

Confirmed Minutes of the Strategy & Delivery Committee
Tuesday 12th January 2021 – 9:00am – 10:30am
Via MS Teams

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Gary Baxter	GB	Independent Member – University
Rhian Thomas	RT	Independent Member – Estates
Sara Moseley	SM	Independent Member – Third Sector
In attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Charles Janczewski	CJ	UHB Chair
Daniel Crossland	DC	Transformation and Innovation Lead
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Ian Wile	IW	Director of Operations – Mental Health
Jonathon Gray	JG	Director of Transformation
Keithley Wilkinson	KW	Equalities Manager
Lisa Dunsford	LD	Director of Operations - PCIC
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Assistant Director of Workforce & Organisational Development
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Executive Medical Director
Observers:		
Emily Howell	EH	Audit Wales
Secretariat:		
Raj Khan	RK	Corporate Governance Officer

S&D 21/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	Action
S&D 21/01/002	Apologies for Absence Apologies for absence were noted.	
S&D 21/01/003	Declarations of Interest There were no declarations of interest.	
S&D 21/01/004	Minutes of the Committee Meetings held on 10th November 2021 The Committee reviewed the minutes of the meeting held on 10 th November 2020.	

	<p>The Executive Director of Strategic Planning (EDSP) commented in relation to minute S&D 20/11/016 that at the time they were reporting they were unsure of funding for the for the full Winter Protection Plan. She informed members that the Health Board agreed to underwrite the gap in the plan if no further funding was forthcoming from Welsh Government, however is expecting some money from Welsh Government for parts of the plan.</p> <p>Resolved that:</p> <p>(a) The Committee approved the minutes of the meeting held on 10th November 2020 as a true and accurate record.</p>	
S&D 21/01/005	<p>Action Log following the Meeting held on 10th November 2020</p> <p>The Committee reviewed the action log and its updates.</p> <p>Resolved that:</p> <p>(a) The Committee noted the updates received.</p>	
S&D 21/01/006	<p>Chair's Action taken following the meeting held on 10th November 2020</p> <p>There had been no Chair's Actions taken.</p>	
S&D 21/01/007	<p>Tertiary Services Planning Update</p> <p>The EDSP reminded members that as per the action log, regular updates of this work program would come to Committee.</p> <p>The EDSP highlighted that in relation to Upper GI, Esophageal and Gastric Cancer, members had been advised in a previous report of work with Swansea Bay UHB to develop a permanent solution to the sovereignty of the service across C&V and Swansea Bay UHB. The Royal College provided its observation that the sustainability of the service needed to improve and a program was in place to work that through. However urgent action was required as a single handed consultant based in Morriston had not been available for work, therefore the UHB had been working with Swansea Bay to support delivery of this service. The CHC were being briefed and a paper was going to the January Board.</p> <p>The EDSP also highlighted that during the initial emergency response to the pandemic this work was briefly put to one side, it was pleasing therefore to see work recommencing with very good progress, having a program director that worked across C&V and Swansea Bay UHB helped greatly.</p> <p>The EDSP confirmed that an MOU had also been approved by the Management Executive and included a set of principles around responding to fragile services.</p> <p>Resolved that:</p> <p>(a) The Committee noted the update.</p>	

<p>S&D 21/01/008</p>	<p>Strategy & Delivery Dashboard</p> <p>The Director of Digital Health Intelligence (DDHI) highlighted the initial work regarding the dashboard indicators and explained that there was some correlation with the work being done around high level performance with Executive Directors, led by the Director of Corporate Governance (DCG).</p> <p>The DDHI reminded members that the dashboard was determining the more detailed indicators for this Committee.</p> <p>The DDHI explained how the portal homepage would provide navigation to grouped measures based on performance indicators mapped to Committees; the Strategy and Delivery Committee had 38 indicators that it needed to consider. 15 targets were presented which would be RAG rated in terms of status.</p> <p>Example of detailed trends that sat behind the summary was shown and the ability to filter down to Clinical Board level and to access real time trends under each area was available.</p> <p>Completion was likely in the next few weeks and it was proposed that a live demo be brought back to the March meeting.</p> <p>The EDSP reminded members that the Management Executive had been looking at the Strategic Measures to enable tracking and ensure delivery against the strategy. It was proposed to bring an update on this with the Q5 work to the next meeting.</p> <p>The CC commented that 5 months ago there was nothing like this available but now it felt like very real progress was being made with this important fundamental piece of work.</p> <p>Resolved that: (a) The Committee noted the report.</p>	<p>DT</p> <p>AH</p>
<p>S&D 21/01/009</p>	<p>Capital Plan Update</p> <p>The EDSP highlighted that significant investment for capital allocation to manage Covid related schemes had been received. Thanks was extended to the Capital Estates Team for the extraordinary response and rapid working to provide green zones.</p> <p>The following business cases were highlighted as due for approval:</p> <ul style="list-style-type: none"> • Business Case for Electrical Engineering infrastructure in Llandough • Genomics outline business case (being finalized for February Board). <p>Independent Member – Estates (IM-E) queried the Rookwood relocation overspend of £0.7M and asked how this additional funding would be secured. The EDSP responded that this had been discussed in the Capital Management Group and would fall against the discretionary capital allocation; an RCA to understand the overspend was being done, it was understood that some were down to new fire standards (post Grenville) and some Covid associated.</p>	

