

**CONFIRMED MINUTES OF THE STRATEGY AND DELIVERY COMMITTEE
HELD ON TUESDAY, 25 JUNE 2019
EXECUTIVE MEETING ROOM, WOODLAND HOUSE**

Present:

Charles Janczewski CJ UHB Vice Chair

In Attendance:

Abigail Harris	AH	Executive Director of Planning
Robert Chadwick	RC	Executive Finance Director
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director
Keithley Wilkinson	KW	Equality Manager

Secretariat:

Glynis Mulford GM Corporate Governance Officer

Apologies:

John Antoniazzi	JA	Independent Member - Capital
Sara Moseley	SM	Independent Member – Third Sector
Fiona Jenkins	FJ	Executive Director Therapies and Health Sciences

SD: 19/06/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the Strategy & Delivery meeting.	
SD: 19/06/002	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
SD: 19/06/003	DECLARATIONS OF INTEREST	
	Charles Janczewski declared his interest as Chair of the Quality and Patient Safety Committee at WHSCC.	
SD: 19/06/004	MINUTES OF THE COMMITTEE MEETING HELD ON 30 APRIL 2019	
	The Committee reviewed the minutes held on 30 April 2019. Subject to a few amendments the minutes of the meeting were agreed as a true and accurate record: SD: 19/04/008: Scrutiny of the Capital Plan – Item to read as: Work was underway to deliver a major trauma centre service by April 2020. In regard to the courtyard, plans were being developed and a business case was in progress to provide a dedicated trauma theatre. This would be co-joined with a hybrid theatre in the courtyard and	

	<p>would not be in place by 2020. Plans were underway to utilise our main theatres to provide the dedicated trauma theatre required to meet the standards.</p> <p>SD: 19/04/010: A Healthier Wales Implementation Update - Item to read as: Collectively with Cardiff & Vale local authorities the spend in joint local community services was in the region of £200m. Alastair Rose was one of the team of three identified by Welsh Government to lead on the development of a national clinical services plan.</p> <p>Page 11 Change word to from enforce to <i>reinforce</i>.</p> <p>Resolved – that:</p> <p>(a) Subject to the agreed amendments the Committee approved the minutes of the meeting held on 30 April 2019.</p>	
SD: 19/06/005	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>SD: 19/04/013: Digital Healthcare Update: In the Director of Transformation absence, items would be covered by the rest of the executive team.</p> <p>Resolved – that:</p> <p>The Committee REVIEWED the Action Log from the April meeting.</p>	
SD: 19/06/006	<p>CHAIRS ACTION TAKEN SINCE LAST MEETING</p> <p>There had been no Chairs actions taken since the last meeting.</p>	
SD: 19/06/007	<p>SUMMARY ON INTEGRATED CARE FUND</p> <p>The Executive Director of Planning provided a verbal update on the Integrated Care Fund. The following comments were made:</p> <ul style="list-style-type: none"> • This item was on agenda for the Regional Partnership Board but as yet the plan had not been finalised. Further proposals were being awaited which were overcommitted against the allocation. More work was needed to be undertaken on this with the two local authorities. • The Vale Local Authority had a large programme on developing an “older persons’ village” for Penarth with an investment circa £20-30m. The Vale Local Authority was looking for a more investment next year towards the programme. • Cardiff also had a list of projects on a smaller scale which they would want to progress with equal importance. Therefore further discussions were needed between the three organisations. • As a Health Board funding would be needed to make our health and wellbeing hubs operate and for them to be integrated with the local authority. More capital would be invested to complete the chapel at CRI. • The Intermediate Care Fund considered other aspects other than 	

