

**CONFIRMED MINUTES OF A MEETING OF THE
STRATEGY AND ENGAGEMENT COMMITTEE
HELD ON 28 NOVEMBER 2017 – 9.00AM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

John Antoniazzi	Independent Member – Capital Management, Chair
Eileen Brandreth	Independent Member – IT

In Attendance:

Len Richards	Chief Executive Officer
Abigail Harris	Director of Planning
Bob Chadwick	Director of Finance
Keithley Wilkinson	Equality Manager
Marie Davies	Deputy Director of Planning
Martin Driscoll	Director of Workforce & Organisational Development
Peter Welsh	Director of Corporate Governance
Rachel Jones	Assistant Director of Integrated Health & Social Care
Sharon Hopkins	Director of Public Health

Apologies:

Fiona Jenkins	Director of Therapies
Ruth Walker	Executive Nurse Director
Geoff Walsh	Director of Capital and Estates
Steve Curry	Interim Chief Operating Officer

Secretariat:

Glynis Mulford

SE: 17/039 WELCOME AND INTRODUCTIONS

The Chair opened the meeting and welcomed everyone present.

SE: 17/040 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SE: 17/041 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. None were declared.

**SE: 17/042 MINUTES OF THE PEOPLE, PLANNING AND PERFORMANCE
COMMITTEE MEETING HELD ON 5 SEPTEMBER 2017**

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 5 September 2017.

SE: 17/043 ACTION LOG FROM MEETING PEOPLE, PLANNING AND PERFORMANCE MEETING HELD ON 5 SEPTEMBER 2017

The Committee **RECEIVED** the Action Log from the meeting of 5 September 2017 and **NOTED** the following:

UHB 17/182: Traffic Management and Car Parking – Members were informed there were two parts to the contract process one was in regard to a technical evaluation and the second consisted of a panel with two independent members. It was suggested there should be a discussion with the panel prior to the formal meeting to talk through requirements.

ACTION: A meeting to be arranged with panel prior to formal session

SE: 17019 - 2018/19 – 2021 Commissioning Intentions and IMTP Deliverables: - To ensure patients waiting for outpatient follow-up is captured in report. **COMPLETE**

SE: 17/024 - Food Outlets and Non Patient Catering - Keithley Wilkinson will meet with procurement to review process. It was noted that the Equality Impact Assessment had been completed.

SE: 17/044 QUARTER TWO, 2017, 18 INTEGRATED MEDIUM TERM PLAN ASSURANCE REPORT

Mrs Abigail Harris, Director of Strategic Planning presented the report. Members were informed that the Health Board was required by Welsh Government (WG) to report quarterly on progress with implementing Integrated Medium Term Plan (IMTP). The report presented a high level summary with Clinical Boards (CBs) identifying key actions progressed in quarter 2 for each of the priorities set out in the IMTP. The focus centred on CBs actions, which were committed to in the IMTP, and the progress made. It was noted that the recent performance reviews with Clinical Boards had included an in-depth review of progress against the priorities and actions set out within their plans.

It was discussed and noted:

- The corporate document was commended for its detail and content but stated there was too much information for the Committee. It was therefore suggested for it to be filtered to enable the Committee to focus on aspects related to the strategy.
- There was a need to consider putting actions in place for years two and three and what the role of Committee would be in having a forward look.
- In response it was stated a working document had been drafted which sets out beyond the three year cycle of the IMTP. It looked at the remainder of the key milestones for delivering the strategy timeframe and analyzed the big milestones in that period. The IMTP was evolving to better reflect years two and three of the strategy.

- To report key risks to delivery to the Committee in the quarterly reports.
- The Committee should identify specific areas that were not meeting the plan and were material to long term strategy.
- If there were issues that raised concern, this should be on the risk register around the strategy and should be elevated to this meeting.
- Items should be risk related to the bigger strategy rather than it being around a small component. There was a need to be more discerning of risks against the 10 year strategy.
- In response to how risks are highlighted, it was stated the risks were identified through the performance review process and other committee functions.
- Future reports to the Committee would follow the quarter performance review.
- The executives to update the risk register and only bring items that are of significant risk, with actions, in order for the Committee to be assured that there was a plan around the risk.

ACTION: Executives to update risk register and bring to Committee significant risks and mitigating actions.

The Committee:

- **NOTED** the progress made against the key 2017/18 IMTP schemes in quarter 2 and
- **ENDORSED** this progress report to Board

SE: 17/045 UPDATE ON INTEGRATED MEDIUM TERM PLAN FOR 2018-19

Mrs Abigail Harris, Director of Strategic Planning stated the Commissioning Intentions were agreed at the last Board meeting and discussed the key deliverables document.

