

**CONFIRMED MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 11 SEPTEMBER 2018 AT 2.00PM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski	Chair – UHB Vice Chair
Dawn Ward	Independent Member – Trades Unions

In Attendance:

Abigail Harris	Director of Strategic Planning
Fiona Jenkins	Director of Therapies and Health Sciences
Martin Driscoll	Director of Workforce and Organisational Development
Nicola Foreman	Director of Corporate Governance
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer

Apologies:

Eileen Brandreth	Independent Member – ICT
Gary Baxter	Independent Member – University
Sara Moseley	Independent Member – Third Sector
Geoff Walsh	Assistant Director of Planning
Keithley Wilkinson	Equality Manager
Len Richards	Chief Executive
Marie Davies	Deputy Director of Planning

Observer:

Urvisha Perez	Wales Audit Office
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Secretariat:

Glynis Mulford

SD: 18/040 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Urvisha Perez from the Wales Audit Office who was in attendance to observe the meeting.

SD: 18/041 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SD: 18/042 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he presided over the WHSSC Quality and Patient Safety Committee.

SD: 18/043 UNCONFIRMED MINUTES OF THE MEETING HELD ON 5 JUNE 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 5 June 2018.

SD: 18/044 ACTION LOG FROM MEETING HELD ON 5 JUNE 2018

The Committee **RECEIVED** the Action Log from the meeting of 5 June 2018 and **NOTED** the following:

18/025 Study Leave Procedure for Medical Staff - For document to be shared with Director of Corporate Governance to discuss timings with Head of Internal Audit.

18/009: Shaping Our Future Wellbeing Strategy: - Work on some measures was being undertaken; awaiting feedback from Executives.

SD: 18/045 SHAPING OUR FUTURE WELLBEING:

- 1. CURRENT POSITION REPORT**
- 2. PLANNED PERFORMANCE DELIVERY AND MEASURE FRAMEWORK – UPDATE REPORT**

Mrs. Abigail Harris, Director of Strategic Planning presented the above reports. The Chair had asked for a current position report in order to inform where we are in certain areas, to scrutinize and support the Shaping our Future Wellbeing (SOFW) and Integrated Medium Term Plan (IMTP) so this could be challenged with open discussion.

It was stated the document presented the reporting arrangements and what is in the plan for current year. It was noted that the Plan on a Page was a high level and detailed document setting the priorities, actions and outcomes set out in the current annual plan/IMTP. The Plan on a Page was welcomed and it was agreed that it would be produced again for the 2019 – 2021 IMTP as a useful reference document for the key priorities. It was noted that Welsh Government had indicated that it was looking for a shorter IMTP document, but one that provided more granular detail on the priorities and outcomes. It was noted that this was an area where further work was needed.

The Plan on a Page will be used to summarise the actions set out in the full IMTP. It will be a useful reference document and the Committee in keeping an oversight of the progress being made against the key actions. The Chair asked for an update on what executives have agreed.

The second document, Planned Performance Delivery and Measure Framework, has been developed to provide the Committee with an overview against the strategic objectives set out in Shaping Our Future Wellbeing, and indicates where we assess that we are not on track, and where further action is required.

It was noted that the Joint Executive Team meetings with Welsh Government take place twice a year, and that the focus of the meetings was changing so that more time was spent on looking forward, with less time on looking back on progress over the reporting period just gone. The Executive Team welcomed this shift in emphasis as the monthly Quality and Delivery Meetings with WG discussed in depth progress with delivering the plan.

The following points were discussed:

- Regarding the lag rates there was a need to have an understanding of profile of delivery intended. It was explained that 'green' indicated that everything was on track to deliver against the actions set out in the plan to deliver against the strategic objective. Amber indicated where the deliver was off profile. It was noted that in relation to securing sustainable planned care services, we still need to outsource services in a small number of specialties where demand is currently outstripping supply and this may have to continue as we do not have all of the capacity we need over the next year in a small number of specialties. In-year, our performance is delivering what was described in the IMTP. Areas flagged as amber were not hitting every target all of the time and were not completely sustainable. It was further explained that the assurance was in the performance reports and we were on track to deliver this and were able to demonstrate making year on year improvements.
- Concerning the work programme, this looked at relevant points in year.
- The point was raised that the opportunity to congratulate performance well delivered should not be missed. The challenge of reporting on the in-year plan delivery and connecting this to progress against the strategic objectives and milestones set out in our Strategy needed more work.
- This was an assessment against the objectives and more work was needed on the outcome measure. The milestones against outcomes should show us if we are making progress.
- The executives who were responsible for certain areas of the plan would report on these areas to the Committee.

