

Confirmed Minutes of the Strategy & Delivery Committee
Tuesday 29th October – 9:00am – 12:00pm
Nant Fawr 1 & 2, Woodland House

Chair:

Charles Janczewski CJ UHB Interim Chair & Committee Chair

Members:

Sara Moseley SM Committee Vice Chair & Independent Member – Third Sector

In Attendance:

Caroline Bird	CB	Deputy Chief Operating Officer
Robert Chadwick	RC	Executive Director of Finance
Marie Davies	MD	Deputy Director of Planning
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Aaron Fowler	AF	Interim Head of Corporate Governance
Andrew Gough	AG	Assistant Director of Finance
Fiona Kinghorn	FK	Executive Director of Public Health
Len Richards	LR	Chief Executive Officer
Jason Roberts	JR	Deputy Nurse Director
David Thomas	DT	Director of Digital & Health Intelligence
Geoff Walsh	GW	Director of Capital, Estates & Facilities

Secretariat:

Laura Tolley LT Corporate Governance Officer

Apologies:

John Antoniazzi	JA	Independent Member
Ruth Walker	RW	Executive Nurse Director

S&D 19/10/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the public meeting. The CC extended a special welcome to Len Richards - Chief Executive Officer (CEO), Aaron Fowler – Head of Corporate Governance (HCG), Caroline Bird, Deputy Chief Operating Officer, Geoff Walsh – Director of Capital and Estates (DCE), Marie Davies – Deputy Director of Planning (DDP) Andrew Gough, Assistant Director Finance (ADF), and Jason Roberts – Deputy Executive Nurse Director, who were all in attendance at the meeting.	
	Quorum The CC confirmed the meeting was quorate.	
	Apologies for Absence Apologies for absence were noted.	

S&D 19/10/004	<p>Declarations of Interest</p> <p>There were no interests declared.</p>	
S&D 19/10/005	<p>Minutes of the Committee Meeting held on 3rd September 2019</p> <p>The Committee reviewed the minutes of the meeting held on 3rd September 2019</p> <p>Resolved – that:</p> <p>(a) the Committee approved the minutes of the meeting held on 3rd September 2019 as a true and accurate record.</p>	
S&D 19/10/006	<p>Action Log following the Meeting held on 3rd September 2019</p> <p>The CC commented on the following:</p> <p>Action 19/06/008 – Action contained too much information and reminded Committee members that comments in the action log should only be a couple of sentences for clear and concise reading.</p> <p>Action 19/06/015 – it was noted that a meeting had been re scheduled for 19/11/2019.</p> <p>Action 19/06/018 – the CC requested that the Deputy Chief Operating Officer (DCOO) agree a deadline date for this action.</p> <p>Resolved – that:</p> <p>(a) the Committee reviewed the action log following meeting held on 3rd September 2019</p>	CB
S&D 19/10/007	<p>Chairs Action taken since last meeting</p> <p>There had been no Chairs actions taken since the last meeting.</p>	
S&D 19/10/008	<p>Wellbeing of Future Generations Act – WFG Flash Report</p> <p>The Executive Director of Public Health (EDPH) introduced the report and explained the following:</p> <ul style="list-style-type: none"> • Very detailed and positive feedback had been received from the recent self-assessment although there was a perception that the Wellbeing of Future Generations Act (“the Act”) was not being embedded and embraced by Health Boards across Wales, therefore, learning would be taken on board. • A recent audit had been undertaken by Wales Audit Office which was very positive, working with communities came out strongly and it was demonstrated that the wellbeing objectives were aligned to the strategic objectives of the Health Board. The EDPH advised the Committee that ongoing work was underway to embed the Act 	

	<p>across the UHB.</p> <p>The Independent Member – Third Sector (IM – TS) congratulated the team for aligning the wellbeing objectives to the UHB Strategy and asked how assurance was sought from the Future Generations Commissioner (FGC), what was expected externally from C&V UHB and were the team confident we were meeting external expectations? In response, the EDPH advised that a sustainable future, holistic report was being developed and the detailed report from the self-assessment could be shared with the IM-TS for further understanding.</p> <p>The CEO advised that the FGC required a separate section on the Act outlined in all areas across the UHB, however, C&V UHB aimed to show that the Act was embedded in the whole approach of the UHB. The CEO informed the Committee that the C&V UHB sustainable travel example was being promoted across Wales.</p> <p>The CC expressed appreciation for the Flash Report and advised that it provided the Board with assurance that the UHB were trying to embed the Act.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Wellbeing of Future Generations Act – WFG Flash Report.</p>	FK
S&D 19/10/009	<p>Ensuring that service provision, quality, finance and workforce elements are aligned and integrated</p> <p>The ADF introduced the presentation and confirmed that its purpose was to provide an example of how the quality, finance and workforce elements were aligned through the work of the Business Case Approval Group (BCAG). The ADF confirmed the following:</p> <ul style="list-style-type: none"> • BCAG provided assurance about the commitments the UHB entered into and ensured appropriate exit strategies were in place for short term funding arrangements. • Cases relating to Transformation funds and Integrated Care Fund (ICF) bids do not go through BCAG. <p>Membership of BCAG included:</p> <ul style="list-style-type: none"> • Director of Finance – Chair; • Director of Planning; • Director of Workforce & Organisational Development; • Deputy Director of Finance; • Chief Operating Officer; and • Public Health Consultant. <p>Clinical Board Directors were also invited as Multi-Disciplinary Teams to present business case proposals and share patient experiences and different approaches to value based healthcare.</p>	