	<p>housing and it was aimed that that the business cases which had been submitted would be considered.</p> <ul style="list-style-type: none"> • A more detailed report will be brought to the September meeting. <p>Resolved that:</p> <p>(a) The Committee noted the verbal update</p>	AH
SD: 19/06/008	<p>PERFORMANCE AGAINST STRATEGIC OBJECTIVES</p> <p>Childhood Immunisation Annual Update: The Executive Director for Public Health provided an update on the above paper stating the target for immunisation was to reach 95% in the community. The following comments were made:</p> <ul style="list-style-type: none"> • Work was being undertaken to address the issues with the uptake of vaccinations as they were declining in children under one-years. Low uptake was also seen amongst preschoolers. Data provided by Public Health Wales identified a mixed picture with the uptake of some vaccinations declining. The challenge would to manage this area and to identify why this had occurred. The report also highlighted that teenage vaccinations were the lowest in Wales. • Some of the immunisation challenges being faced related to a highly mobile population. Also amongst the black minority ethnic group, a significant lower uptake was shown. • In line with Welsh Government policy, new vaccinations and changes would be introduced to the immunisation programme being undertaken in 2019/20 and flu vaccination for children was key on the agenda. • The newly established Child Health Information System did not currently link into GP practice systems. The aim was to achieve a 'read only' captured on their systems. • A number of actions had been agreed by the Immunisation Steering Group and currently being explored was to immunise teenagers in school for their booster vaccination rather than GP practices. This work would have to be scoped as there would be a requirement for the funding to shift. Discussions would be undertaken with PCIC for approval. • There were good actions outlined in the report but recognised that the outcomes wanting to be achieved could not be visualised at present. • An update on the communications plan would be presented at a future meeting. <p>Resolved that:</p> <p>a) The Committee noted the current uptake of immunisations; forthcoming changes to the immunisation programme and the implementation of actions to deliver changes to the programme to improve uptake in childhood vaccination rates.</p>	FK

MAXIMISING PREVENTION IN THE UHB

The Executive Director of Public health informed members that the aim was to further strengthen our approach in maximising prevention and coordinating efforts in a stronger way.

- A number of projects were being undertaken across the Health Board relating to keeping people well such as '*Me, My Home and My Community*'. This linked in with the objectives of the Strategy and the transformation work. It also aligned to the work being delivered by the Public Service Board Wellbeing Plans.
- The UHB was smoke free and the report outlined some of the concerted actions to take things further.
- The Health Foundation was looking at strengthening the way the NHS could make a difference on health and wellbeing.
- The Faculty of Public Health and the Health Foundation was interested and actively investigating the role of healthcare in prevention.
- This could be achieved in multiple ways such as Amplified 2025 and engaging with Clinical Champions to support the agenda.
- There were five actions proposed to deliver the plan such as the Healthy Travel Charter. The aim was to encourage and support staff to demonstrate that everyone had the ability to do something in regard to prevention.
- It could be demonstrated that a lot of good work had been undertaken. This was shown with a suite of indicators which was fed into the report. In addition, a set of trend data were available to assess progress in delivery. A summary of this to be brought to the December meeting
- A communications post had been advertised and the prevention plan would be followed through once the person was in place.

FK

Resolved that:

- a) Noted the proposed approach, with each Clinical Board playing a leadership role with their teams and services
- b) Individually role model healthy living

HAVING A PLANNED CARE SYSTEM WHERE DEMAND AND CAPACITY ARE IN BALANCE

- The Operational Planning Director provided a presentation which gave a baseline on the above. This was a multi-year programme of work designed to move in the position to be achieved. The following comments were made:
- The planned care system was one of the objectives in the 10 year Strategy. These were natural phases of work which

blended in together toward the overall objective. The focus was to be in a place of control with the planned care system.

