CONFIRMED MINUTES OF THE STRATEGY AND DELIVERY COMMITTEE
HELD ON TUESDAY, 30 APRIL 2019
EXECUTIVE MEETING ROOM, WOODLANDS HOUSE

Present:		
Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member – Trade Unions
Eileen Brandreth	EB	Independent Member – ICT
In Attendance:		
Abigail Harris	AH	Executive Director of Planning
Chris Lewis	CL	Deputy Finance Director
Fiona Kinghorn	FK	Executive Director of Public Health
Martin Driscoll	MD	Executive Director of Workforce and OD
Nicole Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director
Dr Sharon Hopkins	SH	Deputy Chief Executive / Director of Transformation and Informatics
Steve Curry	SC	Chief Operating Officer
Secretariat:	GM	Glynis Mulford
Observer:		
Urvisha Perez	UP	Wales Audit Office
Apologies:		
Gary Baxter	GB	Independent Member - University
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
John Antoniazzi	JA	Independent Member - Estates
Robert Chadwick	RC	Executive Director of Finance
Sara Moseley	SM	Independent Member – Third Sector

SD: 19/04/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the Strategy & Delivery meeting.	**ACTION**
SD: 19/04/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	
SD: 19/04/003	**DECLARATIONS OF INTEREST** Charles Janczewski declared his interest as Chair of the Quality and Patient Safety Committee at WHSCC.	
SD: 19/04/004	**MINUTES OF THE BOARD MEETING HELD ON 5 MARCH 2019** Subject to a few minor amendments the minutes of the meeting were agreed as a true and accurate record. **Resolved – that:**	

	(a) The Committee approved the minutes of the meeting held on 5 March 2019.	
SD: 19/04/005	**ACTION LOG FOLLOWING THE LAST MEETING** **Resolved – that:** The Committee **REVIEWED** the Action Log from the March meeting.	
SD: 19/04/006	**CHAIRS ACTION TAKEN SINCE LAST MEETING** There had been no Chairs actions taken since the last meeting.	
SD: 19/04/007	**SHAPING OUR FUTURE WELLBEING IN OUR COMMUNITY PROGRAMME** The Executive Director of Planning presented the report. Members had previously received an in depth paper at the Board Development meeting. The following comments were made: • The report ensured services and infrastructure were in place and gave an update on the latest tranches from the programme and the All Wales Capital Programme. • Two projects were at a critical stage and the Board would receive a detailed business case on the £20m funding to complete Cogan and the Maelfa Wellbeing Hubs which were linked to the local authority. • This was a positive step forward in terms of the wider population being co-located. The Maelfa was part of a redevelopment scheme including upgrading community facilities and housing. • Progress confirmed we were in the latest tranches of work but needed to accelerate and move faster on the Barry Health and Wellbeing Hub. Clinical Boards were discussing ideas on the needs of the service. Further discussion would take place shortly regarding these plans with the Vale Local Authority. • In relation to North Cardiff, the GP lead was pushing for support in planning for a Health and Wellbeing Centre. In particular regarding the population growth and the added pressure with resourcing planning. • The Quality and Health Impact Assessment did not raise any issues and gave assurance that the Board received quality of work and was focussed. • Members stated the report presented a good example of how we were implementing the wellbeing hubs into the strategy. • In response to the Cardiff Royal Infirmary (CRI) being fit for purpose, it was explained that the programme business case was delayed as Welsh Government had changed their approach. The business case had also been updated. The programme business case would be circulated to Members. • Cardiff Royal Infirmary required significant investment as it was a listed building. There was expectation that the Health and Social Minister who was supportive of the plan, would endorse the work	AH