Wider discussion ensued on targets performance improvements outcomes and KPIs and how national targets are delivered.

ACTION: For an update to be presented on what Management Executives have agreed to come forward to the Committee

The Committee:

- **NOTED:** The update on Shaping Our Future Wellbeing

SD: 18/046 INTEGRATED MEDIUM TERM PLAN:

- 1. CURRENT POSITION REPORT**
- 2. PLANNED PERFORMANCE DELIVERY AND MEASUREMENT FRAMEWORK – UPDATE REPORT**

Mrs Abigail Harris, Director of Planning, presented an update on the above report. There was a clear process in place to deliver the IMTP in the timeframe set by WG and key milestones had been completed. In a recent meeting the key deliverables had been signed off by Management Executive. It would roll forward the commitments for this year on key performance targets. Intentions had been confirmed of continuing to improve against key performance in order to move to a balanced financial plan. The Clinical Boards (CBs) would be attending a focused workshop discussing key principles and priorities and CBs would be setting out the key elements they will be taking forward in the IMTP. A series of workshops had been arranged to put more detail with final submissions from CBs in early November. The direction given was that very few new investments would be included in the plan for next year.

In terms of interface with the Board, a progress report would be to the November Board meeting in order for the Independent Members (IMs) to see the emerging narrative around the IMTP. Priorities will be revisited as previously may not have had the resource or capacity to bring them through. The document will end up as product containing granular detail which shall be a shorter, sharper document. There will be changes in the report as the whole narrative will not be put in the IMTP. There will be key headlines and will develop links to strategies to provide the detail such as the Research and Development Strategy. There will be a complete draft of the plan by the end of January with a final submission to WG in March.

It was discussed and commented:

- In response to CBs requiring additional support in producing their plans, it was stated the requirements had been toned down but what was needed from them was more clarity of the 'how' and 'when' and looking for CBs to help fill in the detail to populate the IMTP. CBs were getting a much clearer sense of what was needed which entailed a more streamlined process.
- The team was commended for a well-constructed process stating it gave the organisation a chance to ensure that the IMTP fits the need.
- Although it was implied, there was no indication of patients within the document and asked for CBs not to lose sight of this within their plans. In response it was advised that through the Transformation work CBs were being encouraged to use characters as way and socialising 'new friends'. This was new with the intent of focusing conversation around citizens.

The Committee:

- **NOTED:** the process for the development of the IMTP in 2019/22

SD: 18/047 CAPITAL PLAN

The Capital Programme Assurance Report was presented to the Committee by the Director of Planning. The new format was explained which gave a clearer overview and highlighted where we were against projects looking at key risks.

The following was discussed:

- The report did not include IT or medical equipment and it was requested for this to be factored into the Assurance Report.
- Regarding certain projects it was observed that some did not have dates or timelines. It was stated that specifics of those schemes were not available.
- The neonatal development and the low level of contingency remaining to complete the project, was explained. The programme was on course and delivering.
- The arrangements and principles for accommodation in the Tesco building would be brought to Management Executives and would set out more detail about the open plan working arrangements. The Capital, Estates and Facilities team were working through the detailed plan. In regard to the car parking at Woodland House, the same rules would apply as across the rest of the organisation.
- Concerning the UHL substation it was raised whether there were any risks to anyone on the site. It was confirmed that the risk related to a single point of failure, which if not addressed could pose a risk to service delivery. The issue was detected as part of statutory inspections. Regarding the Rookwood full business case, a scrutiny response was submitted to WG and a reply had recently been received. The Health Board had accepted an invitation to an Infrastructure Investment Board to present the case on 26 September 2018.

