

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

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector
Rhian Thomas	RT	Independent Member – Estates
In attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Caroline Bird	CB	Deputy Chief Operating Officer
Ceri Dallimore	CD	Principal Informatics Analyst
Dan Crossland	DC	Transformation and Innovation Lead Occupational Therapy
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Lee Davies	LD	Operational Planning Director
Neil Jones	NJ	Consultant Community Addictions Unit
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	MD	Interim Executive Director of Workforce & Organisational Development
Scott Mclean	SM	Director of Operations – Children & Women
Stuart Walker	SW	Executive Medical Director
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Gary Baxter	GB	Independent Member – University
Steve Curry	SC	Chief Operating Officer

S&D 21/03/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 21/03/002	Apologies for Absence	
	Apologies for absence were noted.	
S&D 21/03/003	Declarations of Interest	
	Independent Member – Third Sector (IM-TS) declared an interest as the Director of Mind Cymru	
S&D 21/03/004	Minutes of the Committee Meeting held on 12th January 2021	
	The Committee reviewed the minutes of the meeting held on 12 th January 2021.	
	Executive Director of Public Health stated in relation to S & D 21/01/014: Healthy eating standards:	

	<p>Paragraph 1, should say 'where 75% of the food and drink <u>consists</u> of healthier options' not 'could be'</p> <p>Resolved that:</p> <p>(a) The Committee approved the minutes of the meeting held on 12th January 2021 as a true and accurate record pending the update.</p>	
<p>S&D 21/03/005</p>	<p>Action Log following the Meeting held on 12th January 2021</p> <p>The Committee reviewed the action log and the following comments and updates were made:</p> <p>S&D 15/09/007 - Strategic Equality Plan – Action Plan – the Interim Executive Director of Workforce & Organisational Development (EDWOD) stated she would follow up with the Equalities Manager to bring this back to the next meeting</p> <p>The Director of Corporate Governance (DCG) and Director of Digital Health Intelligence (DDHI) confirmed that the integrated performance report would be taken to the May Board meeting.</p> <p>The remaining actions were confirmed to be completed or on the agenda for the meeting.</p> <p>Resolved that:</p> <p>(a) The Committee noted the Action Log.</p>	
<p>S&D 21/03/006</p>	<p>Chair's Action taken following the meeting held on 12th January 2021</p> <p>The CC and IM-TS met with the Equalities Manager and had followed up with him regarding the Equality, Inclusion and Human Rights Policy.</p> <p>The CC as part of the Wales Vice-chairs meeting had met with Eluned Morgan - Mental Health Minister who had stated that her focus was on CAHMS and the CC confirmed that it was opportune that the committee was focusing on the topic today.</p> <p>The CC highlighted the Mental Health Minister's interest in the Welsh Language Strategy and that she would want Health Boards to capture and measure developments and improvements in Welsh language.</p> <p>The Interim Executive Director of Workforce & Organisational Development (EDWOD) reassured the CC that this was happening and that there was an Equality & Welsh Language Group from which they monitor outcomes. She offered to bring this back to a future committee meeting to which the CC agreed.</p>	<p>RG</p>

<p>S&D 21/03/007</p>	<p>Employment Policies for Approval</p> <p>(a) Job Planning Procedure</p> <p>The Executive Medical Director (EMD) stated that this had taken a year, which included a 5–6-month negotiation with BMA, which did not result in a consensus result although many of the recommendations were considered.</p> <p>The EMD confirmed that the procedure was there to support the implementation of a uniform, fair, equitable, and transparent job planning process for all consultants. The EMD added that this came out of the need to properly job plan all senior medical staff and an internal audit saying they had limited assurance on their job planning processes.</p> <p>The EMD stated that it was partly written from fresh, partly taken from an older version, and partly taken from a Hywel Dda equivalent. He had circulated to all other health boards at their request as they wanted to utilise it themselves.</p> <p>The EMD advised that the procedure had come to the committee for sign off and he felt that it was a good piece of work with many keen to get the process started. He mentioned that they had started uploading job plans electronically a few weeks previously which had increased to 20% of all plans.</p> <p>IM-TS queried if there was anything that needed to be highlighted in terms of risk</p> <p>The EMD highlighted that the biggest risk was the balance of job plan in the delivery of direct critical care (DCC) and supporting professional activities (SPA).</p> <p>The EMD stated that in the English contracts, it says consultants will have on average 7.5 DCC and 2.5 SPA but the Welsh contract says typically consultants will have 7 DCC and 3 SPA. He highlighted that it says “typically” which was a deliberate obfuscation in the contract due to Welsh Government and BMA not agreeing. He advised that the way people were interpreting this was on the basis that they had an entitlement to 3 SPA’s which was not what the procedure said. All new Welsh job plans have to get Royal College approval and have to have 3 SPAs.</p> <p>Resolved that:</p> <p>(a) the committee APPROVED the Job Planning Procedure</p>	
<p>S&D 21/03/008</p>	<p>Research & Delivery Strategy 2021-2024</p> <p>The EMD reminded members that he brought the 3 year strategy to the committee the previous year for sign off. Since then, a number of things had changed i.e. Covid, research response & learning, UHW2 and additional thinking about what a learning healthcare system means. Another change he highlighted was the ongoing relationship with Cardiff</p>	