	programme and enable the business case to go through quickly. There would be a discussion on the constituency and advice would be taken on who we need to keep engaged locally. There would be a series of business cases to ensure the work was completed over time. • The CRI Chapel would be the heart of the Health and Wellbeing Centre for the community. Other spaces would be utilised to bring areas of the building into life. **Resolved – that:** (a) The Committee noted progress made in relation to the development and implementation of the SOFW: In Our Community Programme	
SD: 19/04/008	**SCRUTINY OF THE CAPITAL PLAN** The Executive Director of Planning presented the report informing that the Finance Committee had confirmed we were on track with the latest schemes. The following comments were made: • The report highlighted where we were in terms of investment required. It acknowledged that the capital programme was large and some of the red displayed within it had a knock on effect in terms of slippage. • The Committee was informed that there would not be a dedicated trauma centre in place by April 2020 as the build was being undertaken in a court yard and there was no access. This added to the complexities as well as keeping services running. • Management Executive agreed for a process being put in place to receive early warning signs from the team by alerting them to potential slippage so that intervention could occur before this happened and was working through a process. **Resolved – that:** (a) The Committee recognised the difficulty in managing a large and complex programme of works within a limited resource be noted (b) The Committee 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	
SD: 19/04/009	**UPDATE ON THE CLINICAL SERVICES PLAN** The Executive Director of Planning presented the report. The following comments were made: • There had been wider discussion at Board Development where it was agreed to focus engagement on the principles and the shape. For example, UHL would grow into a complex surgery. An EHIA would need to be undertaken so as not to effect a particular group of patients. A meeting would be arranged with the Community Health Council to agree the principles to the approach.	

	Involvement of advice and the quality of service would be beneficial in driving the UHL redevelopment. This would accelerate our services. • New access measures would emerge once the GMS negotiations concluded. • As not all planned services would be in place this would need to reviewed continually over the next 10 years and nuancing the scale in what was needed. • Regarding unscheduled care there was a need to ensure wider engagement filtered down to all staff as they would be involved in the carrying out services. • Engagement with communities would involve a series of events. Sessions based on the Canterbury working and Amplified 25 would also be considered. **Resolved – that:** (a) The Committee noted progress to date on the development of the UHBs strategic clinical services plan and the emerging clinical models for UHW and UHL.	
SD: 19/04/010	**A HEALTHIER WALES – IMPLEMENTATION UPDATE** The Executive Director of Planning presented the report, stating our strategic intent was in line with Welsh Government. The following comments were made: • To take stock and keep on top of all of the actions in A Healthier Wales and to ensure that as an organisation we were working through delivering the design principles, how we achieve our strategic objectives and if there was a close alignment. • To consider how we have a conversation with the public in how things would change. It was acknowledged that the model of care needed to look different but as yet the mechanisms were not in place to drive this forward, although we were on track with the things we could influence on a national agenda. • Some of the projects were encouraging and a good piece of work to be undertaken was to make comparisons in its application. Staff were more interested in what the purpose was. • The Clinical Board Directors would put items on their agendas to take to meetings. • Work was needed to be undertaken with the Regional Partnership Board. A workshop had been arranged to take stock of the action and consider accelerating the Health and Social Care agenda. We had set ourselves the year 2025 for our Strategy to be completed and to start the build for a new hospital. • Collectively with the Vale of Glamorgan we spend nearly £2b in using money on resource and prevention. Our Regional Partnership Board (RPB) was in a good place in terms of understanding how we make preparations for the next change. • Alastair Roeves from Welsh Government would be working with Canterbury to weave into the WG approach and align this with the	

	Health Boards direction of travel. Invitations would be sent out to people from various stakeholder groups and through the Amplify 25 programme would endeavour to understand the vision through natural process by being more flexible through our approach. • Also discussed was the modifications in Health Care globally and how this was delivered in a different way. There was an important shift in the way we think and work. • There was a need to develop the clinical plan and respond to the new ways of working. • Welsh Government was taking an increasing shift to measure what matters in outcomes and increasing interest in how we measure outcomes. **Resolved – that:** (a) The Committee discussed the contents of the report and confirmed it was assured that the Health Board was taking appropriate action to implement A Healthier Wales, which was aligned to Shaping Our Future Wellbeing	
SD: 19/04/011	**SHAPING OUR FUTURE WELLBEING: STRATEGY REVIEW** The Executive Director of Planning presented the report. The following comments were made: • The Health Board was coming to the midway point of the strategy and was taking stock whether the strategy was fit for purpose and how we were progressing against it. • The paper focused on pieces of work in the Strategy and was a subjective view of pulling the IMTP together and to see where we were by drawing out exemplars and using some indicators that would not normally be reviewed. • This was a helpful way in looking at specific areas that had made good progress. It also presented an opportunity to look forward at what was left to do and put some milestones in place. • The data activity articulated the actions that delivered the transformation programme. It also articulated some of the IMTP to ensure it did not sit outside. In addition, it reviewed the key milestones and tried to put these under headings. • The ability to enable the organisation to come up with the next step and health pathways was moving in the direction of travel and within the aims of the strategy. • Work regarding the Outcomes Framework and Lightfoot helped to develop this piece of work and there would be a workshop next week. • The UHBs role as tertiary and specialist provider did not come through clearly in the strategy. Ian Langfield from Welsh Health Specialised Services would be seconded for two years working solely with the Health Board on what was our role to meet the agenda. An update had been provided at the Health Systems Management Board (HSMB) where it was explained how our clinical services plan regarding genomics was developing and the cell and gene service was excelling.	