	<p>Resolved that:</p> <p>(a) the content of the paper and supporting documentation was noted.</p> <p>(b) the Committee was assured that the capital programme was being closely monitored to ensure the UHB meets its statutory and mandatory obligations referred to within the report.</p>	
<p>S&D 21/01/010</p>	<p>Performance Reports</p> <p>(a) Organization Key Performance Indicators</p> <p>The Chief Operating Officer (COO) advised that there were a number of challenges in performance, the most dominating factor being the current Covid challenge.</p> <p>Pressure continued to rise in unscheduled care, with the end of 2020 being especially difficult however some respite had been seen in the last few days, partly due to some reconfigurations made by the Health Board and partly due to a slightly slower admission rate across the region.</p> <p>Surge capacity in Lakeside Wing at UHW was open. 50 of 400 beds were in use as of 27th December and patients would continue to be placed there.</p> <p>The COO added that the challenge had been in regards to the ability to right size bed space around Covid, Non-Covid and Suspected Covid into the hospital.</p> <p>In the last week, the Covid Medical Rota had been re-introduced where clinicians had stood down other activities to support the overall Covid effort and expand the Covid bed space. He added that the main event in supporting this was the cessation of elective activity in the UHB from the start of this calendar year.</p> <p>The COO informed Committee of the impact on planned care highlighting the:</p> <ul style="list-style-type: none"> • Rising 36 week breach position • Fall in 26 week compliance • Overall waiting list – waiting list growth has decreased slightly in the last month by 1000 against a 92,000 figure. <p>There has been re-engagement with the independent sector for further support with elective activity and a good response received, a histogram highlighting work with the independent sector was provided.</p> <p>The COO assured the Committee that Cancer services and emergency and urgent operating would continue as in the first wave. The aim was to limit cessation of activity throughout January but this would be dependent on the progression of the pandemic which was being reviewed daily. He advised that the Single cancer pathway came into play in December so future reports would show compliance against a single cancer pathway.</p> <p>Director of Operations - Mental Health (DO-MH) explained that mental Health was regarded as an essential service and that during the first wave, a principled approach to manage resources across the pathway from primary through to tertiary services was taken.</p>	

In the first wave only the alcohol detoxification service was closed and this was restarted when the first wave eased. There was an opportunity between first and second wave to do an audit on the health of the service based on the impact of the first wave specifically looking at:

- Routine outpatients
- First appointments following referrals
- Assessment response times

The service remained largely intact therefore the approach had not changed much during the second wave. Unfortunately alcohol detoxification had to again close, this was currently being reviewed and risk assessments being done for those patients on the list for detoxification who could not be safely managed in the community, with a view to bring them in on an individual basis based on their risk score.

The DO-MH provided the Committee with an overview of the service's formal targets which were:

- Targets attached to the Crisis team – all intact
- Targets attached to High intensity psychological interventions – currently compliant
- Mental Health Measure – parts 2, 3, 4 all compliant – part 1a of the measure was now non-compliant due to demand into the service in addition to staff shortages adding further pressures

He assured Committee that best efforts were being made to manage demand through accelerated recruitment in addition to returning staff.

A re-assessment of the health of core routine services, as we exit the second wave, was underway to pinpoint areas requiring management/leadership attention. The service was generally in a good position, the only part of the service that Welsh Government would be taking down would be detox, and this would be reviewed on a weekly basis with a particular focus on primary care services.

Director of Operations – PCIC (DO-PCIC) provided an update on primary care and community services. Throughout the pandemic these services had been under various levels of pressure. In addition, primary care contractors and how they operated had been directed at a national level in terms of what was expected. In relation to GMS services, they had returned to the early March position where some services were relaxed. There were still some exceptions as they were expected to deliver enhanced services to care homes to help deliver the vaccination. The GMS status was currently Amber and there was formal escalation of 5 practices reporting either level 3 or 4.

