

**CONFIRMED MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 6 NOVEMBER 2018 AT 9.00AM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member – Trade Union

In Attendance:

Fiona Kinghorn	FK	Interim Executive Director of Public Health
Abigail Harris	AH	Executive Director of Strategic Planning
Martin Driscoll	MD	Executive Director of Workforce and OD
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Dr Sharon Hopkins	SH	Deputy Chief Executive/ Director of Transformation
Steve Curry	SC	Chief Operating Officer
Geoff Walsh	GW	Assistant Director of Planning
Keithley Wilkinson	KW	Equality Manager

Secretariat:

GM	Glenys Mulford
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Apologies:

Eileen Brandreth	EB	Independent Member - ICT
Marie Davies	MD	Deputy Director of Planning
Len Richards	LR	Chief Executive

SD: 18/058	WELCOME AND INTRODUCTIONS	ACTION
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The Chair welcomed everyone to the meeting

SD: 18/059	APOLOGIES FOR ABSENCE	
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Apologies for absence noted.

SD: 18/060	DECLARATIONS OF INTEREST	
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The Chair invited Members to declare any interests in the proceedings.
The Chair stated that he was a Member of the Quality, Patient Safety and Risk Committee at WHSCC.

SD: 18/061	UNCONFIRMED MINUTES OF THE MEETING HELD ON 11 SEPTEMBER 2018	
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The Committee reviewed the minutes of the meeting held on 11th September 2018.

It was noted that Eileen Brandreth attended the private meeting of the Committee but not the public meeting.

Resolved – that:

- (a) Subject to the amendments the Committee received and approved the minutes of the Strategy and Delivery Meeting Held on 11th September 2018.**

SD: 18/062

ACTION LOG FOLLOWING MEETING HELD ON 11 SEPTEMBER 2018

The Committee reviewed the action log for the meeting held on 11th September 2018 and the following comments were made:

- (a) SD18/45 – Performance and Delivery Framework. The Executive Director for Strategic Planning confirmed that there was no anticipated completion date. Work planning would be agreed and alongside this a completion date would be agreed. **AH**
- (b) SD18/048 – Estates Strategy Plan. This had been received at the Committee in September 2018.
- (c) SD18/049 – Workforce Delivery Plan. It was confirmed that the Workforce Delivery Plan would be presented to the Committee at its March 2019 meeting. **MD**
- (d) SD/18/052 – Performance update. On the agenda
- (e) SD18/025 – Study Leave Procedure. No dates had yet been identified for this piece of work. However, it was likely to form part of the Internal Audit Plan for 2019. **MD**

Resolved – that:

- (a) The Strategy and Delivery Committee noted the action log from the meeting held on 11th September 2018.**

SD: 18/063

PERFORMANCE MAPPING

The Director of Transformation provided a verbal update stating that she was keen to allocate monitoring responsibilities to each Committee of the Board to ensure that each area of performance was being monitored. 62 delivery indicators had already been mapped to each Committee of the Board this was to ensure that the Committees did not duplicate work. The paper currently being developed would explain how the organisation was proposing to deal with strategic indicators and this piece of work would dovetail the work being done on the IMTP.

The Performance Mapping would be finalised and presented to the January 2019 Strategy and Delivery Committee. **SH**

Resolved that:

- (a) The Committee noted the verbal update on Performance Mapping from the Director of Transformation.**

(b) The finalised report on Performance Mapping would be presented to the next Meeting of the Strategy and Delivery Committee in January 2019.

SH

SD: 18/064

OCCUPATIONAL HEALTH SUPPORT FOR STAFF WITH MENTAL HEALTH PROBLEMS

The Director of Workforce and Organisational Development presented the report. The following was noted:

- 25% of sickness absence was due to anxiety, stress and mental health conditions which tied in with the rest of the UK.
- The number of referrals into Occupational Health had increased and this continued to happen. This was viewed positively as staff were accessing the services they needed. However, this resulted in the perception that waiting times were delayed for accessing psychological intervention.
- The service has: 1 band 7 Lead Counsellor, 4 band 6 Counsellors (that's 1.6 full time equivalent) and a Clinic Coordinator to cover the 14,500 staff working at Cardiff and Vale University Health Board. A fast-track service to PTSD was also available. The Government target time was 26 weeks and Cardiff and Vale was operating at 19 weeks.
- The Director also reported that self-help guides were available online for patients.
- There was a need to promote and expand services and survey how they worked. Compared to other employers it was reported that Cardiff and Vale provide an excellent service.
- It was suggested that data on outcomes data would be very useful to see if improvement has actually been delivered.
- A recent initiative had been introduced which was - a 'coffee and chat' approach.
- The organisation needed to be mindful that its staff deal with some difficult situations and challenging and difficult tasks and it was good to see there are good support structures in place