	Resolved – that: (a) The Committee agreed the direction of the strategy and its strategic objectives continued to provide a clear and effective direction for the organisation and it was not recommended that the objectives be amended. (b) Identified our strategy as a specialist services provider on a regional and national basis within the context of Shaping Our Future Wellbeing (c) The Committee agreed to ensure partnership working was the norm for all areas of activity in the next phase of strategy deployment in line with A Healthier Wales. The Strategy would only be delivered in a partnership, whilst progress had been made through our Regional Partnership Board arrangements	
SD: 19/04/012	**ENSURING THAT SERVICE, QUALITY, FINANCE AND WORKFORCE ARE ALIGNED AND INTEGRATED** The Executive Director of Workforce and Organisational Development presented the report where an example of filling band 5 nurses was chosen to see how we were demonstrating looking at issues across the whole structure. The report was in line with most of the UK where there had been challenges in the nursing workforce. There was success in attracting nurses to Wales but even with the programmes in place there was still a gap. The following comments were made: • Our position had improved with 231 nurses being employed but recognised there was still a number of posts which needed to be filled. This had been discussed at the Local Partnership Forum. • A number of conversation had been undertaken through MDTs. The recommendation from the group was to go back to the international service as the retention rate for overseas staff was high at 88%, although this would be at a cost to the Health Board, there was a financial benefit. • The programme was being worked on collectively to share the approach in the cost envelope. The second step which needed to be undertaken in order to build some workforce plans. • To recognise the complexities of the Health Board with the amount of numbers coming in and out and how not to repeat where we had been before. This issue was around the retention of the nurses. • The Group listed the lessons learnt from the last time and was working on embedding them into the society and culture of the organisation. • There was a need to provide pastoral support for overseas staff and The UHB was using Filipino nurses to support new staff coming over. • The Health Board had good success with being a good place to work and learn, especially with the student cohort. • This was a blended approach with regards to the financial aspects and offered value for money. There needed to be a deliberate strategy to be carefully managed with pace and timing. This was	

	about investment and it did carry a risk which was understood and shared at Management Executive and Clinical Board level. • The paper demonstrated how these were being aligned and this showed an example. • There was a design principle about balancing on quality, activity performance and finance. • The report provided the ability to see practically how the alignment was working and as a Committee, needed to be assured that colleagues across the Health Board were working in an integrated way and not in silos. **Resolved – that:** (a) The Committee noted the Report on Integrated Working	
SD: 19/04/013	**DIGITAL HEALTHCARE UPATE** The Director of Transformation provided a verbal update on Digital Healthcare. The following comments were made: • Part of the restrictions encountered was the way we do business. It was explained that systems come in and were delivered to the organisation but there was no understanding of what the staff required. • The way in which this was organised had changed significantly with digital managers placed in each Clinical Board. This looked at what was needed in a more helpful way. • Two pieces of work had been undertaken on accessible information and base work on the electronic patient record. This would enable our own local and national records to be able to talk to each other. This was a national piece of work and fast tracking of what we needed to do locally with detailed work behind the scenes to make this happen. Lots of things were being linked together and needed storage to draw everything together. Also explained was how the records were drawn together from different systems. • Work had been undertaken on Dashboarding which was demonstrated by design and a ward dashboard with aggregated data which drilled down to patients. • The outcome of this work was that three awards had been shortlisted for the MJ Awards with significant work around PROMS. • The work with Lightfoot (who were one of the companies that partnered with Canterbury) enabled clinicians and staff to make much more rapid decisions in terms of flow. • Workshops had been scheduled and a bid for a five year partnership with Lightfoot had been submitted to Welsh Government. • Another system called Patient Knows Best was a portal for both staff and patients. This provided patients with access to their records and the system was waiting to be implemented	