	<p>University and how this was getting stronger. The EMD stated that all these things made them think that they needed to refresh the strategy already rather than wait another 3 years.</p> <p>Resolved that:</p> <p>(a) the committee NOTED the contents of the re-written strategy, and APPROVED its contents and the direction of travel of the Health Board's R+D services.</p>	
<p>S&D 21/03/009</p>	<p>Terms of Reference</p> <p>The DCG stated that the paper could be taken as read by the committee and she highlighted that there had been very few changes. The DCG highlighted one addition which was the socio economic duty which needed to be reported on within the committee.</p> <p>The CC confirmed that requirement to report on the Socio Economic Duty would commence on the 31st March 2021.</p> <p>The IM-TS queried the EHIA, under 2.8, and whether it adequately covered equalities more broadly in the context of the strategy in relation to our population and workforce.</p> <p>She also queried, under item 4, job planning and sharing information. She felt that some items sat more appropriately with other committees and felt that the chairs of committees needed to have assurance that work was being picked up elsewhere once referred.</p> <p>The DCG agreed with the IM-TS and advised that the committee should cover equalities as it was responsible for reporting on the work the Health Board had undertaken for equalities and diversity. The DCG agreed to make changes to the TOR.</p> <p>Resolved that: following pending changes</p> <p>(a) APPROVE the changes to the Terms of Reference for the Strategy and Delivery Committee and</p> <p>(b) RECOMMEND the changes to the Board for approval.</p>	
<p>S&D 21/03/009</p>	<p>Work Plan 2021-22</p> <p>The DCG stated that the work plan reflected the routine business of the committee. She advised that under the SOFW strategy she aimed to bring in work with Q5 that had been looked at an executive level to ensure that the committee were sighted on progress. There were also a number of programs that the Health Board would focus on over the following 2 months and the DCG confirmed that she would list those in the work plan to ensure that the committee did not lose sight of progress.</p> <p>The Executive Director of Strategic Planning confirmed that it was her intention is to regularly bring to S&D committee a flash report on where programmes were in terms of delivery and to provide an in depth look at one or two programmes at each committee meeting.</p>	

	<p>The EDSP stated she will work with the DCG to ensure they have a rolling programme.</p> <p>Resolved that:</p> <p>(a) The Committee REVIEWED the Work Plan 2021/22; (b) The Committee APPROVED the Work Plan 2021/22; (c) The Committee RECOMMENDED approval of the Work Plan to the Board.</p>	<p>AH</p>
<p>S&D 21/03/010</p>	<p>Committee Annual Report</p> <p>The DCG advised that the report was a backwards look at the committees work over the year. She mentioned that it feeds into the overall annual report and annual governance statement and was shared to demonstrate what the committee should have done under its Terms of reference which is why the report is signed off by the chair.</p> <p>The report provides a review of year and what has taken place where and when. She added that the only thing missing from the report was the strategic focus placed on key areas, i.e elective surgery, primary care, Mental Health, etc. at recent meetings. It was noted that these items would need to be captured, prior to Board approval, and pulled to the front of report to make it more obvious to those reading the report that this has been undertaken.</p> <p>Resolved that: Following pending changes</p> <p>a) The Committee REVIEWED the draft Annual Report 2020/21 of the Strategy & Delivery Committee b) The Committee RECOMMEND the Annual Report to the Board for approval.</p>	<p>NF</p>
<p>S&D 21/03/011</p>	<p>Mental Health Strategy Presentation to include Adult, Children and Neurodevelopmental.</p> <p>The Director of Operations – Children & Women (DO-CW) provided a presentation to the committee</p> <p>He reminded the committee of the targets set in each area</p> <p><u>Primary Mental Health (PMH)</u></p> <p><u>Assessment</u></p> <ul style="list-style-type: none"> • 80% of Children & Young People (CYP) to be assessed within 28 days of referral <p><u>Intervention</u></p> <ul style="list-style-type: none"> • 80% of CYP to have an intervention within 28 days of assessment <p><u>Specialist CAMHS (SCAMHS)</u></p> <p><u>Assessment</u></p> <ul style="list-style-type: none"> • 80% of CYP to be assessed within 28 days of referral <p><u>Intervention</u></p> <ul style="list-style-type: none"> • No formal target currently, though there is talk of a target being introduced for CYP psychological therapies • 90% of CYP identified as requiring a Care & Treatment Plan (CTP) have one in-place and within review date <p><u>Neurodevelopment (ND)</u></p>	