	<p>The following outlined an integrated approach:</p> <ul style="list-style-type: none"> • Consideration of geographical factors; • Key Stakeholder involvement, including cross Clinical Board working and sign off; • Anticipated strategic, financial, operational, regulatory, political or reputation risk; • Population and community impact; • Health inequality impact; • Affordability and value for money; and • Clinical effectiveness and added value of service implementation. <p>The ADF advised that BCAG questioned whether the investment provided real value to patients and improved their quality of life or prospects for recovery by taking the following 4 value pillars into consideration:</p> <ol style="list-style-type: none"> 1. Personal Value; 2. Technical Value; 3. Allocative Value; and 4. Societal Value. <p>The IM – TS asked what the key enablers in practice were. In response, the ADF advised that work on cross clinical board learning was developing well and that fewer business cases were going through BCAG as Clinical Boards had increased ownership and analysed their own funding before submitting bids for consideration.</p> <p>In relation to cross clinical board working, the IM-TS asked if it was linked with Amplify and other organisational development initiatives. In response, the CEO advised that Amplify tried to tackle reducing barriers as well as the Spread and Scale programme. The CEO advised that there was a long way to go to improve cross clinical board working, however, a significant improvement had already been seen.</p> <p>The CC thanked the ADF for the presentation and encouraged all executive colleagues involved in this agenda item to continue using real life examples to demonstrate how service provision, quality, finance and workforce elements are aligned and integrated</p> <p>Resolved – that:</p> <p>(a) the Committee noted the presentation.</p>	
<p>S&D 19/10/010</p>	<p>Scrutiny of the Workforce Plan</p> <p>The Executive Director of Workforce & Organisational Development (EDWOD) introduced the report and confirmed that it was the annual review of the workforce plan. The EDWOD explained that there were 2 workshops being rolled out across the UHB:</p> <ol style="list-style-type: none"> 1. Improving right bed, first time; and 2. Amplify Showcase. 	

The EDWOD further explained that Welsh Government were assessing C&V Workforce to ensure there was sufficient workforce in place across the UHB. In relation to Equality Champions, a paper would be presented to the Committee in January, this included the significant changes required across the UHB to meet the Welsh Language Standards in the coming months.

In terms of data, there had been a significant improvement seen in statutory and mandatory training requirements and the EDWOD explained that the Chair of the Health & Safety Committee requested an action plan be brought to the Health & Safety Committee to monitor improvement around Fire.

Absence had started to increase slightly above the 5% target, however the EDWOD was assured that actions to monitor and manage absence were sufficient.

Regarding Brexit, it was suspected that a “No Deal” was off the table but hard work was being undertaken across the UHB to engage with EU staff to obtain their residential status. There had not been any indication of any EU staff members leaving the UHB to date.

The IM – TS asked how Amplify momentum and engagement was being kept up? In response, the EDWOD explained that during the first Amplify event, each Executive that attended ‘sponsored’ a table and those Executives were having individual and group discussions to see the impact that Amplify has made. The EDWOD further explained that the branding of Amplify was far more developed and advanced than he had first anticipated when it launched. The CEO added that Amplify was being adopted across the UHB and a number of training programmes had been developed and rolled out across the UHB since Amplify, such as, Acceler8.

The CC confirmed Acceler8 and other development sessions were part of a new leadership programme and he was keen to develop individuals correctly, therefore he requested that a paper be brought to the Committee which outlined how this would be monitored to ensure outcomes were delivered.

The CC questioned the workforce integration and noted an informal meeting with the Cardiff Council HR Director.

