



	<p>The Executive Director of Strategic Planning (EDSP) raised that item 15/09/009 required an extension on the title to incorporate Avoiding waste, harm and variation.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee approved the minutes of the meeting held on 15<sup>th</sup> September 2020 as a true and accurate record pending the update.</p>	
<b>S&amp;D 20/11/005</b>	<p><b>Action Log following the Meeting held on 15<sup>th</sup> September 2020</b></p> <p>The Committee reviewed the action log and the following comment and update was made:</p> <p>The CC advised that most items had been completed on page 1 of the log and that items on page 2 were on today's agenda or scheduled to be discussed at a future meeting.</p> <p>The Independent Member – Estates (IME) asked the Committee if an end of Q1 update could be added to the log for future discussion. The Director of Corporate Governance (DCG) advised that the Director of Digital Health Intelligence (DDHI) and the Executive Medical Director (EMD) had met to discuss this and an integrated performance report looking at key indicators would be brought to the next Board meeting.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the Action Log.</p>	
<b>S&amp;D 20/11/006</b>	<p><b>Chair's Action taken following the meeting held on 15<sup>th</sup> September 2020</b></p> <p>There had been no Chair's Actions taken following the meeting held on 15<sup>th</sup> September 2020.</p>	
<b>S&amp;D 20/11/007</b>	<p><b>Performance Framework Dashboard Update</b></p> <p>The DDHI advised that a dashboard would be brought to January's meeting.</p> <p>The Committee were advised that incorporation of the strategic measures was one of the challenges. At present, it showed one measure with the Executive Director of Strategic Planning (EDSP) as the lead. As there were now 15 measures, it was about how these were included.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the update.</p>	<b>DT</b>
<b>S&amp;D 20/11/008</b>	<b>CAMHS Update - Neurodevelopmental Situation</b>	

The Director of Operations – Children & Women (DOCW) presented an update on Neurodevelopmental Assessment services for children.

The Committee were advised that the figures mainly represented children with ADHD and Autism spectrum disorder and that the service seeks to work with these patients with the target set at 80% of patients to be seen and assessed within 26 weeks of referral.

A local decision was made in May 2019 to stop seeing new patient referrals due to a backlog of high risk review patients and this had created growing waiting lists in both volume and the length of the wait.

In terms of referral demand, before March 2020, 83 referrals per month were being received as far back as January 2017, however since COVID-19 this had decreased to 19 referrals per month. There were currently 741 patients waiting to be seen.

Based on the figures, and taking an average of around 59 referrals per month, the waiting list volumes would increase by 30% by December 2021.

There had been a significant transformation across Wales, however this area had been slower than others and the team had reviewed waiting lists and analysed the data to enable them to stratify based on age and risk.

Lockdown had perpetuated the waiting list problem and the Committee was advised to challenge anyone who stated that they were back on track with waiting lists because a children's assessment involved an 18 hour assessment which had not been accomplished during COVID-19.

The Committee were informed that the teams had managed to review all cases on the current waiting list during lockdown and the DOCW demonstrated the benefit of moving away from a doctor only model.

The DOCW advised the Committee that he was not in a position to give assurance that neurodevelopment would be fixed because a piece of work lasting between 12 to 18 months was needed.

The DOCW advised that performance management at a Clinical Board level was required.

The Independent Member – Estates (IME) asked why referrals had reduced down to 19 a month and whether it was because schools tended to be at the front end of everything and had been closed. The DOCW responded that one reason was that schools had not been open and also that people had not been going to the GP.

IME asked if the team were ready to implement this. The DOCW provided assurance that the design was clinically led and that Catherine Norton (Neuropsychologist) delivered sessions with the team and Welsh Government (WG) about what neurodevelopment should look like across Wales.

