

**CONFIRMED MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 5 JUNE 2018 AT 9AM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski
Dawn Ward
Eileen Brandreth

Chair – UHB Vice Chair
Independent Member – Trades Unions
Independent Member – ICT

In Attendance:

Abigail Harris
Martin Driscoll
Robert Chadwick
Ruth Walker
Sharon Hopkins
Steve Curry

Director of Planning
Director of Workforce and OD
Director of Finance
Executive Nurse Director
Director of Public Health
Chief Operating Officer

Apologies:

Gary Baxter
Maria Battle
Sara Moseley
Geoff Walsh
Len Richards
Marie Davies
Peter Welsh

Independent Member – University
UHB Chair
Independent Member – Third Sector
Assistant Director of Planning
Chief Executive
Deputy Director of Planning
Director of Corporate Governance

Secretariat:

Glynis Mulford

SD: 18/017 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SD: 18/018 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SD: 18/019 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he presided over the WHSSC Quality and Patient Safety Committee. Eileen Brandreth informed the Committee that she was employed by Cardiff University.

SD: 18/020

UNCONFIRMED MINUTES OF THE MEETING HELD ON 13 MARCH 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 13 March 2018.

SD: 18/021

ACTION LOG FROM MEETING HELD ON 13 MARCH 2018

The Committee **RECEIVED** the Action Log from the meeting of 13 March 2018 and **NOTED** the following:

18/009: *Shaping Our Future Wellbeing Strategy* – It was stated this was all in hand although there was more work to be done on the document. This item will be addressed further in the September meeting.

17/046: *Capital Programme Report* – The Committee was informed that neonatal was no longer an issue.

SD: 18/022

TERMS OF REFERENCE FOR THE STRATEGY AND DELIVERY COMMITTEE

The Chair invited members to consider the Terms of Reference and thanked those involved for their contribution. The Committee was happy with the content although it was acknowledged the document would still need fine tuning as the Committee is progressed. It was highlighted in relation to 3.5 on the attendees list, to change the name “Director of Nursing” to “Executive Nurse Director”.

ACTION: Secretariat

SD: 18/023

CAPITAL PROGRAMME REPORT

Mrs Abigail Harris, Director of Planning, presented an update on the above report. As the paper was so broad a more condensed flash report would be delivered to the next meeting. There were no outstanding risks to draw to attention of the Committee but in relation to neonatal, the work was progressing well. The risks around asbestos disturbance had brought slippage to the programme but this was now on track to deliver with a revised timetable.

There was some work to be undertaken around operational issues for implementing the model of service delivery between our Health Board and Cwm Taf. This was around paediatrics and neonates. It was noted that Cwm Taf is still refining the service model. The Rookwood business case was with Welsh Government (WG) the scrutiny questions had been sent to the Health Board. The responses are currently being finalised. There were no issues to report but it was

pointed out that the Health Board was still awaiting a letter of support from Welsh Health Specialised Services Committee (WHSSC).

The following points were discussed:

- Going forward there would need to be a better balance of estates, IM&T and medical equipment in the report as the issues were related. There was a need for the Committee to understand the breadth of the remit when reshaping the report and to look at what was essential by considering those things appropriate. The Executive Director lead for IM&T and medical equipment confirmed that these departments would contribute to the report.
- It was acknowledged that capital budgets are constrained and there was a need to prioritise expenditure to reflect the great risks.
- In response to any revenue implications for capital schemes in development being addressed and for these to be documented, it was stated that the projects go through the Capital Management Group and business cases through the Business Case Approval Group (BCAG) and highlight where there is a revenue consequence before being considered or approved.
- It was confirmed that the Welsh Government scrutiny process for capital business cases tested any assumptions about revenue implications.
- The report provided assurance to the Committee that there was a work programme in place which prioritise the most significant risks and service issues.
- There was a need to push the principle of cost neutrality or cost savings across the organisation on all projects undertaken.
- Regarding statutory compliance it was noted that progress had been made against capital compliance as previously the RAG ratings showed there had been a considerable amount of reds. It was pleasing to note the number of areas that were now green.
- The report was comprehensive and it was visible that a lot of work was being undertaken and the Committee asked for thanks to be conveyed to the team. It was suggested it would be helpful if the report highlighted the plans which are being delivered in the timeframe and for the key pieces of work to be shown.
- In response to whether lessons were being learnt from the annual inspections, it was stated the resources regarding statutory compliance was not adequate and therefore responded to these issues in a reactionary way. If anything on the list identified that the deterioration is greater than expected, surveys would be brought forward.
- An Estates Strategy plan was being finalised and a draft will be presented to the Board meeting.
- The Committee was asked to recognise the shared responsibility as timetables for completing capital works was influenced by operational requests and, for example, if there is an outbreak in a particular area, operational and estates responded quickly to these issues.
- It was noted that the age of some of our IT equipment meant it has increasing difficulties to apply new 'patches' when problems were detected. This presented a cyber security risk.

- An assurance paper from the Capital Management Group should be brought to the Committee.