The CC commented on the continued low level of renewal of consultant job plans. This was a long standing issue with little progress seen, therefore the CC requested an indication of progress. In response, the Executive Medical Director (EMD) advised the Committee that he and the EDWOD were in agreement that a locally delivered approach that included an automated system, with centralised monitoring was required and that a paper was currently being developed for this, however, the team were waiting for internal audit outcomes before confirming final decisions.

MD

	<p>The CC explained he was very encouraged and assured with the direction of travel within Workforce & Organisational Development.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Scrutiny of the Workforce Plan.</p>	
S&D 19/10/011	<p>Scrutiny of the Capital Plan</p> <p>The DCE introduced the report and advised the Committee:</p> <ul style="list-style-type: none"> • Confirmation of further funding of £4.5 million had been received for imaging equipment. • £2.9 million ICF funding had been received for the Chapel Scheme in Cardiff Royal Infirmary. It was explained that the Chapel in Cardiff Royal Infirmary was being converted into an information and café area which will also provide a library service for the Roath area. It would also include an upstairs meeting room to be used by the UHB and community and also a computer suite for Local Authority and community use. • Neonatal facility was handed over to Estates. Building work was now completed and the team were in the process of installing two MRI Scanner Suites and completion was expected in 2020. <p>The IM – TS asked if there was anything causing concern within Estates currently? In response, the DCE confirmed that the team had experienced frustrations with schemes being delayed, which meant timescales given were not met.</p> <p>The CEO explained that the Committee could not under estimate the difficult facilities that people were working out of and this was recognised across the UHB. The CEO added that this was not the fault of the Capital Programme, but was due to the lack of investment over past years, therefore the team were prioritising major risks in identified areas but were looking to convince Welsh Government of the need for a new hospital.</p> <p>The CC confirmed that the Committee were provided with assurance that Capital, Estates & Facilities schemes were monitored closely.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Scrutiny of the Capital Plan.</p>	
S&D 19/10/012	<p>Draft IMTP</p> <p>The DDP introduced the paper and advised the Committee that the team were aiming to get the IMTP signed off by the Board in November. There had been very good engagement from Clinical Boards and Corporate Teams across the UHB and the team had a well-established process where a series of workshops were undertaken to ensure the IMTP was</p>	

	<p>appropriately refreshed and focussed.</p> <p>The DDP explained that the finances were a work in progress and the financial plan would be added in December. The Executive Director of Finance (EDF) reminded the Committee of the underlying financial deficit, and should the financial targets not be met, this would have a significant impact on the IMTP.</p> <p>The CC asked how the Cluster IMTP's were being managed? In response, The DDP explained that Clusters were developing and a lot of aspirations were being picked up through schemes from Amplify and the Regional Partnership Board Forum.</p> <p>The CC explained that it was critical for the UHB to get an IMTP that was deliverable and advised the Committee that better monitoring of the IMTP process was required to analyse performance and deliverables, therefore, it was agreed that quarterly monitoring reports would be brought to the Committee for information.</p> <p>Resolved – that:</p> <p>(a) The Committee discussed the Draft IMTP.</p>	MD
<p>S&D 19/10/013</p>	<p>Digital Healthcare Strategic Outline Case</p> <p>The Director of Digital & Health Intelligence (DDHI) introduced the presentation and confirmed the UHB were committed to delivering a Digital Strategic Outline Case by the end of the year which incorporated “Wyn” to ensure the patient voice was heard.</p> <p>The DDHI explained the following:</p> <ul style="list-style-type: none"> • An informatics plan was developed last year, and it was a 3 year plan. Improvements were being made and Lightfoot were analysing data that the UHB already captured, this improved systems across the UHB. • Data repository work was being undertaken to achieve real time data. • Work was underway to create useable systems to enable a digital population and workforce. • Office 365 was being rolled out across the UHB and this would transform the way the UHB works. • Patient Knows Best system was being developed <p>The DDHI advised the Committee that WiFi was a particular concern, therefore using the transformation funding, the team were looking at how WiFi could be less reliant on Health Charity Funding. The DDHI added that the UHB required a change in culture to enable a digital workforce.</p> <p>The CC asked how would support be given to Third Sectors that were not</p>	