Dental, Optometry and Community Pharmacy were all Green. Community Pharmacy had been running throughout the pandemic even when there were periods of working behind closed doors. Dental and Optometry had been running their usual services but with reduced capacity due to IP&C requirements.

	<p>Community Services were currently Amber due to issues such as staff absence due to Covid.</p> <p>The COO confirmed that the aim was to preserve as many services as possible and the ambition had been for activity to get to 80% of pre covid levels by the end of this quarter, although with the current position this target may be unattainable.</p> <p style="text-align: center;">(b) Workforce Key Performance Indicators</p> <p>The Executive Director of Workforce and Organisational Development (EDWOD) informed the Committee that Rachel Gidman, Assistant Director of Workforce and Organisational Development (ADWOD) would be taking over his role pending his departure from the NHS.</p> <p>The EDWOD stated that the current position provided the “perfect storm” with regards to workforce; wave 1 delivered a new challenge, wave 2 saw a tired workforce in addition to new Covid pressures, winter pressures, and vaccination work therefore our workforce resource was spread very thin.</p> <p>Efforts to maintain services as long as possible were frustrated over the Christmas and New Year period when some had to cease due to workforce issues. The ADWOD would now be running a daily co-ordination team for the next 3 months to ensure that the Health Board’s workforce resources were in the right place at the right time.</p> <p>The ADWOD continued that a daily workforce hub now met every day for half an hour to see:</p> <ul style="list-style-type: none"> • Where we were • How flexible we were with our workforce • Whether Ensuring safety was happening <p>The ADWOD reported that generally the workforce was sustained although there had been pinch areas i.e. Christmas period when there was a high level of sickness. The recruitment campaign and people returning from sickness meant that the current picture was improving daily.</p> <p>Resolved that:</p> <p style="padding-left: 40px;">a) the year to date position against key Organisational performance indicators for 2020-21 but in the context of current operating framework principles was noted.</p>	
<p>S&D 21/01/011</p>	<p>Staff Well Being Plans</p> <p>The ADWOD stated that the paper was for information and provided a high level update. She highlighted that there was reference to staff feeling exhausted even pre-Covid.</p> <p>She reinforced as a Health Board we put caring for people and keeping well at the forefront of everything we do, not just for the population but for staff and employees as well. She explained that there was a strategic wellbeing group chaired by the EDWOD with membership of physiologists and clinicians and that the Staff haven, supported by the Gareth Bale fund, was ready and available for staff to use from next week.</p>	

	<p>Resolved that:</p> <p>a) the recommendations be noted and wellbeing actively supported wherever possible.</p>	
S&D 21/01/012	<p>Service Change Update</p> <p>The EDSP commented that it was important for the Committee to be aware that a number of service changes had been made in response to Covid. Some the UHB would want to maintain post Covid and some related to tertiary services as highlighted earlier. The paper was to assure the Committee that there would be a process around this which would be developed in discussion with the CHC.</p> <p>Resolved that:</p> <p>a) The Committee noted and agreed the service change proposals being progressed.</p>	
S&D 21/01/013	<p>Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy</p> <p>The Equalities Manager (EM) stated that the new policy replaced the previous Equality, Diversity and Human Rights Policy. It recognized Socio-Economic Duties and Welsh Language standards. The new strategic equality plan was about enforcing our ongoing commitment to inclusion, which also took into account recent events i.e. BLM, Covid-19, etc.</p> <p>Resolved that:</p> <p>a) the revised Equality, Inclusion and Human Rights Policy be approved.</p>	
S&D 21/01/014	<p>Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets</p> <p>The Executive Director of Public Health (EDPH) stated that as a Health Board, we were an outlier in Wales with minimum standards in restaurant and retail where 75% of the food and drink consists of healthier options.</p> <p>The EDPH mentioned that it was agreed to put this on hold last year due to the challenge of providing 24 hour food provision, external providers had offered help. In addition staff, both in catering and Public Health were needed to provide support to the Covid arena.</p> <p>The EDPH highlighted that this was still on pause but a light touch audit mechanism was being introduced. She stated that the concourse redevelopment was a key arena for this and offered the possibility of healthier options being provided.</p> <p>Resolved that:</p> <p>(a) the reintroduction of the audit schedule, applicable to in-house catering outlets at this time be supported</p> <p>(b) continued development of this work to include an assessment of the market and potential impact of the standards on external providers be supported</p> <p>(c) new UHB retail space EOI process and procedure re-commenced in January 2021 directly due to current levels of uncertainty in the retail sector, to fully inform a realisation and impact assessment of UHB</p>	