ACTION: Mrs Abigail Harris

The Committee:

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

SD: 18/024 HIGH LEVEL PERFORMANCE DASHBOARD

Mr Steve Curry, Chief Operating Officer, presented the Dashboard which outlined key performance against Integrated Medium Term Plan (IMTP) commitments.

The key points from the discussion were as follows:

- Cancer this year encountered problems with a rise in referrals. Urology increased by 68% in April, this was due some high profile cases and referral guidance had also changed. GI referrals had increased by 40% in April.
- Last year was a difficult winter, compounded by the severe weather this had an impact on variation in demand, critical care bed usage, increased by 15% and admissions were up by 30%. Presentations and calls to the GP Out of Hours Service reversed in trend over the Christmas period. This was on top of a baseline increase in demand overall. Secondly, the effect of the flu outbreak caused flow difficulties and capacity was lost through cohorting.
- The resilience of the staff was commended when working through these difficult circumstances.
- Looking ahead the Health Board would focus on delivery of healthcare outside of the hospital but will learn from last winter to cope better in the forthcoming winter.
- In terms of the Strategy and Shaping our Future Wellbeing (SOFW) this was designed to move patients closer to home and out of the hospital setting. Therefore, there was a need for primary care services to be more resilient before the transformational services could go ahead as this was whole system dependent.
- Regarding the challenges with the decrease in stroke, a 90 day plan had been put in place by the Medicine Clinical Board (CB). There were difficulties in sustaining normal business day to day but it was recognised they could make improvements and were working on how they can be adjusted and embedded in the programme.
- The Mental Health Part 1b measure and the time it takes to get to therapeutic intervention after assessment had fallen. It appeared the target

was in conflict with the intent of what the government wanted to achieve and the Health Board was in talks with the Welsh Government.

- Questions were raised regarding whether there was a plan to align why we are focusing on a particular set of targets, how we determine what data is received by the Committee and if there is a way we can expand our remit to ease what the Board can do.
- In response it was stated the Committee would decide what information would be received and the dashboard presented oversight of the tier 1 delivery targets and the issues it presented.
- There was a need to be clear what was to be presented from the 60 targets and oversee the licence to practice as this was part of the operational plan for this year. There was also a need to look at a broader spectrum of SOFW, milestones and measures. The Committee would be spending more time on IMTP delivery.
- Regarding delivery targets, it was proposed for each Committee to review what they are responsible for monitoring. The Strategy and Delivery Committee would look at the targets that are key around the Health Board's strategic intent.
- It was agreed that a performance map would be drawn up to show that the delivery targets are being scrutinised by the relevant Committee.
- It was suggested there was a need to review how we monitor the single cancer pathway. In regard to the Mental Health Measures it was asked to separate out the CAMHS performance.
- The team was commended for their performance last year and how well Unscheduled Care (USC) was doing. Over the last few weeks focus centred on the USC system in A&E and Assessments Units which showed a better access position compared to last June. Correspondence had been received from WG acknowledging the need to see a step change in this area. This would be worked on through this year.

ACTION: For a performance map to be drawn up showing the delivery targets and Committee they are scrutinized by

The Committee:

- **NOTED: 2017-18** performance and 2018-19 year to date performance against key operational performance targets

SD: 18/025 STUDY LEAVE PROCEDURE FOR MEDICAL STAFF

Mr Martin Driscoll, Director of Workforce and OD, presented the procedure which had been through local consultation. The procedure had been updated and amended to provide more clarity and understanding when study leave is applied for by medical staff. An appeal process should now take two weeks to complete. The procedure will be available via the intranet and clinical portal.

There were a number of comments around the contents of the procedure but it was emphasized that the procedure had been through the proper consultation process and relevant stages, any concerns should have been raised at that juncture, and addressed.

It was asked for the procedure to be placed on the Internal Audit plan to give assurance to the Committee that appropriate steps had been taken for the process to be embedded in the organisation.

ACTION: For procedure to be placed on Internal Audit program

The Committee:

- **APPROVED** the revised Study Leave Procedure For Medical & Dental Staff (Not In Training)
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

SD: 18/026 RECRUITMENT POLICY

The revised recruitment policy was presented to the Committee and informed the purpose of the policy was to move as many of our workers from temporary to permanent contracts.

It was commented:

- Since the consultation a student bursary streamlining process had been introduced. As this group of staff was recruited differently it was noted the policy may need to change.
- It was highlighted this would be true for all non-medical staff.
- Regarding the EHIA, it was perceived that consideration was giving preference to those speaking Welsh and would like assurance this was not discriminating against other minorities.

ACTION: M Driscoll to respond to F Jenkins outside the meeting

The Committee:

- **APPROVED** the revised Recruitment and Selection Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

SD: 18/027 THE ANNUAL COMPLIANCE REPORT ON THE WELSH LANGUAGE SCHEME

The Director of Workforce and OD presented the report. This was an annual update in terms on how the organization was performing against the Welsh Language Standards which will be in effect from the end of June. There was an

expectation for the Health Board to make the Welsh language available and to provide support. The Commissioner did recognize the Organisation has some way to go. In July there will be a number sessions to raise awareness of this with the workforce. The Health Board has a limited resource but it is required to make improvements.