- In previous years the UHB encountered very long waiting times across a number of areas which were both deteriorating and increasing. There was unpredictability on how long patients were waiting. This was replicated across Wales.
- The aim was to reach a point of delivering a standard of care and services deemed acceptable and was working with Welsh Government national standards as a benchmark. In addition, this would be blended into a transformational piece of work by changing the nature of the services by providing what patients wanted and needed. The use of digital technology was also under consideration.
- This was a positive year for 2019/20 and was on track to deliver the key milestones and objectives in line with IMTP commitments and there was significant progress in key services.
- Although success had been achieved in dealing with long waiting lists, the numbers of patients waiting overall increased as demand escalated. The longest waiting lists had been condensed through better management and tighter control but was not achieving a balanced system between demand and capacity.
- **36 week profile:** From January 2015 there had been a steady and sustained improvement over the period of time. One of the objectives achieved from last year was moving from a quarterly to a monthly approach to deliver the profile. This resulted with the fewest number of patients over a 36 week period in Wales.
- **Diagnostic and Therapies:** The number of patients over an 8 and 14 week period had been eliminated. A few challenging areas remained such as cardiology and complex endoscopy services but overall the volumes had disappeared.
- The Chief Operating Officer stated in general the waiting list volume had stabilised and was moving in a different direction. Previously, the back of the list was dealt with but it did not reduce the overall size of the waiting list with around 80k patients. Regarding therapies, it had been 9 years since there was a clear therapy list. The clinical teams were commended for delivering this piece of work.
- The Chair said that when the Health Minister met with the vice chairs he recognised the impact that Cardiff and Vale had on the all Wales position.
- **Neurosurgery and paediatric surgery:** A rapid improvement had been seen in this area especially in paediatrics as it had been on a declining position for three years. The turning point had been securing additional resource from Welsh Government to retain a locum to provide extra work and made large improvements by repatriating services. It was also recognised that nurse practitioners had worked hard to get to this position.
- **Outpatient Waiting List:** There had been growth in the outpatient waiting list fluctuating with between 40-50k patients

which had been steadily increasing from January 2015 to October 2017. Numbers stabilised last year however, the figures were still too high but regarded the current status as sustainable. Although this was a substantial change there were challenges across different specialties. Some areas were volatile and unplanned events could cause difficulties in managing services.

- More outpatients were being dealt with than in previous years with growth at around 1% per year. It was recognised that accumulatively this added to the impact on the waiting list.
- **Treatment Waiting List:** Stepped improvements had been seen during this period stating these were more difficult to deliver and more expensive.
- **Phase 2:** Compliance was being delivered against national standards and were transitioning into phase 3. This was a more transformational view of the way services were delivered. Therefore, there was a need to reduce waiting lists to zero this year for 36 and 52 weeks profiles.
- The targets for Welsh Government had reduced the treatment waiting list from 36 to 26 weeks and recognised there was a need for the organisation to have higher expectations and for some of the specialties to drive the figure down further.
- Two broad approaches were being taken to achieve the targets with a suite of operational efficiency actions. Work was being undertaken with the transformation team to look at reducing theatre cancellations and improving endoscopy efficiency. A 16 week project saw improvements through the output by a piece of work being undertaken on reducing outpatients DNAs. Work was also being assessed on reducing bed efficiency.
- This would transition into a transformational programme with key projects being undertaken such as a piece of work reviewing what the outpatient offering would look like in 5-6 years' time. The HealthPathways assessed how we were redesigning services and the methods of working between primary and secondary care.
- The aim for treatment was to optimise patient care prior to surgery to obtain better outcomes with the prehab and rehab work and to gain shorter length of stay.
- **Programme risks:** In achieving our objectives demand patterns were identified due to changes in standards such as NICE guidelines and modifications in the way services were managed. Other issues needed to be considered as this would drive more demand in key diagnostic services.
- The growth population would continue to impact on services as there would be a sustained increase in demand.
- **Workforce theatres:** A number of vacancies were still outstanding but good progress had been made in recruitment. Other initiatives which were ongoing drew on resources. Highlighted were infrastructure constraints and theatres in Llandough had to close down. To mitigate the risks, two theatres in Llandough would be operational from next month.

