Government;
- Within 4 weeks, the team delivered 335 beds, two weeks later the surge hospital was officially opened by HRH Prince of Wales.

In relation to next steps, the team were discussing options with the CEO on how the UHB could have a rapid response function, creating a Dragons Heart Hospital Institute / Learning Academy. The development of Dragons Heart Hospital demonstrated the need for the UHB to have a project support office.

Integrated Medium Term Plan (IMTP) - Update on Home First – PCIC

The Deputy Director of Planning (DDP) advised the Committee in relation to funding sustainability, the team were looking at slippage from the ICF programme to be rolled forward to fund capacity for the following year in addition to looking at other exit strategies and were working with Local Authorities and Third Sector. The DDP advised that the UHB had invested in screen and prevention within the Community and the benefits of this would be monitored.

Other Significant Plans (a) Research & Development - (b) Tertiary Services Update (c) Primary Care Out of Hours Peer Review – Action Plan

A - The Executive Medical Director (EMD) advised that the UHB were UK Level Leaders in Research during the COVID-19 Pandemic, there was an exceptional research based performance which was recognised at 10 Downing Street. The EMD also advised the Committee that significant progress had been made with the Joint Research Office within Cardiff University and a date of October 2020 had been suggested for opening.

B - The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) shared a presentation on Tertiary Services which highlighted the following:

- Tertiary Services was not included in Shaping our Future Wellbeing (SOFW) Strategy, therefore the team designed a strategy which aligned with SOFW;
- The team carried out a baseline assessment to identify areas and services provided;
- Risk assessment undertaken identified three domains, Quality & Patient Safety, Sustainability and Delivery & Performance;
- Internal & External engagement had been undertaken;
- SWOT analysis had been undertaken which identified two main themes:
"Create a Clear and cohesive identity for the Health Board as a provider of tertiary services for patients residing within each of its catchment areas"
"To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level"
- Vision statement was explained as 'World Class Specialised Healthcare for Wales

C - The Director of Operations - PCIC (DO-PCIC) shared a report on a Primary Care out of Hours Peer Review and confirmed the following:

- The Key decision was how the UHB delivered an Out of Hours Service (OOH) at 3 bases with a recommendation to close the base at University Hospital of Wales (UHW);
- A decision was made to close the OOH at UHW;
- Successful multidisciplinary work had been undertaken which included Mental Health and Mental Illness, this work was being continued;
- Progress had been made on the action plan, despite COVID-19;
- The Regional Dental Service was due to be progressed during July 2020.

Board Assurance Framework – Workforce

The Director of Corporate Governance (DCG) introduced the report and advised the Committee that the Board Assurance Framework would be broadened to include wellbeing and inequality, therefore it would be amended prior to submission to Board to reflect this.

15th September 2020

Integrated Medium Term Plan (IMTP) - Avoiding waste, harm and variation

The Executive Nurse Director (END) reminded the Committee that the aim of this item was to bring together performance, money and quality and demonstrate how we were impacting all those agendas at the same time. The report was based on the Quality Patient Experience Framework, Health and Care Standards and the key deliverables in the IMTP that focused on the Quality and Safety agenda.

Board Assurance Framework – Sustainable Primary and Community Care

The DCG highlighted that she had looked into the work that the Committee had undertaken in terms of Sustainable Primary and Community Care throughout the year which was detailed in her report. She advised that the work undertaken would impact on the mitigation and management of risk which was also listed on the Board Assurance Framework being presented to Board.

The COO added that the risks identified were part of longer term challenges. Their approach in terms of primary care strategy was still based around the framework of SOFW, National Primary Care Strategy, Issues of Sustainability, improving access, and aligning ourselves to new ways of working i.e. Canterbury.

Other Significant Plans - (a) Infrastructure and estates

The Executive Director of Strategic Planning (EDSP) confirmed that this was a regular update in relation to the capital programme in terms of the overarching schemes, what the risks were, and any changes to the programme.

The EDSP highlighted that there were many competing priorities with the capital programme. The Executive team had close oversight over this and balanced decisions about a particular risk verses the risk of slowing down and not delivering the work programme associated with statutory compliance.

Developing a Performance Framework Update

The Director of Digital Healthcare Intelligence (DDHI) discussed the key points around the Performance Management Framework and advised that it should be considered in principle as the relationship with Welsh Government (WG) was changing and therefore it was not yet clear what measures and performance targets we would be measured against as a result of Covid.

The DDHI stated that the report outlined the purpose of the Performance Management Framework, what it set out to achieve and the scope of the Framework.

10th November 2020

Board Assurance Framework – Sustainable Culture Change

The DCG advised that the BAF had been updated for the Board meeting at end of November. The EDWOD was invited to comment and advised the Committee that work was still progressing behind the scenes but due to COVID not as fast as he had wished. The DCG advised that the overall score was 8 which was still high on the BAF.

Social Care and Well Being Act – Partnership with Local Authorities & RPB Update

The EDSP advised the Committee that WG were not expecting to return to a “pre-covid world” and recognized that there were challenges the UHB would have to face, especially the economic impact on the more deprived communities, she advised that this included how we treated the planet and take serious action to reduce our carbon footprint and become a carbon neutral organisation.

The EDSP advised that we should press ahead with all of the items in the plan, however it would prove challenging in January/February and difficult decisions would have to be made if we did not secure the funding.

Performance Framework Dashboard Update

The DDHI advised that a dashboard would be brought to January’s meeting.

12th January 2021

Strategy & Delivery Dashboard

The DDHI shared a presentation highlighting the initial work undertaken on the dashboard indicators and added that there was some correlation between this and work and the work being done with executive directors which was being led by the DCG.

He added that the Dashboard remained a work in progress which he hoped would be completed in the following weeks.

Capital Plan Update

The EDSP highlighted that they had received significant investment for capital allocation to manage related to all the Covid schemes/work. She also provided her thanks to the Capital estates team as they had done an extraordinary job in responding to the needs of Covid, working rapidly to provide green zones.

She also shared the following business cases for approval:

- Business Case for Electrical Engineering infrastructure in Llandough
- Genomics outline business case being finalized for February Board.

She stated that her team had a number of schemes at the Outline Business Case (OBC) stage which were with Welsh Government or were at Strategic Outline Case stage waiting for an OBC to be complete.

Employment Policies for Approval - Equality, Inclusion and Human Rights Policy

The Equalities Manager (EM) share a new Equality, Inclusion and Human Rights policy for approval. The policy replaced the previous Equality, Diversity, & Human Rights Policy. It takes account in recognising Socio-Economic Duties and Welsh Language standards. He added that the new strategic equality plan enforced the Health Board's ongoing commitment to inclusion.

Staff Well Being Plans

The ADWOD highlighted that she had received feedback that staff felt exhausted which had been exacerbated by the pandemic. She reinforced that the Health Board put caring for people and keeping well at the forefront of everything it does, not just the population but staff as well.

Her paper was drafted to reinforce how the Health Board was pro-actively introducing intervention at different stages for staff. She also spoke about a strategic wellbeing group that was chaired by the EDWOD.

The EDWOD added that a Staff haven which was supported by the Gareth Bale fund was ready and would be available for staff to use from the following week.

Appendix 1 provides an overview of the matters discussed by the Committee for the year 2020-2021.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Strategy & Delivery Committee meeting by presenting a summary report of the key discussion items at the Strategy & Delivery Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

1. 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;
2. bring to the Board's specific attention any significant matters under consideration by the Committee;
3. ensure appropriate escalation arrangements are in place to alert the UHB Chair, 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.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Michael Imperato

Committee Chair