It was discussed and noted:

- The executive team was in process of triangulating what the Clinical Boards can achieve, what could be accomplished as an organisation and where this places the Health Board in terms of the financial plan. The position will be reviewed on 11 December 2017.
- Management Executives will meet on 18 December 2017 and will present information on the financial plan for next year.
- On 4 January 2018 the Finance Committee will discuss the plan before it is delivered to Welsh Government. An invitation to the Finance Committee will be extended to all Board members. A meeting had been arranged with Heads of Finance to go through the first cut of IMTP, where pressures will be ascertained and PODs, with financial implications, presented. This will be to have an indication of the pressures and investments and what schemes are in place to show any gaps before being submitted to Welsh Government in March.
- The IMTP was being framed as a three year plan and it was explained that the process concluded that the Health Board had an unapprovable IMTP because of the financial position and there was a need to have a one year plan. At the Targeted Intervention meeting it was made clear by Welsh Government to develop

that the UHB should develop a 3 year plan based on the performance of the Health Board this year.

- Members raised questions, as the IMTP was being developed and the consideration of financial pressures, how will the financial pressures impede or advantage our strategic direction, if we are not able to free funds in order to invest. Secondly, what would be the approach to mitigate this as there was a need to understand what this means for our strategy and how we can adapt.
- In response it was stated that freeing funds in order to invest was one of the key enablers and whilst trying to identify resource that closes the financial gap there was a need to find the balance of how this is done.
- In regard to the risks it was stated the Corporate Risk Assurance Framework (CRAF) had not been arranged against the key objectives of the strategy and there was a need to look how this could be aligned.
- It was acknowledged that capital estates presented a real barrier in delivery of service. Other fragile areas were highlighted where more control was needed to be applied.

The Committee:

- **NOTED** the update on the Integrated Medium Term Plan for 2018/19

SE: 17/046 CAPITAL PROGRAMME REPORT

Mrs Abigail Harris, Director of Strategic Planning presented an assurance report stating the condition of the estate represented a significant risk to the organisation with significant financial commitment to mitigate the risk. It was noted that there are two key sources of funding for capital, the discretionary capital budget which comes through our annual allocation and the all Wales capital programme which is accessed by submitting business cases to WG for approval.

It was noted that the first phase of the neonatal programme was complete. In relation to the latest phase asbestos had been discovered in the ground and was explained that if we slip on the capital programme the money would go back to WG and would not be returned next year. There was further discussion that this should be challenged as this was a genuine issue that could not be foreseen.

It was noted that the Director of Capital, Estates and Facilities was reviewing two capital programmes to identify any actions that could be brought forward into this year.

There had been delay in the development of CRI and Rookwood as the contractor had withdrawn and the Health Board was progressing with the new contractors. The full business case for Rookwood had been revisited and would be submitted to WG in January 2018.

ACTION: To ensure that the scrutiny report for the next meeting assessed the impact, and mitigations in relation to the slippage on the neonatal programme

The Committee:

- **NOTED** the report content of the report recognizing 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 in relation to estate compliance and in particular the management of asbestos and the difficulties restricted access to plant rooms etc. can pose to maintaining engineering services to support clinical activity

SE: 17/047 NIGHT TIME ECONOMY STRATEGY

Mrs Sharon Hopkins, Director of Public Health, stated this was a partnership strategy delivered through the Partnership Board. The strategy had been developed with the local authorities and other agencies, and UHB Staff had been involved in the process. In regard to finances the Committee was assured there was no request for new resource to fund the strategy. Although ambitious, the Business District Improvement Plans will have a number of bids to increase the resource to support delivery of the strategy. The Business District Improvement Plan will not have a call directly on UHB funding and the expectation was those contributing to the funding in regard to the night time economy services will remain.

A query was raised as the approach to drink spiking was not evident in the strategy. In response it was stated that drink spiking was being dealt with through the Area Planning Board and there was dovetailing of what the definitive actions in the different services are and how this links into an overarching strategy and approach. It was stated there was a lot of work going on that would not necessarily be seen in the strategy.