The Chair appreciated and commended the approach and style of the

	<p>presentation. A request was made for the presentation to be uploaded onto IBabs.</p> <p>Resolved – that:</p> <p>a) Noted the presentation on A Planned Care System Where Demand and Capacity are in Balance</p>	
<p>SD: 19/06/009</p>	<p>MENTAL HEALTH MEASURES: BASELINE INFORMATION</p> <p>The Chief Operating Officer presented the report which set out specialist CAMHS service which was provided through a network hosted by Cwm Taf. In 2017 it was agreed for the service to be repatriated back to the Health Board because of growing concerns about performance. The following comments were made:</p> <ul style="list-style-type: none"> • The service was repatriated back to the Health Board in April 2019. There was an enormous undertaking to bring back the service to Cardiff and Vale and thanked the team for the huge task achieved. • The move provided the team to examine the needs of the service and to look at the scale of the challenge they faced with the inherited position. • The waiting list had grown and this was despite waiting list initiatives. • The backlog of 100 patients was too high and the weekly capacity for assessments was well below what the demand was. It was recognised that the current position going forward would worsen. • The paper sets out the immediate action to mitigate the deterioration and realised there was a need to review the service. • Expert advice would be provided and over the next 28 days a review of the service would be considered looking at the demand of current practices. From these actions the productivity and redesign work needed to be undertaken would be realised and how and when the work could be achieved. • Additional funding for health services would come through the Mental Partnership Board. Some of the services were non health services and was working with third sector on this. There would also be investment for a digital platform. • Welsh Government had provided an extra £2m funding for Mental Health Services with investment across a range of services and a significant proportion would be spent on CAMHS. The review would be completed by 1 September and an update would be provided at the next meeting. • The Chair stated the Committee had been allocated by the Board to monitor CAMHS performance and would be on agenda as a regular feature. <p>Resolved – that:</p> <p>a) The Committee noted the status of the Specialist CAMHS service inherited by the UHB and the implications for</p>	<p>SC</p>

	<p>performance</p> <p>b) Noted that a definitive trajectory for improvement cannot be developed until the work on service redesign, productivity and recruitment has progressed further</p> <p>c) Noted the plans to review the service models and recruit to the existing vacancies in a context of scarce skills</p>	
<p>SD: 19/06/010</p>	<p>COMMERCIAL DEVELOPMENTS</p> <p>The Executive Director of Planning presented the report which provided an overview of Commercial Developments. The following comments were made:</p> <ul style="list-style-type: none"> • Overall the Health Board had made good progress by making a surplus from the outlets. There had been staffing issues with Y Cegin and also moving staff across from Starbucks to Aroma. • The Y Cegin accounts had moved into the black. This had been achieved with 75% healthy eating options. • The Trade Union had asked through the Health and Safety Committee to support a healthy eating menu at a lower cost in order to provide reasonably priced food for all employees. Members were informed that employees food was slightly reduced and emphasised this was not a subsidy but the restaurant had to remain competitive. • It was recognised that there was a proportion of lower paid staff and could look at providing one cheaper healthier meal. <p>Resolved – that:</p> <p>a) The Committee noted the contents of the report</p>	
<p>SD: 19/06/011</p>	<p>KEY ORGANISATIONAL PERFORMANCE INDICATORS</p> <p>The Chief Operating Officer presented a general update on high level measures which looked at planned care and general trends. The following comments were made:</p> <ul style="list-style-type: none"> • Planned care: Although planned care showed we were off our IMTP trajectory for this year, there was good news with the transition to monthly delivery reports. This showed that extreme deteriorations had largely been eliminated between the performance points of the quarters. • At the end of last year there was a ‘bounce back’ in terms of the 36 week position with over 1500 patients this had reduced to 300 patients. Ophthalmology and orthopaedics still posed a challenge. Orthopaedics moved from a volume issue to a specialty issue as there were a significant number of spinal patients with complex procedures. • The variations to plan were not extreme and were liaising with Welsh Government about the cause and the action taken to manage these services. There was confidence the targets could be delivered. • Diagnostics: A big change during the year occurred where 300 	