Assessment

- 80% of newly referred patients should be seen & assessed within 26 weeks of referral

The DO-CW then provided information which showed the trended analysis of PMH referrals pre and during Covid as well as pre and post school opening during Covid highlighting that there was an 80% rise of referrals once schools opened back up. He also highlighted the waiting times throughout.

In terms of compliance he stated that from May – October they were above the target performance thresholds but had since taken a significant drop since schools had re-opened, highlighting C&V were not alone in that position compared to the rest of Wales

The DO-CW stated that based on what they knew, the team has the capacity to get back to a recovered position as demonstrated within the presentation and he was hopeful to deliver on the improved performance position in Q1 of the new financial year and sustain it into Q2

He then went onto display the same trended analysis for Specialist CAHMS highlighting the average referrals in the pre Covid days being 140 a month, which then dipped during Covid to half of that but similarly seeing significant rises once schools opened back up.

He highlighted that the waiting list length had risen from 15 weeks to 25 weeks

The DO-CW said in summary:

- PMH & SCAMHS services across Wales were experiencing similar increases in demand for PMH, SCAMHS and Crisis
- Flow through services has been slower as a result of:
 - difficulties in engaging patients in remote appointments, and
 - increasing complexity of initial presentations
 - Increased numbers of Young People referred for eating disorders
 - Ongoing challenges with recruitment to vacancies
- What would happen to Demand following release of the 2nd lockdown was uncertain
- The already pressured service was suffering increasing pressure from external bodies, often about individual cases. This detracted from clinical/operational work and presented a potential governance risk
- Lay media publicity describing “tsunamis” or “epidemics” of “Mental Health issues” for young people following the pandemic may:
 - ‘Pathologise’ what is essentially a normal distress reaction to abnormal circumstances
 - Worsen the over-medicalisation of social and emotional distress in our dealings with public sector partners

The DO-CW then discussed Neurodevelopment stating that committee members would hear more frequently about the Neurodevelopment targets.

In terms of performance C&V compared to the rest of Wales the Health Board see 1 of 4 referred to the service within the 26 week target.

In terms of referrals pre Covid they spiked above the average and dropped significantly during Covid and then rose above the average once schools re-opened.

In terms of waiting list times, children and young people waiting figures in March recorded 327 people waiting over 26 weeks but that had risen to 550 and rising. He stated that he could not assure the committee that those times would be brought down.

The DO-CW showed the Annual ND Waiting List vs the Annual capacity highlighting that the teams were working against a backlog highlighting that Transformation work was underpinned by a realisation that the “Dr only” model would lead to further deterioration in ND waiting times.

He stated that:

- School closures have a very significant impact on ND assessment times: the majority of assessment time is spent in school
- Community Pediatricians have seen a significant upsurge in Safeguarding and Children Looked After work, therefore further diminishing capacity for ND assessments
- Welsh Government Delivery Unit were supporting our Demand/Capacity modelling and Process Mapping
- The Health Board was working with the National ND Strategy Team supporting work on a proof-of-concept digital tool (called ‘Do It’) which would streamline information capture and assessment for professionals and make the process much more accessible for CYP and their families
- 20-25% of the population have Neurodiverse traits: ‘pathologising’/over-medicalising these and creating a dependency on health services was unsustainable

The Transformation and Innovation Lead, Occupational Therapy (TIL) continued the presentation reminding the committee that the team had predicted that following falling Covid cases there would be an increase in mental Health referrals.

The TIL presented data from the National Care Commissioning Unit (NCCU) which showed across Wales referral rates were slightly below that of the expected level from 2019/20 but with an expected projection of it increasing from January 2021.