The Committee:

- **NOTED:** the content of the report recognizing the difficulty in managing a large and complex programme of works within a limited resource
- **SUPPORTED:** the approach taken to manage the competing requirements of the Clinical Boards by engaging with them through a series of workshops to agree the priorities.

SD: 18/048 ESTATES STRATEGIC PLAN

- Mrs Abigail Harris, Director of Planning, presented the Estates Strategic Plan stating it had been in development for some time. There was a need to have the right infrastructure and to acknowledge the Health Board was facing significant risks in the current period. The document is a technical estates strategy and explained how we are managing risks in short to medium term. The estates strategic plan presentation was also explained in detail, which looked at the current condition and configuration of the estates and functional suitability for current operational delivery and achievement.

It was discussed and commented:

- The intention was to pull out a summary of what the estates strategy is endeavouring to do.
- There are three key stages to move this forward and to understand what a support hospital will look like. A key component was to involve the community and patients in the design when designing new facilities.
- There are clear milestones with the intention to focus on statutory compliance in the short term.
- There is a bright future for Llandough as a location for a number of centres of excellence, including mental health services.
- There had been discussions with the Community Health Council, (CHC) regarding moving ward C7 north in St David's Hospital as rehab could be provided very well at this location; the response from CHC appeared favourable but a formal response from the CHC was awaited.
- It was noted that a number of facilities, particularly those in the community were poorly utilised and we are working with public sector partners to consider how we can best share assets.
- Regarding integration we should not to lose sight of what the local authority can offer and to realise the added benefits this could bring.
- The plan was the estates response to how we deliver services and priorities for the next three years, therefore need to process robust business cases.
- A conversation on the life of the new build was necessary and should be a national discussion demonstrating flexible design and future proofing.
- In response to how we help people understand how this is going to work and how people fit in, it was stated a locality model would be worked up and what we think are the units of delivery. It was advised for there to be flexibility as the model evolves and to help other agencies understand the complexities of the plan. This was based on the Perfect Locality work previously completed. The strategy was based on an emerging model for primary care where there will be few, but larger GP practices over time
- The Director of Planning asked for feedback on the tabled presentation and how this sits on top of the technical document.

ACTION: For members of Committee to feedback information on presentation

The Committee:

- **RECEIVED** the presentation of the draft Estates Strategy and **NOTED** the draft technical strategy document

SD: 18/049 WORKFORCE DELIVERY PLAN

Mr Martin Driscoll, Director of Workforce and OD gave a presentation on the above. There would be an update on metrics and looked at the workforce enablers to move the organisation forward which was described.

The following was highlighted:

- **Sickness Absence rate:** There was a need to look at sickness and identify issues area by area as there is great variation and presents operational difficulties.
- **Job Plan Compliance:** The target for completed job plans was 85% but this had been challenging remaining resolute at 50%. The challenge was how to see this move forward as this received a poor audit. There was a need to have some consequence of not having a job plan in place. It was stated that job plan compliance is part of licence to operate and the two needed to be run together. The Committee was informed that an action plan had been put in place from the outcome of the internal audit.
- **Voluntary Resignation Turnover:** Currently large numbers of clinical staff were leaving the organisation and the question as to why would be pursued.
- **Variable Pay Rate:** The paybill and overspend is in position within 0.05%. This is made up of the variable pay rate and our actual permanent workforce. There was a need to utilize bank staff and not use agency. Although it was acknowledged there were not enough nurses in the UK to sustain what is required. There was a gap with the financial measures which needed to be balanced. It was realised the way it is presented needed to be changed to understand the reasoning for this. It was suggested that another metric be put in the equation to obtain greater understanding.
- **Statutory and Mandatory Training:** Fire and Safety is mandatory training but the trend in ESR training will change to reflect the training staff need to do. Improvement had been made on the overall number on compliance for statutory and mandatory training.
- **Nurse Recruitment and Retention:** There was a big piece of work being jointly led by nursing and Workforce and OD to retain nurses and bring back into practice those who had left. There was a need to focus on retention as well as recruitment. The team were looking in Wales and beyond but recognised it was highly competitive as was fishing from the same pond. There is a detailed action plan and approach in place but needed to be proactive.
- **Talent Management Succession Planning:** The team was looking at incorporating performance with potential and building capability in totality for the future of the organisation. If key positions are lost there is a need to look at how these would be filled. For high achievers this would be reviewed and how this was being managed. The same question would be set for those underperforming. The process should be captured and incorporated in the PADR by setting objectives where they could be measured and monitored. The team are working on how to changing the process and capture the data that comes out of this. The initiative has been endorsed by the executives and the detail is being worked on. This was a big piece of work but can give valuable returns. Due to the reduction in mandatory training, it gave opportunity for managers to use this time in a different way and undertake staff PADR.
- An action plan will be produced and presented at Committee.