	Retail market positioning, in order to accurately inform our Strategic Plan going forward and to mitigate identified risks be supported.	
S&D 21/01/015	<p>Mass vaccination paper</p> <p>The EDPH commented how the vaccination had gained a huge amount of interest particularly on social media. The aim was to protect the Cardiff and Vale population as quickly as possible with vaccination for Covid-19.</p> <p>The EDPH highlighted the key achievements to date, advising that figures were constantly changing and developing:</p> <ul style="list-style-type: none"> • 13,596 vaccines had been delivered to date • Splott Mass Vaccination Centre opened on 8 December 2020 (capacity increased from 225 – 1000 vaccines per day) • Booking Centre established 1 December 2020 – when opened up to all Health and social care staff the demand increase proved a challenge • Three sentinel GP practices started vaccination of 80s & over on 6 January 2021 • Care Home Mobile Vaccination team started 6 January 2021 (3 homes vaccinated) • Two satellite Vaccination Hubs at UHW on 8 January and UHL on 11 January. <p>The EDPH provided a pictorial representation of phases for each group. Timescales were being worked through for phase one and movement into phase two, the aim was for a 12 week duration but it could be achieved much quicker and then phase 3 would be the remaining adult population outside the prioritization groups.</p> <p>The EDPH provided a reminder that they were currently delivering to the priority groups 1-4 with information on who those were. Total population: 115,000, 80-100% uptake: 97,000.</p> <p>An update was provided on the type of vaccine supply being received: Pfizer – frozen – 5 days expiry after defrost of 1000 dose increments and only 2 journeys; stock managed at Wales level; dilution and multidose (6 doses per vial). The EDPH mentioned that currently there were not enough predicted vaccines to vaccinate groups 1-4 by mid-February although the health board’s position remained that it was ready to vaccinate.</p> <p>The EDPH provided a representation of how many vaccines we needed to deliver though all the different sites, representing how much in terms of volumes would be given at each site.</p> <p>The EDPH provided the latest vaccination data with C&V delivering 13,596 vaccines, currently third in Wales behind Aneurin Bevan and Betsi.</p> <p>The EDPH provided an update on care home residents and the care home plan. She reminded the Committee that a lot of care home staff had now already been vaccinated. Currently a total 130 Care Homes to vaccinate (86 Cardiff; 44 Vale). Detailed plan would be shared with Local Authorities and Care Homes.</p>	

	<p>The EDPH shared the Primary Care Operational Plan:</p> <ul style="list-style-type: none"> • GMS to deliver 80+ and 70+ (just over 43,000 people) • Option for GMS (or other primary care contractors) to deliver to clinically extremely vulnerable (just under 15,000 people) • All 60 GP Primary Care practices committed to deliver requirements by 15 February 2021 <ul style="list-style-type: none"> - 3 practices already live (supplied with 100 vaccines each and a further 50 each to be delivered 14 January) - 14 practices go live on 11 January (same vaccine supplies) - 40 practices go live by 15 January (will have 50 vaccines each by 14 January) • Remaining 3 practices to be confirmed • All Practices using WIS • Positive feedback from initial delivery • Rapidly pulling together plan for involving other contractors – community pharmacy, dental and optometry to increase capacity. <p>Independent Member – University (IM-U) queried the second re-enforcing dose logistics given the predicted short supply of the first few weeks as more people would also be due their second dose. The EDPH responded that with the Pfizer vaccine, Welsh Government would keep that second dose at a sufficient quantity to be able to provide the second dose to them to then be weaved into the system with people already booking in for their second doses. She added that with the modelling, they were making sure the 11 week point from when the first Oxford dose was given, that some of that supply was to be given for second doses.</p> <p>Independent Member – Third Sector (IM-TS) asked in regards to the groups of people who had experienced disproportionate levels of Covid such as the minority ethnic communities where there may be issues around getting the message across, whether reaching into those communities had been specifically factored into the GP plan. The EDPH responded that Cardiff Council had hosted an evening session with BAME and wider faith leaders around Covid with mass vaccination being discussed. There was also a network of healthcare BAME workers in South Wales looking at an approach. In addition the test, trace and protect has a BAME subgroup that has been working on engagement with the local population around the messages, risks, and testing. She stated that there were a lot of myths and misperceptions and there was work to be done around understanding those issues and concerns as well as the positives.</p> <p>Resolved that:</p> <p>a) The Committee noted the report.</p>	
S&D 21/01/016	<p>Review of the Meeting</p> <p>The CC was happy with the format of the meeting and the members attending the meeting were in agreeance.</p>	
S&D 21/01/017	<p>Date & Time of Next Meeting:</p> <p>Tuesday 9th March 2021 at 09:00am Via MS Teams</p>	