	<p>other diagnostics were brought into the position. The expectation was to reach a zero position by July.</p> <ul style="list-style-type: none"> • Cancer: The current position was at the mid-80s. A defined piece of work needed to be undertaken as the 62 day urgent suspect cancer was more challenging than previously anticipated. • Significant increases in demand had been seen across the board last year with 16% for urology cases and 24% for GI. In addition, 40% of our consultant capacity was lost over a short period of time. A neurologist would be brought in this year and work would be undertaken on multiple diagnostics in GI. The number of patients being treated had not significantly increased. • Follow up outpatient: this had improved this year and C&V had a particular issue over systems and data and there were large movements in this area. Improvements on systems had to be made to avoid unnecessary additions to the list. • Unscheduled Care: Last year had seen good progress and this continued for the first two months of this year. June had been challenging and saw very high numbers. The expectation was no improvements would be made compared to last June. Work was continuing with Lightfoot to improve length of stay. • The Executive Director of Nursing commented that the work undertaken made a difference to patients. Although there had been an increase in the number of patients complaining this was not in regard to patients waiting in the complaints process. There was a trend showing in orthopaedics this was in relation to expectations not being met. <p>It was stated the more we use patient outcome measures discussions could take place on whether surgery could achieve expected outcomes.</p> <p>The Chair questioned the downward trend in Mental Health measures, in response it was stated that part 1a measure in adult Mental Health saw a rise of referrals to 1,350 in November. This number had now reduced to 1,100. This was still above the reset figure by 200. Also encountered were issues with short term vacancies. This caused problems as a Mental Health Primary Care Service had been developed which drew resources away from other areas. The aim was to be fully recovered by July. The other pressure was influenced by the CAMHS position.</p> <p>Resolved – that:</p> <p>a) The Committee noted year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board’s Integrated Medium Term Plan (IMTP)</p>	
	<p>Workforce indicators</p> <p>The Executive Director of Workforce and Organisational Development provided a high level view of key areas and looked at the changes in metrics. The following comments were made:</p>	

	<ul style="list-style-type: none"> • It was pleasing to see the total number of grievances stood at 10. • Work had been undertaken to move the cases out of the formal arena and for more informal discussions to take place in the first instance. • A query was raised regarding 89% of job plans being recorded and 32% having a 12 month review. The Committee was assured that clinicians were working to job plans but they had not reviewed in 12 months. A piece of work is being undertaking with 1:1 interventions to seek out the problem. <p>Resolved that:</p> <p>b) The Committee noted the report</p>	
<p>SD: 19/06/012</p>	<p>EMPLOYMENT POLICIES</p> <p>The Executive Director of Workforce and Organisational Development presented the employment policies, stating over the past few months the team had undertaken work to simplify and streamline a large number of employment policies. These had been placed under policy headline groups and alongside these were procedures and guidelines. The new policies had been well received and other directorates were looking to do similar work in managing the policy process.</p> <p>Resolved – that:</p> <p>The Committee approved the following policies:</p> <ol style="list-style-type: none"> Approved the following Policies: <ol style="list-style-type: none"> Learning, Education and Development (LED) Policy Adaptable Workforce Policy Employee Health and Wellbeing Policy Recruitment and Selection Policy Approved the extended review date of March 2020 for the Equality, Diversity and Human Rights Policy Considered and comment on the Welsh Language Policy Rescinded the Supplementary Statement of Terms of Conditions of Service on the basis that it is no longer used or fit for purpose and the Health and Wellbeing Policy as this is being replaced by the new Employee Health and Wellbeing Policy Adopted the amended NHS Wales Disciplinary Policy and Procedure Approved the full publication of these documents in accordance with the UHB Publication Scheme 	
<p>SD: 19/06/013</p>	<p>ANNUAL EQUALITY PLAN</p> <p>The Equality Manager presented the report. The following comments were made:</p>	