	<p>The CC asked when the Committee would revisit this to see what progress had been made. The DOCW responded that due to increased scrutiny, the Committee would need at least a monitoring report in 3 or 4 months' time.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the report.  (b) The Committee endorsed the transformation and performance management arrangements outlined.</p>	<b>SM</b>
<b>S&amp;D 20/11/009</b>	<p><b>CAMHS Update - Early Intervention Position</b></p> <p>The DOCW advised the Committee that he was not able to provide an update at this time.</p>	

<p><b>S&amp;D 20/11/010</b></p>	<p><b>CAMHS Update - Appointment of Clinical Posts</b></p> <p>The DOCW advised the Committee that the clinical posts had been recruited to.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the update.</p>	
<p><b>S&amp;D 20/11/011</b></p>	<p><b>Strategy - Shaping Our Future Wellbeing</b></p> <p>a) Existing Strategy, commitments &amp; forward look</p> <p>The Executive Director of Strategic Planning (EDSP) presented to the Committee.</p> <p>In 2015 the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme was published and the UHB was now at the midway point.</p> <p>Since 2015, a lot had happened and a midpoint review was performed in March 2020 which would be sent to Committee Members.</p> <p>The EDSP presented what had been learnt over the last 6 months whilst responding to COVID-19 and how to set about an accelerated programme.</p> <p>The Director of Transformation's (DOT) team with the help of Q5 provided the project management at the Dragon's Heart Hospital. The EDSP commented that the UHB was good at starting things but not quite so good at being explicit at what change was going to take place and Q5 had done a piece of work around this and the 8 stage principles.</p> <p>The EDSP presented to the Committee – Establishing 'what 2025 means'.</p> <p>The EDSP noted that there was an extensive performance dashboard available but a series of bellwether measures for the 10 to 15 key indicators was absent.</p> <p>The EDSP advised that feedback around virtual consultations had been very positive.</p> <p>Canterbury District Health Board had been able to reduce their average bed days by doing more in the community.</p> <p>The EDSP advised the Committee that there could be some push back with some saying, "that's a hospital measure" in relation to reducing average length of stay in hospitals.</p> <p>The EDSP provided the example of how the Mental Health service had increased resources in the community which in turn had reduced bed stays and posed the question of what the picture could look like if 50% of our resources were spent in the community.</p>	<p><b>AH</b></p>

	<p>The EDSP outlined the strategic priority programmes that sat above the line and needed to be driven executively, and advised the Committee that this could not be done without significant partners, the two Local Authorities and the University.</p> <p>The EDSP also advised that there needed to be engagement of wider RPB partners such as care homes and the third sector and noted that the UHB could not deliver the strategy without these partnerships.</p> <p>It was highlighted that there had to be learning from COVID-19 and that the giving of responsibility and accountability to individuals was essential.</p> <p>The EDSP presented the projects that sat below the line which were equally important.</p> <p>The EDSP advised that the current task was to continue working with the DDHI, his team and use Q5 support to populate the baseline and enable the knowledge of how this could be used as a strategic measure.</p> <p>The Chief Operating Officer (COO) advised that over the last couple of years, the term “system shift” had been used quite a few times and the UHB had invested two million pounds in primary care. In addition, a sophisticated piece of work was being done on the outcomes framework to track back to what outcomes matter to people.</p> <p>The COO continued that the direction of travel was to empower frontline clinical teams to design and own these outcomes and design solutions. Project management support, transformation expertise and science around these was needed but the focus should be around the clinical team. There was also a strong voice for service user involvement.</p> <p>The CC queried the next step for the Committee. The COO responded that the next step would be a twin track approach and that the framework would be brought to the clinicians to build upon it and lead the work in a very practical sense.</p> <p>The EDSP commented that a high level progress summary of the programmes could be brought back every quarter.</p> <p>The CC commented that the discussion had been really useful and that it would be helpful to revisit the framework to see progress made.</p>	AH
S&D 20/11/012	<p><b>Strategy - Shaping Our Future Wellbeing</b></p> <p><b>b) Primary Care Development Strategy</b></p> <p>The Operational Planning Director (OPD) advised the Committee that many of the objectives set out emphasised a rebalancing of the system from hospital to community and primary care and that there had been a shift towards prevention and healthier populations.</p>	