He highlighted that in C&V the largest area was the community and that they had seen a return to normal levels, although there were concerns that there were higher emergency and urgent referrals but upon review they were equivocal with the 2019/20 rates. He added that what they had noticed was whilst inpatient acute admissions had fallen by 8% in Wales, formal Mental Health Act admissions had risen by 11%.

The TIL highlighted a slide which was presented to the Board in June 2020 which outlined their strategic direction and intent, which was something they were able to maintain.

	<p>The TIL spoke about the recovery college in relation to empowerment, he reminded the committee that it holds lived experience and clinical expertise with equal parity. He advised that everything in the recovery college was co-produced and everything had to abide by its 3 principles:</p> <ul style="list-style-type: none"> -Hope -Control -Opportunity <p>Every Course was developed from scratch by a peer tutor with lived experience of recovery and a professional tutor who was usually a clinician. The students were also people with lived experiences of mental health challenges.</p> <p>The TIL then spoke about empowerment in action:</p> <ul style="list-style-type: none"> • There were no referral in courses, people had the choice to choose what course they attend • Students shaped the curriculum • Holding lived experience with equal parity – the college is run by a peer lead. There are health staff within the college but the vast majority of staff are people who have had lived experience. <p>The CC thanked the team for the presentation and confirmed that would like to discuss the way forward offline as the position seemed to be one which they were firefighting and that the issues were ones that may be bigger national issues.</p> <p>Resolved that:</p> <p style="padding-left: 40px;">a) The Committee NOTED the update</p>	
<p>S&D 21/03/012</p>	<p>Strategy & Delivery Dashboard Demo</p> <p>Director of Digital Health Intelligence (DDHI) and the Principal Informatics Analyst (PIA) provided a demo of the Strategy & Delivery Dashboard.</p> <p>The DDHI informed the committee that he had met with the Chief Operating Officer (COO), EDSP, and the CC to discuss how to develop the dashboard in a more meaningful and useful way.</p> <p>The PIA provided a demo of Dashboard looking at scheduled and unscheduled care, the DDHI commented that he would like the committee to consider whether:</p> <ul style="list-style-type: none"> - The format was correct - How it complimented the performance report that was presented separately <p>Independent Member – Estates (IM-E) queried whether the right metrics were being measured and how would the dashboard be used to get the best value from it.</p> <p>The PIA responded that the dashboard was still in test mode but would be available within the business intelligence system as a dashboard for anyone to view. The DDHI added that it would be available to independent members and in response to the query about the correct metrics being measured, he advised that this would be part of a wider piece of work as</p>	

	<p>the teams were seeing things in the performance report which hadn't been mapped out yet but there were still opportunities to adjust the system.</p> <p>The EMD whether the accuracy of the dashboard would depend on how it was being used. He suggested that if dashboard was used to measure operational performance, then some of those metrics would be key but if a BAF dashboard was used there was potential to consider other metrics for Quality & Safety as there are a number of those metrics which would overlap.</p> <p>He also queried where the data would come from. If the system was used operationally in the clinical boards daily then it needed to be completely up to date live data but if it was looked at in a Board meeting to look at performance over the year then different timeframes would be needed.</p> <p>The EMD commented that there was a need to define the:</p> <ul style="list-style-type: none"> - Purpose - Metric - How it's should be presented - Source of data - Narrative of the data presented <p>The CC agreed with the points made by the EMD and he acknowledged the work taken to get to the Dashboard to the current position. He commended the DDHI and his team.</p> <p>The CC asked the DDHI to meet outside the meeting to discuss how to carry the work forward, the MD also asked to meet the DDHI to discuss this work.</p> <p>Resolved that:</p> <p>a) The Committee NOTED the update and demo of the Dashboard</p>	DT
<p>S&D 21/03/012</p>	<p>Partnership Planning update to include:</p> <p>(a) Work of the Regional Partnership Board</p> <p>(b) White Paper on Social Services</p> <p>A - Work of the Regional Partnership Board</p> <p>The EDSP confirmed that the update was shared for noting as it provided a brief overview of the work done in relation to Health and social care under the RPB. It showed that there were a number of streams of work and services funded through non recurrent money which ended in the new financial year. She added that the update highlighted that a good programme of work had been set out for the year including:</p> <ul style="list-style-type: none"> - development of the outcomes framework - regrouping the work of the RPB (Starting Well, Living Well, Ageing Well) <p>The EDSP informed the committee that the RPB had learnt that there was some funding to continue what was invested as winter capacity over and above normal intermediate health and social care services.</p>	