It was discussed and commented:

- The standards are moving and there were potential resource implications. Some of standards we have to follow impacts on patient safety and a number of other areas. Difficult decisions had to be made to phase things in through different ways. It was emphasised there was no provision for investment this financial year.
- Work was being undertaken with patients and their preferred language.
- The Welsh Language Commissioner could fine Health Boards if they did not achieve the target. The scheme presented an improvement trajectory as well as the approach being undertaken.
- Consultation will take place with staff in July and the Commissioner will receive feedback of the outcome and what can be delivered in the proposed timescale.
- In response to whether we had appropriate risk coverage it was stated there was no contingency funds for fines. This item was on the risk register.

The Committee

- **APPROVED** the report

SD: 18/028 THE ANNUAL EQUALITY STATEMENT AND REPORT

Mr Martin Driscoll, Director of Workforce and OD presented a detailed report which highlighted activities the Health Board had undertaken over the last few months.

The Committee

- **APPROVED** the Annual Equality Statement and Report

SD: 18/029 STRATEGIC EQUALITY PLAN AND DELIVERY PLAN 2018/19

The above report was presented which showed an update of the third year of the four year plan. The report was an update of the activities that had been undertaken. This was an ongoing plan which had been presented and endorsed by the Committee.

The Committee:

- **NOTED** the contents of this paper
- **APPROVED** the third year SEP delivery Plan

SD: 18/030

**DEVELOPMENT OF COMMITTEE WORK PLAN AND
STANDARD AGENDA ITEMS**

The Chair presented the draft workplan which reflected the key responsibilities of the Terms of Reference. The executive team was asked to review the plan and map out the timescales around which the work required should be dealt with on an annual cycle. He also requested that executives should make any changes necessary. It was asked that the lead executive bring key areas forward for consideration.

ACTION: To be brought back to September meeting with amendments.
To place on Management Executive agenda

ITEMS FOR INFORMATION AND NOTING

SE: 18/031

**WORKING TOGETHER FOR OUR FUTURE WELLBEING:
ACTION PLAN 2018/19 SUPPORTING DELIVERY OF THE
UHB FRAMEWORK FOR WORKING WITH THE THIRD
SECTOR**

The Committee **RECEIVED** and **NOTED** the action plan 2018/19 which supports implementation of the UHB Framework for Working with the Third Sector.

SD: 18/032

REVIEW AND CLOSURE

The Chair of Information Technology and Governance sub Committee raised the following from the meeting held on 13 June 2018:

Development of the National Solution for Social Care & Mental Health

(WCCIS) - The Health Board has strategic intent to adopt the solution but was not in a position to sign a deployment order this year because of the financial position. The NWIS programme manager is now excluding Cardiff UHB (and Cardiff Council) from contributing to further development of the solution with Careworks (the supplier), prioritising those that have signed deployment orders. This leads to concern that the developed solution will not be fit for use at Cardiff in due course. Additionally, there was concern that there was insufficient clinical oversight and assurance in the governance of this programme.

It was commented: Following escalation the CEO is awaiting response to the letter. The meeting with NWIS had been positive where concerns were set out. Due to this problem, therapy activity had declined by 20%. Comments were taken on board and Counsellor Elsmore had been invited to meet with the relevant people. There was a need for a follow up meeting and the Committee was assured that progress had been made. It was noted that the Regional Partnership Board continues to have oversight of this issue.

Delays in provision of the Blood Transfusion Module in the national solution for laboratory results (WLIMS) - The UHB is currently reliant on the Telepath system to provide Blood Bank services. Supplier support for this is due to end in September 2018, and to date there has been no agreement about extension although NWIS are engaged in dialogue about this. Should this not be in place by September the UHB would be running a critical service on an unsupported platform. If it is provided, the underlying infrastructure is aging and this could represent an increased risk in relation to cyber security.

The Caldicott Guardian for Cardiff UHB noted his extreme concern about this situation and will be liaising with the other Caldicott Guardian's in Wales about this risk. The Director of Therapies has been asked to consider this and recommend what Cardiff UHB should do during the next 12 to 36 months in relation to Blood Bank services. Until this plan is in place, this represents a considerable risk to the ongoing provision of these services at Cardiff.

It was commented: There was only a 24 hour window for sustainability which raised significant concern regarding clinical care. Other HBs would be in a similar position. NWIS were minded this was an issue and there were conversations to try and extend the contract beyond September and be assured there was a platform with governance arrangements around this. If this issue was not resolved the organisation would lose accreditation to operate. Discussion will take place in Management Executives if not assured of continuity.

Discretionary capital allowance for IT - The sub Committee wished to record that the low level of allowance this year for IT increases the overall risk of disruption to clinical services. Equipment that goes beyond supportable life cannot be patched and this increases the vulnerability to cyber-attack.

The Committee:

- **NOTED** the concerns and **AGREED** that these issues should be highlighted at the July Board meeting.

Action – Mr Charles Janczewski

SD: 18/033 DATE OF NEXT MEETING

The next meeting would be held at 1.00pm on Tuesday 11 September 2018 in the Corporate Meeting Room, HQ, UHW.