	<p>The OPD advised that in the context of the primary care strategy, knowing how to connect the immediate challenges to move forward on that broader strategic direction was needed.</p> <p>The OPD advised that the role of the MDT was to broaden which in turn brought sustainability within Primary Care so that they could devote more cause to other areas.</p> <p>The COO advised that to move it forward practically as a roadmap, consideration needed to be focused on the rebalancing out of hospital services.</p> <p>The COO presented how the plan could look and data that showed it would not start from a standstill.</p> <p>The COO advised that Clinical leads had been very forthcoming and that there had been no disagreement to the plans.</p> <p>Pathway leads needed to be identified, public engagement arranged and alignment with year to come plans and beyond.</p> <p>The COO advised that contract reform would need to be considered.</p> <p>The COO queried whether in regards to cluster structure, there was a need to rebalance and include local authority input.</p> <p>The COO commented that the organization wanted to move forward in a scale and pace way and thought was required as to how it could deliver this service yet keep everything joined up.</p> <p>The COO advised that these were the things that would be worked though over the coming months.</p>	
<p><b>S&amp;D 20/11/013</b></p>	<p><b>Planning</b></p> <p><b>a) Q3-4 Plan</b></p> <p>The EDSP advised that the Plan was going to the next Board meeting for formal ratification. The financial aspect of the Plan was in a positive position and feedback was good.</p> <p>The EDSP advised that the Plan has had no formal sign off by the WG in the new planning regime but a letter of endorsement had been received from WG.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the ongoing work in relation to planning over the next six months.</p>	
<p><b>S&amp;D 20/11/014</b></p>	<p><b>Planning</b></p> <p><b>b) Winter Protection Plan</b></p>	

	<p>The EDSP advised that the Plan was going to the next Board for formal ratification.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the ongoing work in relation to planning over the next six months.</p>	
<p><b>S&amp;D 20/11/015</b></p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>a) <b>Sustainable Culture change</b></p> <p>The DCG advised that the information had been updated for the next Board meeting at end of November.</p> <p>The EDWOD was invited to comment and advised the Committee that work was still progressing behind the scenes but due to COVID not as fast as he had wished.</p> <p>The DCG advised that the overall score was 8 which was still high on the BAF.</p> <p>The IME asked how aware the typical staff member would be of these activities. The EDWOD responded that this was difficult to answer but that in his experience, the UHB communicated clearly and consistently from a Board level however conversations were needed between ward managers and staff which was not happening at present.</p> <p>The CC commented that this was a very important issue and was pleased that it was on today's agenda.</p> <p><b>Resolved that:</b></p> <p>a) The Committee reviewed and noted the report.</p>	
<p><b>S&amp;D 20/11/016</b></p>	<p><b>Social Care and Well Being Act – Partnership with Local Authorities &amp; RPB Update</b></p> <p>The EDSP advised the Committee that WG were not expecting to return to a “pre-covid world” and recognized that there were challenges the UHB would have to face, especially the economic impact on the more deprived communities.</p> <p>The EDSP advised that this included how we treated the planet and take serious action to reduce our carbon footprint and become a carbon neutral organisation.</p> <p>The EDSP acknowledged that from a Strategic point of view, there was a lot to consider.</p> <p>The EDSP advised that there were too many uncertainties and that we were not yet clear if there would be continuation of the quarterly planning process or if it would be an annual plan. At present, the working function</p>	