	<p>She added work was being undertaken around engagement on how best engage with communities and that would inform their thinking going forward.</p> <p>B - White Paper on Social Services</p> <p>The EDSP shared with the committee what was included within the white paper that was out for consultation. She commented that it was produced following quite a detailed stock take and assessment of the state of affairs in social care but was not made a public document. She felt that it described a situation where over time various reforms of social care had resulted in a situation where progress had been made in some but the service area had not seen the pace of change that had been anticipated.</p> <p>She highlighted 4 key changes detailed in the White Paper:</p> <ul style="list-style-type: none"> - A national framework for commissioning care and support for children and adults would be developed to rebalance the market with the aim of improving services - A 'National Office' for social care would be established to develop and deliver the national framework - The RPB would be established as corporate legal entities. Re-shaped RPB's, with functions to employ staff and hold budgets, would be expected to undertake significant joint commissioning and more direct market shaping - Current planning and reporting arrangements would be consolidated, and those arrangements would be a better basis to evidence accountability to local and regional partners, as well as Welsh Ministers in respect of any national resources allocated to RPB's <p>The EDSP highlighted what was talked about in terms of what rebalancing means</p> <ul style="list-style-type: none"> - Away from complexity, towards simplification - Away from price, towards quality and social value - Away from reactive commissioning, towards managing the market - Away from task-based practice, towards outcome-based practice - Away from organisational focus, towards more effective partnership <p>She added that the UHB, RPB and NHS Wales responses to the white paper would be lodged by the 6th April 2021</p> <p>Resolved that:</p> <ul style="list-style-type: none"> a) The Committee NOTED the update on the Regional Partnership Board for information. b) The Committee NOTED the update on White Paper on Social Services 	
S&D 21/03/013	<p>Elective Treatment Strategy Update – Verbal</p> <p>The Deputy Chief Operating Officer (DCOO) shared a verbal update with the committee. At the time of the meeting there 280k open pathways with</p>	

	<p>patients waiting a lot longer and the Health Board's response needed to be more significant and not just about services returning back to normal.</p> <p>She advised that the issue was wider than just elective treatment as it included the whole of planned care. Operational teams continued to refine their approach but 3 key principles continued to underpin the strategy</p> <ul style="list-style-type: none"> - Clinically led and designed - Data driven - Risk orientated <p>The DCOO stated that the operational teams approach was currently in 3 facets</p> <ul style="list-style-type: none"> - Risk, need, value – establishing what is high value care, how to prioritize patients based on clinical urgency rather than time - Efficiency - how to get back to pre Covid levels - Capacity – how to transform capacity to manage the backlog <p>The DCOO added that there would be some capital schemes for expansion of infrastructure, theatres, endoscopy suites, etc. but in the interim the teams would need to utilise as much capacity as possible. She concluded that plans were being finalised in draft for inclusion in the annual plans but behind that would sit a more detailed plan. She stated that plans would be submitted at the end of March, with conversations with Welsh Government around funding and she suggested that an update be brought back to a future committee meeting</p> <p>Resolved that:</p> <p style="padding-left: 40px;">a) The Committee NOTED the update on the Elective Treatment Strategy</p>	SC
<p>S&D 21/03/014</p>	<p>Performance Reports</p> <p style="padding-left: 40px;">(a) Organisation Key Performance Indicators</p> <p>The DCOO confirmed that the paper could be taken as read and highlighted the impact of Covid and how the second wave was different from the first i.e. higher level of Covid admissions, twice the occupancy level – 277 in the first wave as opposed to 560, etc.</p> <p>She stated throughout the pandemic the Health Board had been able to maintain essential services and highlighted:</p> <ul style="list-style-type: none"> - Single cancer pathway – came into effect 1st December, replacing the previous 2 measures of the urgent suspect & non urgent suspected cancer targets - Actions being taken in terms of recovery were being done in 2 planning horizons <ol style="list-style-type: none"> 1. To remain Covid ready & plan in 4-6 week cycles and look at how to rebalance footprints to reflect the transition from Covid to non Covid activity 2. 6 month / 12 month / 5 year recovery plan being looked at in the annual plan <p>The CC queried how would what's happening in primary care be captured.</p>	