	into the organisation. The implementation was being prepared in the speciality areas that were running the project first. • All these systems do slightly different things but needed to work together. If we get all this right it will be easier for people to put things together for them to move forward. • A further document would be presented at a future meeting. • The strategic outline case has been refreshed and will come to next meeting. **Resolved – that:** a) The Committee noted the update and b) The Strategic outline case would come to the June meeting and c) A further report at a future meeting.	 SH SH
SD: 19/04/014	**DEVELOPING A PERFORMANCE FRAMEWORK** The Chair introduced the report stating it was a piece of work the Director of Transformation was engaged with to look at what needed to be dealt with at each Committee to ensure we were not duplicating work. The Director of Transformation made the following comments: • There were a number of targets and indicators associated with the Wales Delivery Framework and what was adding value by reviewing material used to make daily, weekly or yearly decisions and in turn how this could be value added for the Committee. • The measures were reviewed and what was routinely used for business. • 32 of the 42 measures were actively used on a weekly or monthly basis and was used to inform whether they were progressing. For our organisation improvement trajectories were set and not just RAG rated. It was found that 10 indicators were not used routinely. • These indicators should be looked at to see whether the Committee could add value and how they may be better used in the organisation. • One of the measures not useful was ERAS and suggested this measure should not be considered at this stage. • Eight measures were not routinely used but one of them may be helpful and was doing work with relevant leads around this. For example the reduction in number 20 and know this was a good indicator in how we are managing chronic conditions. These do get reported to the Board on an annual basis and would see all of these being reported in the Board report. These are not routinely informed for business. • For the 32 measures routinely reviewed it was suggested they would only be brought by exception. • To consider looking at indicators not being used with the advice of how they could be applied and scrutinise an area that	

	was not subject to routine measures. • Informing those indicators we were not currently using to see how they can be helpful or valuable indicators. • The development of the Outcomes Framework was being worked through and were using the outline of Canterbury. • There was a need to have a balance of scrutiny and challenge through the next phase to see what the work looked like. • Dashboards ranged from validated to unvalidated and a currency needed to be agreed. • Some public health indicators were only seen on an annual basis and there was a need to know how they were used in the organisation to inform our business. • The direction of travel was encouraging and recognised reviewing 42 measures would not be manageable. There was a need to have a balance and identify areas necessary to scrutinise, it was agreed to meet outside the committee and look at the indications at the next Committee. • To ask Wales Audit Office if there was anything to be shared form other Health Boards. **Resolved – that:** (a) The Committee agreed to only scrutinise routinely reported measures by exception as advised by the lead Executive (b) The Committee considered scrutinising those indicators which were currently not used to actively inform practice, following completion of work outlined (c) The Committee be appraised of areas achieving or exceeding agreed trajectories and / or targets (d) That a report detailing the above be presented in the September committee.	
SD: 19/04/015	**IMPLEMENTATION OF WELLBEING OF FUTURE GENERATIONS (WALES) ACT IN CARIDFF AND VALE UHB - UPDATE** The Executive Director of Public Health presented the report and advised the Health Board was currently being examined by Wales Audit Office on how we are embedding the Act into Health Board strategy and delivery.. There was a Flash report that summarised progress made by the Steering Group against the action plan for 2019/20. The following comments were made: • The Wellbeing of Future Generations (WFG) Act was world leading legislation and internationally there was interest in how this was being implemented. The Health Board was required to take on board implementation of the sustainability principle and five ways of working throughout its business The UHB's wellbeing objectives are the SOFW objectives. • A WFG Steering Group had been set up to oversee and embed the culture change required by the WFG Act and would like to see this as part of our Amplify 2025. The Wales Audit Office had a statutory requirement to ensure the organisation is delivering on	