	<p>was an annual plan and that would be very difficult to develop without knowing the financial situation we were operating in.</p> <p>The EDSP advised the Committee that high level priorities were being developed with Clinical Boards.</p> <p>The Independent Member – University (IMU) queried the financial shortfall for the winter protection plan and when we would know that shortfall would be made good and whether it would be in time. The EDSP responded that we did not know the answer but advised that it was reassuring that we were not the only RPB that had submitted a winter protection plan that needed more funding, however at present, no formal feedback had been given on the content of the plan or the financial plan.</p> <p>The EDSP advised that we should press ahead with all of the items in the plan, however it would prove challenging in January/February and difficult decisions would have to be made if we did not secure the funding.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted the update.</p>	
<p><b>S&amp;D 20/11/017</b></p>	<p><b>Performance Reports: Key Organisation Performance Indicators</b></p> <p>The COO highlighted 2 areas of the report:</p> <ul style="list-style-type: none"> <li>• Mental Health Performance</li> </ul> <p>The COO advised that Mental Health performance had significantly deteriorated with 43% of assessments being undertaken within 28 days down from 84% previously.</p> <p>This was a product of 2 things:</p> <ol style="list-style-type: none"> <li>1) An increase in volume of referrals which was expected (to some extent) – There had been almost 1000 referrals this month.</li> <li>2) A redesign which took place during COVID as a needs must task. This provided counselling services through Primary Care and there was little distinction between the need of counselling services – two thirds of the referrals did not warrant a full counselling intervention.</li> </ol> <p>The COO advised that nobody was waiting for more than 30 days with patients gaining access within 48 hours.</p> <ul style="list-style-type: none"> <li>• Cancer Performance</li> </ul> <p>The COO advised that the UHB was moving to a single cancer measure pathway which would be formalized on 1<sup>st</sup> December.</p> <p>A rationale for the deterioration was provided, in that cancer breaching occurred at the point of treatment and the following actions had been taken:</p>	

1) Through GP colleagues referrals were back to where they were before.

2) Treatment levels were back to pre-covid levels by August.

Over the next few months, varying performance would be seen as a result of treating the buildup over COVID and that it would take a few months for the headline performance to recover.

In comparison to other Health Boards across Wales, the UHB had remained relatively low in its cancer backlog. The extra activity being done was reducing the back line.

The COO advised that there was an issue with streaming patients into the system and the losses from IP&C - there were currently 40 beds closed because of IP&C.

IME asked how CAV247 influenced the figures. The COO responded that it did not and that the 4 hour transit time for the Emergency Department (ED) was not part of it.

The COO advised that up to a third of the ED had been transferred from an unplanned event to a planned event.

The IMU asked about the data for Diagnostics & Therapies (D&T) presented in appendix 1 that showed a rise and remained sustained without any decline or recovery. The COO clarified that the Diagnostics figures were patients that had waited more than 8 weeks and the Therapies figures, patients who had waited more than 14 weeks. The COO advised that during COVID there was a point in D&T where zero waits were being delivered and wanted to pay tribute to those teams.

The COO advised that there had been a marked impact in Therapies during September primarily due to virtual appointments.

The CC asked when the October figures would be available which would give a more up to date picture. The COO responded that as a public meeting, a validated reported position was taken to ensure what came to the Committee meeting was correct but advised that there was intelligence on what had been happening since the presented data such as the RTT position being closer to 35K patients in early November which was an increase on today's presented figures.

The COO advised that the October position for the second wave of covid was starting to become apparent. Until now we had managed to maintain essential and some other services and had not had to stop these yet but due to staffing issues that could change over the next few months.

**Resolved that:**

a) The Committee noted and discussed the contents of the report.