ACTION: To review the variable pay metric and determine if it is providing an instructive overview

The Committee:

- **NOTED** the presentation

SD: 18/051 KEY PERFORMANCE INDICATORS

Mr Steve Curry, Chief Operating Officer informed the Committee of key performance indicators and highlighted the following:

- **Unscheduled Care:** The Health Board had achieved a good few months with the four hour position being the best in Wales for the July period work has been done to compare UHW's performance on a UK wide basis. Steve Curry reported that, in terms of comparable units ie, over 10,000 attendances per month, the Health Board is now ranked in the top ten.
- **Ambulance handovers:** There had been significant improvement with response rates above the targets. This had been a particularly difficult winter which had an effect on results but despite this performance remains ahead of last year.
- **12 hour waits:** These rates remain the lowest in Wales but it is our aim to eliminate 12 hour waits completely. Recent measures have included executive level escalation and scrutiny on a daily basis – through the Executive on call mechanism. There was a need to exceed the current targets and met with the Executive Team from WAST for further discussions in how to improve. The handover process will be looked at along with WAST going forward.
- Responding to comparisons to last year, it was stated that planning for winter is a comprehensive and integrated approach with social services and third sector. The Integrated Winter Preparedness and Resilience Plan was ready to sign off. The plan will come to the next Board Meeting. The winter plan is also peer reviewed and will be scrutinised by Welsh Government on whether it is fit for purpose.
- **Four hour wait:** It was explained that in comparison to last year the August position was 2.8% better than 2017 and the September position was averaging at 91% for the four hour position and is 1% better than last year. Year to date for the four hour position is a 1.77% increase on last year. There was one fewer than last year and still 44 more than last year but the gap was slowly closing as the year goes on.
- **Stroke:** There had been difficulties on this area and quarter 1, reflecting the difficulties throughout winter. It was explained that as unscheduled care pressure builds it has an impact on stroke. The 90 day plan to correct the position worked very well, the challenge was in sustaining this. On four hour stroke unit access, there were continuous improvement in this as well as 24 hour consultant review.

- In response to whether there would be a hyperstroke unit, it was explained that the service model was being looked at in the context of the current resources available. It was likely that there would be a need for less acute capacity and greater rehab capacity.
- **Planned care:** 36 week position was met at the end of first quarter and the challenge has changed to delivery on a monthly basis. Four years ago there were almost 7,000 patients waiting >36 weeks. The aim is to get closer to 600 at the end of September. The 26 week position continues to improve with the increased emphasis on outpatient appointments. The HB is on track to deliver its commitments to WG on the 26 week position.
- **Cancer:** The profile had been variable in quarter 1. There has been an extraordinary rise in demand relating to urology and GI cancers. This had been seen across England where a number of high profile individuals have been raising awareness of these cancers. There was an 18% increase in diagnostic demand associated with this. There were issues to address internally regarding whole body scanning for CT. The endoscopy waits were going down to levels not previously seen in the Health Board, which had been the lowest seen in this Health Board. There is still a need to improve tracking discipline. The expectation was for the position to be variable for the next two months but, depending on the demand profile, we expect to see improvements beyond that. This picture has been reflected throughout Wales.
- **Diagnostics:** The expectation was for radiology to be reduced to 300 over eight weeks. There were a couple of hundred patients in cardiac and paediatric MRI categories requiring specialist teams. A plan has been developed and more work was needed to be fully assured.
- **Mental Health:** part 1 is staying ahead of the 80% requirement in July and it was requested for CAMHS to be reported separately. Part 1b is the interventions group therapies which require a 56 day cycle split into 28 day assessment and 28 day intervention. There was improvement on this from 71% increasing to 82% in July. Through discussions with WG, amendments had been made to how this will be presented to see further improvements. Care and treatment plans in Part 2 were also down and a piece of work was being undertaken to release care and treatment planning from psychiatrists to other professions.
- Regarding CAMHS only the primary care element would be looked at. Given the steady improvement in primary care plans, there was confidence when Specialist CAMHS is repatriated back into the Health Board there would be further improvements. The Committee was informed CAMHS repatriation was reported regularly through a formal project management process and indications showed this was going to plan.