Resolved – that:

- (a) The Committee noted the update and progress being made on the Employees Wellbeing Service.**

SD: 18/065

CLINICAL INNOVATION AND RESEARCH

The Executive Director of Strategic Planning presented the report stating that it had been presented in two parts the Clinical Innovation Work and IMTP Specific Actions this year. In both areas progress had been good.

- £23m had been made available from European funding covering Swansea, St. David's and Cardiff Universities to promote clinical innovation and hosted by the Life Science Hub.
- One of the key pieces of R&D work with Cardiff University was to bring together the two separate R&D Offices involving about 40 staff.

- There was a risk that the future R&D funding from the Welsh Government might not match Cardiff and Vale's expectations as it might be spread over the whole of Wales
- There was a need to secure more commercial funding in the future. Commercial Research was being undertaken and there are commercially-funded trials, but there was the potential to do more.
- Cardiff and Vale needed to encourage its clinicians to be involved in research and needed to be able to recruit people into trials.
- It was reported that the future funding risk was flagged on the Brexit Business Continuity Risk Register as a concern as European funding for research contributes a not-insignificant amount of funding.
- In relation to clinical innovation there was a host of industry Partners and work which Cardiff and Vale was exploring. The organisation was keen to focus on how this would benefit patients in both the short and longer term.
- An example of this was a firm dealing with 3D printing which could be highly personalised. This would transform care where implants are used making operations shorter and outcomes better.
- Some of the other work such as gene therapies, stem therapy treatments would transform outcomes for patients and information on this would be provided to the Board. The work was moving at a very rapid pace

Resolved – that:

(a) The Committee noted the Research and Development Clinical Innovation assurance report.

SD: 18/066

CAPITAL PLAN:

The Executive Director of Strategic Planning presented an update on the Capital Plan. The report provided the headlines of the major capital schemes alongside the timetables and risks. The following was noted:

- The large complex neonatal project was on track
- The safeguarding works at CRI were virtually complete and within budget
- The Interventional radiology scheme was complete
- The Renal dialysis scheme should be completed by March 2019
- The complex program associated with new HQ facility was consuming the Estates Team time.
- Rookwood FPC had now been approved and the Cabinet Secretary was visiting Rookwood Thursday. It had taken 8 years to get to this point and the organisation was trying to stick within the budget allocation that has been made.
- Cardiff and Vale have some big issues to deal with and would be asking Welsh Government for support for £100m in the next two or three years. This would occur in a similar time frame to the new hospital.

- There was some ISF funding for capital.
- Sporadic things undermine the overall direction of travel such as temporary moves but this was inevitable in some cases. With regard to the CMHTs they would go to CRI for the South East locality but it was not yet built so we would have to find a temporary solution. There would be a £17m cost to do the enabling, refurbishment, clear the land and this will take up some parking space.
- The impact of organisational change on staff wellbeing had already been discussed.
- The IT Strategy was being re visited as people were not being able to work in the most agile way i.e. remote access for remote workers.

Resolved – that:

- (a) The Committee noted the content of the report and recognised the difficulty in managing a large complex programme of works with a limited resource.**
- (b) The Committee supported the approach to manage the competing requirements of the Clinical Boards.**

SD: 18/067

HIGH LEVEL PERFORMANCE DASHBOARD

The Chief Operating Officer informed the committee of key performance indicators and the following was noted:

- The RTT position - for the first time in 4 years the quarter-end position at the end of September had not been hit. The organisation was now in a different scenario in terms of delivery and had moved from quarterly cohort delivery approach to monthly delivery. The challenge had also changed from an RTT volume problem to a smaller volume speciality issue. A number of specialties were being tracked in order to move them forward. However, the Health Board was on track to deliver the RTT position overall.
- There were still issues in Ophthalmology and Orthopaedics. The main issue with Orthopaedics was staffing capacity.
- Cancer - September performance against the 62 day target was 53.5%, a 3.7% improvement over August
- Greater than 8 week diagnostics was down at 500 for this month
- The overall volume of longer waiting patients had reduced – at one point the UHB was at thousands of greater than 8 week diagnostic waits, but was now in the hundreds (about 400-500)
- Unscheduled care was still doing relatively well and was very good compared to the rest of Wales. The UHB was still on track to deliver against the IMTP commitments.
- The specialist spinal patients were a key component. The UHB had difficulty in securing that capacity and could not outsource spinal patients because of the complexity.