	<p>The DCOO responded that this was reflect in the Board reports to a degree but to the committee via the Covid update report and the performance report</p> <p>(b) Workforce Key Performance Indicators</p> <p>The EDWOD highlighted that an additional paper was added to share graphs to provide clarity to the figures in the report.</p> <p>Sickness rates were going down, the pay bill was reducing and turnover rates were in a healthy position.</p> <p>The Job planning which the EMD referenced earlier in the meeting would be taken off the graph as it was not being put on ESR and would be placed on another system called allocate.</p> <p>In regards to Fire, statutory, mandatory training and appraisals, she stated that a good uptake on training had been seen based off value based appraisal returns.</p> <p>The EDWOD wanted to highlight that through the wellbeing groups staff were reporting that they felt as though they hadn't had a breather as we moved to the next phase of Covid/lockdown and the ambitions for the future. She stated that it was the intent of the team to reflect back on the 23rd March 2020 when it was the first lockdown and to thank staff but to be mindful of the struggles staff were still facing.</p> <p>The CC highlighted the voluntary resignation trends rising to which the EDWOD responded that they needed to look at the exit questionnaires to understand the reasons behind this.</p> <p>The CC stated that the next committee meeting would look at workforce and the way forward for workforce and staff wellbeing.</p> <p>Resolved that:</p> <ul style="list-style-type: none"> a) The Committee NOTED the year to date position against key organisational performance indicators for 2020-21but in the context of current Covid operating challenges. b) The Committee NOTED and DISCUSSED the contents of the report 	<p>RG</p>
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<p>S&D 21/03/015</p>	<p>Board Assurance Framework (a) Capital Assets</p> <p>The DCG reminded the committee that each of the risks within the BAF was allocated to a lead committee for assurance and scrutiny and that the S&D committee had 7 of the 9 risks listed.</p> <p>The DCG commented that The Capital Assets risk covered IT, Medical devices, and actual assets. She highlighted that an additional £1 million was received from Welsh Government and it was agreed the funds would be spent on medical devices and the bulk of it on IT infrastructure. The DCG advised that this did not mean this risk was fully mitigated as going forward this risk would be carried in to the following financial year.</p> <p>IM-E queried whether submission of the UHW2 business case would impact on existing OBC's and given the existing demand on Welsh Government whether they would be affected or postponed.</p> <p>The EDSP responded to confirm that if there was a new site for UHW2 this would deal with a massive amount of backlog in terms of estates maintenance at UHW. She advised that the Health Board must ensure that the budget for maintenance going forward is the right size as there has never been any review on spend for estates, maintenance, or equipment as it usually rolls forward each year.</p> <p>The CC asked what assurance would be given to the Board around this risk. The DCG confirmed that it was about making sure the actions in place to manage the risk were taking place and that this would continue to be monitored.</p> <p>Resolved that:</p> <p>a) The Committee REVIEWED the attached risk in relation to Capital Assets to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.</p>	
<p>S&D 21/03/017</p>	<p>Shaping Our Future Wellbeing Ten Year Strategy Delivery Programme Including Key Milestones & Metrics</p> <p>The EDSP and CC agreed that the item would be deferred to the next meeting</p>	<p>AH</p>
<p>S&D 21/03/018</p>	<p>People & Culture</p> <p>The EDWOD shared a good news story and asked for support to promote the kick-start programme. As a corporate platinum health standards organisation the EDWOD stated that the programme was something that C&V should be doing and highlighted that C&V would be the first health board in Wales to become a direct employer.</p> <p>The EDWOD confirmed that this was an exciting opportunity as it leads on the inclusion agenda and she highlighted:</p> <ul style="list-style-type: none"> • 50 places were available with an opportunity to apply for more 	

	<ul style="list-style-type: none"> • 17 were starting in corporate areas • The programme was fully funded by Welsh Government <p>The EDPH stated that the programme was a great piece of work and added that good employment opportunities contributed to good emotional mental health and she was really supportive of the programme.</p> <p>Resolved that:</p> <p>a) The Committee NOTED the UHB's successful application to become a Kickstart direct employer The Committee NOTED that by March 2021 placements would commence in Cardiff and Vale UHB supported by an Inclusion Manager. The committee members would PROMOTE the scheme for employment opportunities.</p>	
S&D 21/03/019	<p>Review of the Meeting</p> <p>The CC thanked everyone for their contribution during the meeting.</p> <p>All committee members confirmed it was a good meeting with an appropriate level of Independent Member challenge and scrutiny.</p>	
S&D 21/03/020	<p>Date & Time of next Meeting</p> <p>Date & Time of Next Meeting: Tuesday 11th May 2021 at 09:00am Via MS Teams</p>	