The Committee:

- **NOTED:** Year to date performance for 2018-19 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

SD: 18/052 PERFORMANCE MAPPING

Dr Sharon Hopkins, Director of Public Health informed the Committee that the process of performance mapping would look at the Welsh Government Delivery Plan targets and how they align to the different Committees to avoid duplication and overlap. The Director of Corporate Governance had completed an initial draft which has been distributed to the various leads. This was to ensure we were doing things effectively as a Board as well as at Committee level. There was linkage of the mapping process to the strategic objectives and outcomes.

ACTION: A report would be brought to the November meeting

The Committee:

- **NOTED** the update on Performance Mapping

SD: 18/053 TRANSFORMATION PROGRAMME

Dr Sharon Hopkins, Director of Public Health informed the Committee that this was an oversight programme which comprised of 7 enabling streams and 10 projects; these were crosscutting and contextual issues which needed to be solid in the organisation. This was an update on significant progress on a couple of areas of clinical improvement programmes to give some strength in approaches to go across the organisation. A few projects that had not worked were moved from transformation into an improvement basket. There was a need to get to a systematic approach for infrastructure, transformation and improvement as there is no clear systematic approach to project management and continuous service improvement. These two things need to be brought together. It would enable a clear and generic base in the transformation work which in turn would get the infrastructure solid.

The Committee:

- **NOTED** the content and scale of the programme and progress on the:
 - application against the Welsh Government Transformation Fund ; implementation of the Health pathways programme
 - development of dashboards
 - systemisation of project management and continuous service improvement approaches

SD: 18/054 EMPLOYMENT POLICIES REPORT

Mr Martin Driscoll, Director of Workforce and OD presented the Employment Policies. Two points were highlighted in the policy and was concerned that the appeals process did not ask for a professional adviser or did not have professional input before being signed off. The Committee was content to **ENDORSE** the policy but for the concerns to be raised at an all Wales Forum.

ACTION: Martin Driscoll to raise two points at the Forum

The Committee:

- Formally **ADOPTED** the revised NHS Wales Capability Policy
- **APPROVED** the recommendation that the following Employment 'Policies' be re-designated as Procedures
 - Fixed Term Contract Policy
 - Professional Registration Policy
- **AGREED** that the Professional Registration Policy should be rolled forward for a further 3 years but as a Procedure
- **APPROVED** the full publication of these documents in accordance with the UHB Publication Scheme

SD: 18/055 COMMITTEE WORKPLAN AND STANDARD AGENDA ITEMS

The workplan and standard agenda items had not been completed and this will be reviewed at the Management Executive meeting.

ITEMS FOR INFORMATION AND NOTING

SD: 18/056 MINUTES FROM OTHER COMMITTEES

The Committee **NOTED** and **RECEIVED** the minutes of the following:

- South Central and East Wales Regional Planning and Implementation Group – 12 July 2018
- Information Technology & Governance sub-Committee – 13 June 2018

In regard to WCCIS, there had been meetings with NWIS, Cardiff Local Authority and Cardiff and Vale UHB. Discussions had been ongoing raising elements of concern.

SD: 18/057 DATE OF NEXT MEETING

The next meeting would be held at 9.00am on Tuesday 6 November 2018 in the Corporate Meeting Room, HQ, UHW.