- On the ophthalmology side it was inability to secure extra capacity. It was noted that the UHB were using external providers to deal with the backlog not recurrent demand.
- There were some infrastructure failures with Llandough earlier this year where the UHB had to take theatres down.
- The capital plan going into next year would secure additional theatre capacity
- The plan for this year was to clear the UHBs greater than 36 week breaches down to 350 cases.
- The COO also mentioned the mental health element of the performance report and stated that the UHB had experienced some difficulties throughout the summer which had now been resolved and the up-to-date figure for CAHMs was over 90%.
- The early stages of winter pressures were starting to be felt.
- Much of the improvements seen in the last few months had been due to optimising the current system and the teams in Emergency Care, Medicine and in Emergency Surgery.
- The Director of Corporate Governance and one of the Independent members had visited the emergency surgical admissions ward. They stated that the nurses were superb.
- The Director of Corporate Governance and one of the Independent members had also visited the pre-assessment surgical ward at Llandough which was also a really good service.
- The COO re-enforced that the UHB was working hard to get the winter ward up and running.

Resolved – that:

- (a) The Committee noted the year to date performance for 18/19 against key Welsh Government operational targets.**

SD: 18/068

REVIEW OF COMMITTEE WORK PLAN AND STANDARD AGENDA ITEMS

The Director of Corporate Governance provided a verbal update on progress with the Committee work plan.

Resolved – that:

- (a) The Committee noted the verbal update.**
(b) The Committee would receive the completed work plan at the January meeting which would include items from Public Health.

NF

SD: 18/069

MANAGING ATTENDANCE POLICY

The Executive Director of Workforce and Organisational Development presented an update to the Committee on the Managing Attendance Policy and highlighted the following:

- The Managing Attendance Policy had been developed nationally across Wales. This needed to be adopted and the policy publication approved. It would then be fully implemented.

- Communication on the new policy had been developed and was ready to be launched.

Resolved – that:

- (a) The Committee adopted the NHS Wales Managing attendance at work policy.**
- (b) The Committee approved the full publication of the policy in accordance with the UHBs Publication Scheme.**

SD: 18/070 THE EQUALITY AGENDA

The Chair provided a verbal update on the Equality Agenda and highlighted the following:

- There is no longer a separate Board sub-committee dealing with this issue but this topic now fell under the remit of this Strategy and Delivery Committee.
- Equality needed to remain on the agenda in order to provide assurance to the rest of the organisation that an effective focus was still occurring.
- It was suggested that the Executive Director of Workforce and OD would work with the Independent member, Sara Mosely to provide a way forward for the Equality agenda.

MD

Resolved that:

- (a) The Committee noted the update from the Committee Chair**
- (b) The Committee would receive a report from the Executive Director of Workforce and OD on the way forward with the Equality agenda to ensure that the Committee could provide assurance on this area to the Board.**

MD

SD: 18/072 STAFF SURVEY RESULTS

The Executive Director of Workforce and Organisational Development, presented an update on the Staff Survey Results and highlighted the following:

- The Staff Survey had been undertaken in the autumn and was developed on an all Wales basis. It was noted that benchmarking with previous year might be an issue as some questions were new and so comparisons could not be made to previous years.
- Only 23% of workforce (around 3,000 people) had filled in the survey and when people were asked why they had not filled in the survey the main two answers were 'I'm too busy' or 'I don't think you are going to do anything about it anyway.' Therefore the UHB needed to communicate and collaborate with the organisation more effectively.
- It was suggested that the UHB set up a group of keen volunteers (nominated individuals) to review the 100 questions and choose 3 or 4 key areas to tackle first and report back to the committee.

MD

It was stated that it was important that the UHB produced end products and outcomes.

A suggestion was made that a 'Peoples Dashboard' be produced where various items such as absence, tribunals, appraisals and items raised from the survey could be entered.