	the WFG Act. There is a developmental approach about what the organisation will choose to demonstrate how the act is being implemented. Our chosen arena for a detailed review is our SOFW in our community work. • Two workshops would be undertaken and there would be interviews with people who couldn't participate. • Work needed to be done around communication which related to people and staff on the ground and what they can do to contribute to implementing the Act and the five ways to wellbeing. The Committee Chair, Charles Janczewski is the Board Champion for FGW Act and sat on the Steering Group. **Resolved – that:** (a) The actions the UHB are planning for 2019/20 to further embed the WFG Act in the organisation be noted. (b) The Committee noted the attached Flash Report which would provide regular assurance in the future of progress against the Steering Group's action plan to undertake actions required for the UHB to meet its statutory duties under the Act.	
SD: 19/04/016	**KEY ORGANISATIONAL PERFORMANCE INDICATORS** The Chief Operating Officer presented the report. The report covered end of year period relating to tier 1 on the overall plan. The following comments were made: • **Planned care**: It had been a good year and largely delivered on commitments to Welsh Government. The remaining patients related back to tertiary services and a bespoke plan for spinal patients was in progress. • **Diagnostics:** The Health Board was 40 patients short in delivering its target but reflected a year on year improved position. There were additional changes in the rules for cardiology tests and although there was a marked improvement The UHB had not reached its goal. • **Cancer:** Improvements had been made but were below the national target. The position ended at 82% of a 62 day target being met and was 5 short on the IMTP. There was a need to do more work to increase from 80 – 87% this year. In the spring there was a significant increase in referrals with a 20% increase over the year and neurology was a third more. There was a 24% increase in the Upper GI. Cardiff & Vale were the best performing in Wales at just over 90%. • There had been improvement (from a challenging position in follow-up delays) in the trajectory and had the highest volume in Wales. The Wales Audit Office provided an extensive update on Follow-Up Outpatients Report. Our data and systems were defaulting to a conservative position and there was a significant piece of work being undertaken around this. There was a need to be cautious as taking someone of the list could be detrimental. This was a clinical led service guided by our clinicians. Cardiff &	

	Vale were the only Health Board in Wales that had risk stratified against the patients. • This work was continuing and this year there would be actual targets set to achieve and ensure we were working through systems to ensure we were compliant. • **MH Measure:** This was 8.9% higher than last year. There were challenges with CAMHS and work was ongoing to improve the primary care service through reform and capacity changes. In addition, the CAMH service had recently been repatriated back to the Health Board. There was a piece of work to be undertaken to redesign the service. CAMHS performance would be monitored by the Strategy and Delivery Committee. It was suggested for the Committee to review the baseline information for June. • **Unscheduled Care:** This did not meet national requirements although relative performance was good. The four hour position improved and the picture over winter showed year on year improvement. The trend continued to improve throughout Wales and the UK overall. There was a need to build on this going forward. • Figures published by Welsh Government showed The UHB were the best in Wales for four and 12 hour waits. • **DTOCs:** Targets focused on improving 14 day Length of Stay. Thanks were conveyed to Judith Hill who had undertaken work on this area over the past year. The outcome of the Internal Audit Assurance showed a substantial rating. The minister for Health and Social Care during his intended visits to the Regional Planning Board would be looking at DTOC processes. • **Stroke:** The centennial assigns rating levels of A being the best and D not so good. The Organisation retained level B and was rated in one of five in Wales. In regard to the stroke measures, there would be greater emphasis on stroke input and changes going forward. A gap analysis would be undertaken to see how this could improve. Some trajectories had been set to see consistent delivery with Clinical Boards and was looking to attain level A. Overall this was a positive picture for performance. Areas to focus on would be cancer, stroke and unscheduled care. • Improvements from here would become much more difficult. Moving from this point was an issue of volume. The new issue was specialist and would have to go back to the 'X matrix'. There were pathways with transformation improving over time through redesigning and decreasing trajectory, through efficient productivity tactics and moving from one type of working to the other. • It was acknowledged we could not live in the transformation space and must not forget it was the staff taking these projects and services forward and the people who benefited was the patients. • Looking at comparisons within the UK regarding four hour waits, the Organisation were able to help colleagues in other HBs and to share learning with them. It was explained that we did not have a sustainable position and was moving all the time. • The Chair asked Members to think about and reflect how we could enforce the recognition and thanks to staff.	SC