The Committee:

- **APPROVED** the Night Time Economy Strategy

SE: 17/048 STRATEGY FOR REDEVELOPMENT OF UHW SITE

Mrs Abigail Harris, Director of Strategic Planning stated that a strategic plan was being developed for estates. This could not be detailed until work was completed on the Clinical Services and what was required in terms of infrastructure. The plan, at a high level, would describe the whole system service model and a significant amount of work had been done through the Transformation Board and Shaping Our Future Wellbeing in regard to what services needed to be transferred into the community. The presentation, which had also been shared with Welsh Government, was a high level summary and showed what was needed to be articulated in the Estates Strategy. This will require infrastructure in the community in regard to the Wellbeing Hubs which is being discussed at the next Board Development Session along with the condition of our estates.

There was a Strategic Outline Plan for technology which will enable the Health Board to deliver services in a different way. There had been collaboration with Primary Community and Intermediate Care Clinical Board on the primary care estates plan and the need for this to reflect implications of the Local Development Plan. In addition, there was engagement with Cardiff Council to ensure the Wellbeing Hub model dovetails with the Community Hub model. The presentation set out questions in regard to clinical service plans and was a work in progress. Discussions had started with Abertawe Bro Morgannwg (ABM) University Health Board for there to be a new approach in planning tertiary services. Members were informed the Health Board was Wales' leading teaching, research (with Cardiff University), and academic centre and to look at how this can be promoted to become a clearer feature.

It was discussed and noted:

- In regard to what our plan would be in tertiary services and working with Abertawe Bro Morgannwg UHB, there will be increasing discussion with our Board recognising they are a specialist centre and there are a number of fragile specialist services in our area. The organisation had to realize the need to play our part and have an open approach to think of our services in relation to what was being developed in our HB that complimented Abertawe Bro Morgannwg.
- In relation to SOFW in the community was a timetable for the work and business cases and there was a huge amount of work to get the business cases developed and recognized that an outside skill set was needed.
- A condition survey had been completed on all of the estates and a utilisation survey highlighted the buildings that were being used well and those that were not. As the model of our services change it has become apparent that a number of places were not being used appropriately.
- Decisions had to be made to ensure the estate was being used efficiently. The latest information on benchmarking had been received regarding the cost of heat, light and cleaning and the estates maintenance cost. This would help to inform future decisions.
- In response to whether there was enough resource in the Health Board, it was stated that the organisation worked alongside the Local Authorities (through a Public Sector Asset Board in Cardiff). They had closed a number of facilities as they were not viable and consolidated services into hubs; there had been learning from this process.
- In response to buildings that had deteriorated it was stated that the condition survey and the risk assessments undertaken ensured that no one was vulnerable. Urgent action would be taken if deemed unsafe.
- Although encouraged to see compliance was being assessed, it was raised that there was a gap in what was planned to be done and the work able to be executed. This was also in regard to assessing the estates. It was further queried whether we had prioritised areas considered to be the highest risk to be done first. In response it was stated that this would be included as part of the statutory compliance and as part of the presentation. The Committee was assured that the Director of Capital Estates and Facility was aware of the all the work that needed to be undertaken across the Health Board and there was a good system in place of knowing where this work was being resolved.

- A number of questions raised would be considered at the Board Development day to be discussed in depth.

The Committee:

- **NOTED** the verbal report

SE: 17/049 PUBLIC SERVICE BOARD WELLBEING PLANS CONSULTATIONS

Mrs Sharon Hopkins, Director of Public Health, presented the two Public Service Board Wellbeing Plans to the Committee. These plans had to be produced as a result of the Wellbeing of Future Generations (WCFG) Act. The Needs Assessment that informed the wellbeing plans had been undertaken with the local authority. A common approach to consultation was taken across the two local authorities through a programme called 'Let's Talk'. This proved successful with a good level of engagement activities and participation. From the needs assessment, priorities to address the significant needs were identified. The wellbeing plans reflected the five ways of working set out in the Wellbeing of Future Generations Act, and align with Shaping our Future Wellbeing.

Members were informed the consultation process would finish mid December 2017. The plan will be finalised and brought through the Public Service Board and partner organisations for approval.

A query was raised in regard to children and young people and children with special needs whether the plan addressed the mental health issues. It was stated that it was covered at a strategic level. The mental health and wellbeing was a critical factor in deriving service plans, therefore the objectives were inclusive. It was assured during the development of the Population Needs Assessment mental health and children were high up in conversation.