	<p>digital? In response, the DDHI explained that the full answer was not known and discussions were required to address some issues.</p> <p>The EDF asked the DDHI to clarify with Welsh Government if the £25 million Capital was recurrent.</p> <p>The EMD asked how the DDHI would get clinical engagement to ensure that the systems developed and implemented would be functional for the frontline clinicians and nurses? In response, the DDHI confirmed that the team were going out to all Clinical Boards between October and January to gain feedback. The EMD advised the DDHI that service by service engagement was required. The EMD confirmed that a meeting would be arranged outside of the meeting to discuss this further.</p> <p>The CC reminded Committee Members that the Committee was only looking at strategic outline case and the Digital Health & Intelligence Committee would look at the detail and scrutinise as they felt appropriate.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Digital Healthcare Strategic Outline Case</p>	<p>DT</p> <p>SW / DT</p>
<p>S&D 19/10/014</p>	<p>Developing a Performance Framework</p> <p>The CC advised the Committee that Sharon Hopkins, previous Deputy Chief Executive Officer, began the process some time ago as the Committee needed to see performance databases and Executives needed to work out what areas required focus.</p> <p>The DDHI explained that clarity was required around what performance data the Committee wanted to be provided with, the report provided at the meeting reviewed framework measures and summarised these.</p> <p>The CC confirmed that a meeting would be booked outside of the Committee to discuss how to gather information and report correctly into the Committee, and subsequently, the Board.</p> <p>The desire to get a framework in place was shared amongst all members of the Committee and it was agreed that an update would be provided at the next Committee meeting.</p> <p>Resolved – that:</p> <p>(a) the Committee discussed the Performance Framework.</p>	<p>DT</p>
<p>S&D 19/10/015</p>	<p>Key Organisational Performance Indicators</p> <p>The DCOO introduced the paper and confirmed the following:</p> <ul style="list-style-type: none"> Whilst IMTP targets had not been achieved, significant improvements had been seen, especially within RTT and Cancer. 	

- Tax Pensionable Issues were still proving difficult, however, work was being undertaken to address this.
- Higher admissions had been seen in Unscheduled Care, in September alone, 1000 more patients came through the front door, therefore work was being carried out which focused on improvement of patient flow in preparation for Winter.

The CC confirmed within the Mental Health Measures, Part 1a, an improvement to 58% had been seen, however, the target of 80% was still not being met, same with CAHMS performance. Therefore the CC asked what work was being undertaken to achieve this and what assurance could be offered that an improvement would be seen? In response, the DCOO explained that in October the team became compliant and this was expected to be sustained. In terms of CAHMS, an improved performance should be seen in November and compliance should be met in January 2020.

The IM – TS added that a similar discussion had taken place within the Mental Health & Capacity Legislation Committee, rapid improvement was expected and CAHMS data had been requested to be taken to the Committee in January 2020 where further assurance should be gained.

The CC explained that it was good to see the Cancer figures moving in the right direction and asked for the Committee to be assured that the performance would be sustained. The DCOO advised that the enablers to keep moving forward were:

1. Strengthened tracking performance; and
2. Addressing two HealthPathways, Urology and Gastroenterology

The DCOO confirmed that work was being undertaken to get demand and capacity in balance. Money had been received from Welsh Government to fund this and posts were currently being advertised to support the services.

The CC asked with the incredible increases in activity levels within the Emergency Unit, how the Staff were coping? In response, the DCOO explained the need to recognise the additional pressures but staff were managing very well, however, there was a need for the winter plans to be resilient to enable staff to cope with the additional winter pressures.

The Deputy Nurse Director (DND) informed the Committee that staff are coping and are aware that they can escalate concerns appropriately should they wish.

The CEO advised the Committee that across the wider system there were some concerning plans being made. As other organisations were struggling more than C&V UHB, in particular with ambulance waiting, plans were being developed to cohort patients outside of Emergency Departments, which meant patients would be assessed and treated by paramedics before accessing the Emergency Department. Whilst this

	<p>enables ambulances to be released back into the system, a risk for patients was identified. The CEO explained that should C&V UHB be asked to do this, it would be resisted due to the patient risks identified.</p> <p>The CEO also advised of a wider demand and capacity issue where, if other Health Boards Emergency Departments were too full, patients would be expected to be transferred to C&V UHB. The CEO explained that this would have a significant impact on C&V UHB as an organisation and would dislocate the system going forward, therefore, C&V were resisting this and reasons why this would not be good were being explained. The CEO confirmed that the position of C&V UHB was that all Health Boards need to improve patient flow within their hospitals. The CEO confirmed he would keep the Committee informed regarding this.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee noted the 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) 	LR
S&D 19/10/016	<p>Any Other Business</p> <p>Resolved – that:</p> <p>(a) There was no other business to discuss.</p>	
S&D 19/10/017	<p>Items to bring to the attention of the Board</p> <p>Resolved – that:</p> <p>(a) There were no items to bring to the attention of the Board</p>	
S&D 19/10/018	<p>Date & Time of next Meeting</p> <p>Tuesday 14th January 2020, Executive Meeting Room, Woodland House</p>	