	Resolved – that: (a) Year to date performance for 2018/19 was considered.	
SD: 19/04/017	**WORKFORCE KEY PERFORMANCE INDICATORS / DASHBOARD** The Executive Director of Workforce and Organisational Development presented the report. The following comments were made: • **Sickness Absence Rate:** In looking at absence it was acknowledged that performance in organisations that were doing very well was because they had good leadership and engagement. • The absence rates was the same as last year. Therefore there was a need to have a different conversation on the contributors. • **Job Planning:** There had been a number of conversations with letters disseminated across the Health Board and undertaken training and the outcome was that job planning compliance was very poor. A workshop was being set up with Clinical Boards to explore this. • **Turnover rate**: There needed to be an understanding why people were leaving the Organisation. Work was being undertaken on retaining numbers and staying at the same level. Exit interviews had improved and were looking at people who were leaving the NHS altogether. • **Pay Bill:** There had been an under spend on the pay bill. • Good news on head count showed that 1400 people had been recruited to the Health Board. • **Training**: Although a move in the right direction, fire training needed to achieve 85% compliance. • **PADR rate:** These were not taking place in a timely way and needed to improve. • The People dashboard was a work in progress and the aim was for the dashboard to replace the boxes from the previous format. The new style was more progressive and enabler driven. • Some of challenges were beyond what the Executive Team could achieve and the Clinical Boards were being held to account. The workforce planning was significantly better and would sit with the Director of Operations to work through. **Resolved – that:** (a) The Committee Noted the People's Dashboard.	
SD: 19/04/018	**STAFF SURVEY RESPONSE GROUP REPORT** The Executive Director of Workforce and Organisational Development presented the report. The following comments were made: • Established from the survey was four key themes. A Steering Group had been set up which the Director of Workforce and Organisational Development would continue to chair. • Volunteers would continue to determine how we would make this	

	happen in the next stage and had written to people who had been previously engaged. • This item will be kept live at the Committee. • The Director was thanked for his personal involvement and leadership **Resolved – that:** (a) The contents of the report, the attached action plan and the role of the Staff Survey Steering Group be considered	
SD: 19/04/019	**DEEP DIVE REPORT ON ABSENCE RATES AND HOTSPOTS** The Executive Director of Workforce and Organisational Development provided a presentation. The following comments were made: • The capability of line managers was being built on with 140 being trained. People were being furnished with the skills to have the right conversations for sickness absence. • Work behind the scenes was ongoing with the right level of activity and results was being achieved although not reaching the considered targets. • Regarding health and wellbeing, the highest reason for absence reporting was stress. The key stressors for 2 out of 3 of the workforce was money worries. • There were people employed in the Health Board on low pay and there was a need to look at the whole individual. A programme was envisaged to be set up by Autumn. • An action plan had been put in place which the HR operations team were working on. • It was considered that themes had been inherited that were policing absence and disempowering managers. The team had worked hard over the past 10 months to change the way of thinking. Under the new ethos focus would be on the bigger picture and the root causes of absence. This would be driven through the Maximising Attendance Group. • It was suggested to make links to each of the local councils who could provide assistance through their hubs by offering solutions to financial issues and housing advice. • Public Health were also looking at strengthening prevention across the Health Board in relation to keeping people well and considered to join these two elements together. • Staff were encouraged to approach the Trade Union where they could obtain Welfare Grants. • The principle was how to help our workforce to be more resilient and in a rounded view make people aware of this. • The Chair stated this was a very constructive deep dive in trying to understand as an Organisation how we move forward. **Resolved – that:** (a) The Committee noted the presentation.	