The Committee:

- **CONSIDERED** the draft Wellbeing Plans to inform UHB feedback as part of the consultations and inform IMTP development

SE: 17/050 CARDIFF AND VALE OF GLAMORGAN AREA PLAN FOR CARE AND SUPPORT NEEDS

Mrs Rachel Jones, Assistant Director of Integrated Health and Social Care stated that there was a statutory duty on the Health Board and two local authorities to produce an area plan. The requirement for the plan was set out in the Social Services and Wellbeing (SSWB) Act. It was recognized that there was cross over with the requirement of the WCFG Act requirements. In terms of the Area Plan there was a duty on the statutory bodies for a Population Needs Assessment. The Regional Partnership Board is responsible for overseeing the area plan and the Public Service Board (PSB). There was a challenge that issues arising from the Populations Needs Assessment were not in the remit of Regional Partnership Board and therefore there

was a need to ensure collectively that nothing was being missed or falling through the gaps.

The Area Plan is a high level document with a supporting action plan. There was no statutory consultation period for the Area Plan a consultation exercise followed the Population Needs Assessment, which ends on 3 December 2017. The process will be to take an amended plan back through the RPB in the New Year; to the Board for formal approval and also the two Cabinets. One of the key themes to come out of the consultation was access to care and support and public transport. It was raised at the last RPB how to join up with the action that sits on the PSB agenda, and how to share strategies around these issues. There was a need to continue to work with PSB colleagues to ensure the two agendas were aligned.

The Committee was informed of the many interconnected and multiple plans and strategies and was keen to ensure that there was no duplication. It was suggested for a plan map to be produced showing all the plans the Health Board was work against so there was no duplication.

The Committee:

- **CONSIDERED** the draft Area Plan for Care and Support Needs to inform UHB feedback as part of the consultations and inform IMTP development

An Independent Member left the meeting therefore Committee was not quorate

SE: 17/051 THORACIC SURGERY SERVICES

The Director of Strategic Planning gave an update on the engagement process being undertaken in regard to Thoracic Surgery Services. The information came to Board to support the Welsh Health Specialised Services Committee (WHSSC) led engagement which concluded on 30 November 2017. There will be an internal WHSSC meeting to gather all of the views and comments received as part of the process; some of these have been directly fed into WHSSC. Following this process a Project Board meeting will be set up with two members of staff representing the organisation and will be making a recommendation to look at the evidence to support a single site model. An Independent Panel is waiting to be convened in regard to the recommendation from the Panel Project Board to consider all the evidence and which of the two existing sites would be the single site for South Wales. This process is due to happen in January 2018. The Health Board was being asked to submit evidence on how well we would be able to establish this. There was a need to ensure planning with regard to the outcome. In regard to Major Trauma, the Community Health Council was aware that there were two processes following different approaches, which was explained.

The Committee:

- **CONSIDERED** the questions posed in the Engagement Document
- **NOTED** the approach to local engagement to support the wider WHSSC engagement on the future of these services

- **NOTED** that specific pieces of evidence have been required by WHSSC to inform the work of potential Independent Panel recommendation on the location of a single centre

SE: 17/052 EXTRACT ON CORPORATE RISK ASSURANCE FRAMEWORK

Mr Peter Welsh, Director of Corporate Governance highlighted the current positions of risks associated with Committee stating there were no new risks. A process was underway of changing the risk register to be more meaningful and was looking at best practice outside of Wales. The intention was through Management Executive and through the Board to have a new arrangement in place next April 2018 and align risks against strategic objectives which would appropriate greater ownership.

The Committee:

- **CONSIDERED** the CRAF Update Report
- **AGREED** assignment of risks to the Committee
- **CONSIDERED** whether further assurance is required for its risks

SE: 17/053 ANY OTHER BUSINESS

There was no other business to report.

SECTION 2: ITEMS FOR INFORMATION

SE: 17/054 CORPORATE PROGRAMME TRACKER REPORT

The Committee:

- **NOTED** the overall October position of the developments as show in the Planning Programme Tracker (PPT) dashboard
- **AGREED** based on the tracker exception report, the schemes which need to be prioritised in order for further progress be made and therefore any actions required

SE: 17/055 CONSULTATION ON MAJOR TRAUMA NETWORK DEVELOPMENT

The Committee:

- **NOTED** the approach to consultation being led by the Collaborative and the local approach agreed with the Cardiff and Vale Community Health Council

SE: 17/056 INTEGRATING CARE FUND QUARTERLY REPORT

The Committee:

- **NOTED** the Quarter 2 Performance Report of the Integrated Care Fund 2017-18

AC: 17/057 REVIEW OF THE MEETING

There was nothing of note to report.

AC: 16/058 DATE OF NEXT MEETING

The next Strategy and Engagement Committee meeting is scheduled to take place at 9.00am on **Tuesday, 13 March 2018** in the Corporate Meeting Room, Headquarters, UHW