<p><b>S&amp;D 20/11/018</b></p>	<p><b>Performance Reports: Workforce Key Performance Indicators</b></p> <p>The EDWOD advised the Committee that 2020 told a story of COVID-19. In relation to staff absence a peak was seen then it started to reduce.</p> <p>Interestingly, the recruitment peaked and there were now around 550 more people working for the UHB in medical, nursing and general areas compared to last year.</p> <p>The work done around retaining people to the UHB was really now bearing fruit.</p> <p>There were still challenges to face around meeting winter and covid pressures, and a weekly taskforce was in place to discuss issues.</p> <p>An alternative solution for training was needed otherwise there would be a difficult situation in 12 months' time with compliance. The EDWOD advised that training could be done remotely.</p> <p>The Executive Director of Public Health (EDPH) asked that flu data be added back on and commented that the staff flu campaign was going really well. There was a slight delay in getting statistics out due to sheer demand and it was still a hard copy and so more time consuming.</p> <p>56.1% of frontline staff have had their flu vaccination, this time last year it was 15.7% and the aim was for 75% uptake. The intention was to conclude the flu vaccination before the mass covid vaccination plan starts.</p> <p><b>Resolved that:</b></p> <p>a) The Committee noted and discussed the contents of the report.</p>	
<p><b>S&amp;D 20/11/019</b></p>	<p><b>Leadership Engagement</b></p> <p>The EDWOD advised that an interactive review of the UHB had been scheduled following on from an Amplify event supported by the UHB in 2019 but that this had not been done due to COVID. A remote option was now being explored, however the finances were challenging.</p> <p>A training and leadership programme had been launched for staff which provided the potential to move onto greater opportunities in not just our health board but others.</p> <p>The Talent Management and Succession Planning work at Executive level supported the UHB in being able to provide HEIW with considered and timely nominations for 'Talentbury'. 18 people were identified who had the capability of fitting into that space. This was not something the NHS had broadly done before but by identifying talent it formally helped to see the gaps that needed filling.</p> <p>He added that this was a range of work that came together over time and allowed development of individuals in the UHB in the right way so for</p>	

	<p>example, when a new senior manager was needed, the capability for that was in place.</p> <p>IMU asked what the philosophical approach to mentorship/coaching staff was, not just going into senior roles but all roles across the UHB. The EDWOD responded that it was not something that we insisted on and that staff had to be willing, there were formal coaching processes in place.</p> <p>IME advised that talent pools could work very well but advised challenges that could arise such as:</p> <ol style="list-style-type: none"> <li>1) Easy to build resentment. Were there clear guidelines for membership?</li> <li>2) Disillusionment if nobody in it advances onto the Executive team.</li> </ol> <p>The EDWOD acknowledged that these were fair points and that there was nothing without risk. The EDWOD advised that guidelines for membership would be stressed when nominating talent. There would be constant review and honest and important conversations with staff at annual reviews with clear feedback as to what was needed from them to achieve. As this was a new process it was hoped that there would not be any disillusionment. The EDWOD referred to the values based appraisal which enabled managers to hold a good discussion around staff development.</p> <p>The CC commented that the report asked for a number of points to be noted by Committee and that it would useful for Committee to receive an update in a few meetings' time. The EDWOD suggested that Rachel Gidman provide a more detailed insight for the Committee.</p> <p><b>Resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The Committee noted the report and agreed to continue to support and cascade the Talent Management and Succession Planning approach across the UHB.</li> <li>b) Encourage all staff attendance at the Values Based Appraisal training to support the UHW wide understanding of the new process.</li> <li>c) Support the development of an experiential leadership programme aimed at a small group of Senior Leaders across the UHB.</li> <li>d) Consider the exploration of an internal and external Mentoring Scheme to support CPD activity identified by staff at all levels.</li> <li>e) Support a young leader's network which will assist the design of a leadership career pathway for the next generation.</li> </ol>	<b>RG</b>
<b>S&amp;D 20/11/020</b>	<p><b>Review of the Meeting</b></p> <p>The CC noted that apart from a couple of technical difficulties, the meeting had run smoothly and that a lot of content was covered.</p>	

<b>S&amp;D 20/11/021</b>	<b>Date &amp; Time of next Meeting</b>  Tuesday 12 <sup>th</sup> January 2021 9:00am via MS Teams	
--------------------------	--	--