MD

Resolved – that:

- (a) The Committee noted the report**
- (b) The Committee supported the creation of an employee stakeholder group to consider an action plan for the UHB**
- (c) The Committee supported the development of a 'people's dashboard'.**

MD
MD

SD: 18/073

TRANSFORMATION BID UPDATE

The Director of Transformation presented an update on the Transformation Bid and stated the following:

- An All Wales Transformation Fund had been made available of £100 million over two years and the UHB had entered a bid for strengthening services in the community.
- Work had to be done on the evaluation and would combine the University and an external University. As the UHB had won the bid it was trying to put in place all of the mechanisms to enable it to get off the ground. Approval of £6.9 million was being sought. Welsh Government had extended the lifetime of funding to a further year acknowledging that to contain it within two years when starting this late in the year would be difficult.
- The UHB was linking a lot of what it was doing to the Intermediate Care Fund work
- The UHB would secure sustainable areas of work. It would be looking at the next tranche of proposals and what the UHB was going to do with digital and informatics. The enabler around digitally enabled workforce and organization would require a coherent bid with Welsh Government.
- The UHB would collaborate with the local authorities but it was not yet clear how the UHB would work with the third sector.
- The Cardiff Vale third sector council AGM would be held on 27th November and this would be a good opportunity to talk about their input.
- It was stated that the Committee would like regular sight of the dashboard to note progress and the measures of activity.

SH

Resolved – that:

- (a) The Committee noted the progress which had been made on the Transformation Bid.**
- (b) The Committee would receive regular updates on the dashboard to note progress being made.**

SH

The Executive Nurse Director introduced the report and made the following points the Committee:

- The March 2016 Act required Health Bodies to ensure safe staffing in all areas where nurses were deployed. In order to sign off compliance with the Act it needed to be professionally acceptable and 'safe' was based on a triangulated approach. Mental Health, for the last number of years had not managed to achieve the triangulated approach so the Executive Nurse as Designated Professional had not been able to sign off the establishments.
- It was important for the Committee to understand why the Executive Nurse Director was not signing the establishments off but was taking action to ensure the UHB kept patients safe.
- Page 3 of the paper laid out work that had been undertaken on a National basis. These were the principles the UHB was working to although the Act stated the UHB had to provide safe care and take reasonable action across the Health Board there was not a system and process in mental health currently for measurey acuity and setting establishments in the same way as we have for medical and surgical wards.
- Within Mental Health Clinical Board work had been undertaken to move from a hospital care model to a community care model. This approach was better for patients and was cost-effective and tended not to overspend. In previous years this had allowed the underspent budget in Community Mental Health to be used to support the overspend in the mental health hospital settings. This had been a deliberate intention both from a sustainability point of view and to provide a quality of care for patients, avoiding hospital admissions.
- Executive Nurse Director was confident the clinical board were trying to work through these issues in a stable and long term way without compromising quality of care and the financial position of the Health Board.
- The Executive Nurse Director was satisfied that the work around trying to keep things safe on a day-to-day basis was good but the Committee needed to understand that it was impacting on the financial position.
- The Clinical Board now needed time to take it forward to find a solution and then share the progress with the Committee.
- There was concerned discussion about the non-compliance with the Working Time Directive and this needed a resolution.
- Staff found it challenging to be pulled from their wards and sent to work in different areas.
- The benchmark undertaken across Wales demonstrated that the performance, vacancies, recruitment, clinical incidents, sickness etc. was in a positive position so was a testament to the work that is being undertaken.
- Options had been put forward and the preferred option was a combination of options 2 and 3. This would sit with the Clinical Board and would be taken forward as part of the IMTP process.

IW & JR

Resolved – that:

- (a) The Committee supported the preferred option put forward by the Mental Health Clinical Board as a combination of options 2 and 3.**
- (b) The Committee would receive a progress report from the Clinical Board.**

IW & JT

SD: 18/077 REVIEW OF THE MEETING

The Committee Chair asked for feedback on the meeting and the following comments were made:

- Staff were grateful that the Chair had moved the agenda around to accommodate their availability.
- The introduction of coffee break was welcomed

SD: 18/078 ANY OTHER URGENT BUSINESS

There was no other business.

SD: 18/079 DATE OF THE NEXT MEETING

The next meeting would be held at 9.00am on Tuesday 8th January 2019 in the Corporate Meeting Room, HQ, UHW