SD: 19/04/020	**STRATEGIC EQUALITY OBJECTIVES – DELIVERY PLAN FRAMEWORK 2018-19** The Equality Manager presented the report. The following comments were made: • There was a legal obligation to have a Strategic Equality Plan in place. • Steady progress had been made during year three of the four year plan and all actions should be completed by year four. • The Annual Equality Plan would be brought to the next meeting. • A Task and Finish Group had been established to explore how to improve our scoring on the Employers Index. The Group was looking at weaknesses and there were no guarantees to return as there were unforeseen elements out of our control. • One of the advantages was The UHB had been consistent but there was work ongoing with the Task and Finish Group. • There were difficulties with staff disclosing their orientation. A communications brief had been written and the purpose was to build on recording nationality. This was down to a trust issue in order for the employer to help them. • The briefing paper that had been shared with people was to take a more directive approach and endeavoured to explain the benefits of the information. **Resolved – that:** (a) The Committee noted the contents of the paper (b) The Committee noted the fourth year SEP delivery plan	KW
SD: 19/04/021	**BOARD ASSURANCE FRAMEWORK: SUSTAINABLE PRIMARY AND COMMUNITY CARE** The Director of Corporate Governance presented the report. The following comments were made: • There were six key risks on the Board Assurance Framework and four were monitored by the Strategy and Delivery Committee. • It was agreed the Committee would look at one risk at a time. • The risk on Sustainable Primary Care would go forward to the May Board meeting. • The purpose of the Committee was to do some check and challenge and ensure the controls in place were working. • It was acknowledged that the Director of Corporate Governance had brought some rigour around risks but thought it would be helpful but difficult to provide a summary on how this could be achieved. It was acknowledged that the work contributed that mitigate the risks were much more extensive and were looking for alternative roles and flexible working. • A lot of work had been undertaken with high level markers that	

	indicated in comparison we were doing well but there was a need to make it resilient and stable. There were a number of milestones and themes going forward such as integration. • Access was another theme and sparked a discussion on how we take these forward that was linked contractually. The non-traditional methods of providing care would be dominant going forward and this needed to be considered carefully. • Governance was another theme and the Multi-Disciplinary Team element of primary care. To prudently provide care that they were working at the top of their licence and people were accessing care at the right level. • A paper was being developed on how this would be going forward. **Resolved – that:** (a) The Committee reviewed the attached risk in relation to Sustainable and Primary Community Care to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.	
SD: 19/04/022	**MEMORANDUM OF UNDERSTANDING BETWEEN CARDIFF AND VALE UHB AND THE THIRD SECTOR IN CARDIFF AND VALE OF GLAMORGAN** The Director of Public Health provided an overview of the report. The following comments were made: • The Third Sector play a key role not least in that they can reach people we are unable to. The Health Board commissions around £7m of services from the Third Sector. • The Strategic Framework had been in place for five years since 2012. Services had changed over this time and it was important to review how we continued a bilateral relationship with the CEO of the Third Sector. • The development of the Memorandum of Understanding (MOU) was due to many changes over the past few years including the creation of Public Service Boards and the Regional Partnership Board. The Framework had moved on significantly where stronger relationships had developed. • Health & Social Care Facilitator action plans have also been reframedas part of the approach. • The Steering Group had been stood down. • Subject to confirmation of this paper at a Management Executives' meeting, the Committee would approve the document. **Resolved – that:** (a) The Committee approved the MOU.	FK

SD: 19/04/023	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE** • A Healthier Wales Report • CAMHS report	
SD: 19/04/024	**REVIEW OF THE MEETING** • Conversations were focussed and constructive. • It was interesting to see conversations being strategic and not operational. • To talk about what was noted in meeting with the Wales Audit Office. • Felt quality of papers were very good and addressed the demanding responsibilities in the Terms of Reference. This would provide assurance to the Board that we are addressing the issues.	NF / CJ
SD: 19/04/025	**ANY OTHER URGENT BUSINESS** There was no other business to raise	
SD: 19/04/026	**DATE OF THE NEXT MEETING OF THE COMMITTEE** Tuesday, 25 June 2019, 9.00am – 12.00pm Corporate Meeting Room, Headquarters, UHW	