	<ul style="list-style-type: none"> • The Health Board (HB) had a legal obligation to produce an equality plan and the report outlined its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP). It was acknowledged that progress to date had been good. There were two ordinances for the report which were the Health Board and the public and was an attempt to balance the information in the report. • Progress this year had been good and a number of colleagues worked on the equality agenda and it was important to note and recognise staff involved. • It was commended that it was good to see the work on a number of areas including patient reported outcomes in the system and the link in with the organisations' values. • It was suggested for the Wellbeing of Future Generations Act to be incorporated in the plan as there were a number of areas where this linked in. The Committee was assured this would be attended to and also would ensure the report would be in alignment with the 10 year Strategy and Healthcare Standards. • Over the next six months work would continue on consultation of the next strategy and was collaborating with Public Health Wales and Velindre. A public consultation had been arranged for 16 October 2019. • The Equality Manager was would be going on tour with Investor Stakeholders to meet individuals and groups to relay the intentions around the consultation plan. <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee commented on the Annual Equality Statement and Report • The Annual Equality Statement and Report be noted 	KW
SD: 19/06/014	<p>BOARD ASSURANCE FRAMEWORK: SUSTAINABLE CULTURE CHANGE</p> <p>The Director of Corporate Governance presented the report which was updated at the last Board meeting. The following comments were made:</p> <ul style="list-style-type: none"> • The paper was presented to the Committee for members to undertake any checks and challenge. The risk had been discussed with Management Executive to ensure the correct controls were in place. • The Executive Director of Workforce and Organisational Development stated when reviewing the risk with team the priority was to mitigate the risk and the team met regularly to review the status. Progress was noted with a reduction in the risk from 12 to 8. <p>Resolved – that:</p> <p>a) The Committee reviewed the attached risk in relation to Sustainable Culture Change to enable the Committee to</p>	

	provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.	
SD: 19/06/015	<p>FEEDBACK ON COMMITTEE EFFECTIVENESS REVIEW</p> <p>The Director of Corporate Governance presented the report. The following comments were made:</p> <ul style="list-style-type: none"> • The results from the survey and appendix 1 and 2 provided the outcome of questions. • Four key points were taken out and put into an action plan. Common themes were identified and looked at the elements where the committee was adequate, the information presented to the committee and the follow up work against this. • The Chair appreciated the busyness of teams and was happy if papers could not be delivered to provide a verbal update and a paper to follow at the next meeting. • To improve the flow of the committee a meeting would be arranged with the Chair, Executive Lead and Director of Corporate governance. <p>Resolved – that:</p> <ol style="list-style-type: none"> a) The Committee noted the results of the Committee Effectiveness Review for 2019. b) Approved the action plan for improvement to be completed by N 2020 in preparation for the next Effectiveness Review 	CJ, AH, NF
SD: 19/06/016	<p>THE FOLLOWING ITEMS FOR NOTING AND INFORMATION WERE PRESENTED:</p> <p>Joint Commissioning Strategy for Adults with Learning Disabilities - The Executive Director provided a summary and highlighted the following points:</p> <ul style="list-style-type: none"> • This item would be on the agenda at the Regional Partnership Board in terms of co-production and engagement. The Strategy was significantly informed by learning disabled people regarding outcomes that matters. • Progress was needed on how to utilise resources. • To consider long term residential placements and enable people to live closer to home. • An opportunity was available to unlock the model by Swansea Bay. 	
SD: 19/04/017	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE</p> <p>There were no items to bring to the attention of the Board / Committee.</p>	
SD: 19/04/018	REVIEW OF THE MEETING	

SD: 19/04/025	ANY OTHER URGENT BUSINESS There was no other business to raise	
SD: 19/04/026	DATE OF THE NEXT MEETING OF THE COMMITTEE Tuesday, 3 September 2019, 9.00am – 12.00pm Woodland House, HQ	