



	The CC advised the Committee that he was no longer involved with WHSSC.	
<b>S&amp;D 19/09/005</b>	<p><b>Minutes of the Committee Meeting held on 25<sup>th</sup> June 2019</b></p> <p>The Director of Corporate Governance (DCG) confirmed that Christopher Dawson-Morris – Corporate Strategic Planning Lead needed to be included on the attendance list.</p> <p>The Committee Vice Chair (CVC) provided an update regarding the Annual Equality Plan and advised that conversations had been held with the Equality Manager and Assistant Director of Organisational Development defining the role of Equality Champions and how Equality would be woven into the Amplify vision.</p> <p>The CC shared with the Committee that the Equality Manager (EM) had been tasked to produce a paper which detailed how this would be structured and the paper would be brought to the Committee for further discussion at a later date.</p> <p><b>Resolved – that:</b></p> <p>(a) Subject to the above amendment the Committee approved the minutes of the meeting held on 25<sup>th</sup> June 2019</p>	<p><b>LT</b></p> <p><b>KW</b></p>
<b>S&amp;D 19/09/006</b>	<p><b>Action Log following the Meeting held on 25<sup>th</sup> June 2019</b></p> <p><b>Resolved – that:</b></p> <p>(a) The Committee reviewed the action log following meeting held on 25<sup>th</sup> June 2019</p>	
<b>S&amp;D 19/09/007</b>	<p><b>Chairs Action taken since last meeting</b></p> <p>There had been no Chairs actions taken since the last meeting.</p>	
<b>S&amp;D 19/09/008</b>	<p><b>Having an unplanned care system that provides the right care, in the right place first time</b></p> <p>The Chief Operating Officer (COO) introduced the presentation and explained it looked at the last 12 months, preparations for the forthcoming year and the direction of travel going forward.</p> <p>The COO confirmed the demand for services had increased.</p> <p><b>2019/20 (year to date):</b></p> <ul style="list-style-type: none"> <li>• EU attendances up 3%</li> <li>• Of which Majors up 5%</li> <li>• Ambulance conveyances down 3%</li> <li>• Medicine admissions up 13%</li> <li>• Surgical emergency admissions down 6%</li> </ul>	

An additional 450 patients attending EU per month – 2/3rds of which were majors.

The COO explained that the detailed information and data pulled from Lightfoot was very helpful and gave the Operations Team an insight to improve the delivery of services.

The COO summarised the Unscheduled Care/Winter Initiatives as:

- Keep Me Home
- Right place, right time
- Every Day Counts
- Get Me Home

The operations team had supported care homes in the community and actively intervened to keep patients in the care home when they became unwell.

Work had been undertaken in Primary Care Sustainability, particularly in MSK and Mental Health areas. Alongside this Cluster Pilots were being developed to extend GP Practice hours. Work had been undertaken which looked at the frail older person liaison services in particular at weekends and rapid flu testing work had been carried out in hospitals.

A 'Safety Huddle' approach had been implemented at the front end of hospital which concentrated on keeping patients safe and focused on patient flow. Processes in the hospital had concentrated on improvement around managing patients through the system and avoiding delays.

Further work had taken place across the system with discharge pathways particularly at St Davids Hospital but more on a domiciliary basis where through the Transformation Fund a bid has been submitted for a Get Me Home + Model.

The COO provided an example of the 'SAFER' model and explained that it required discipline to be implemented at ward level. However, this would ensure that patients continued to flow through hospitals as it focused on what needed to happen next for the patient, why there was a delay and how it could be improved. He explained that the Model had been implemented in Llandough Hospital and there had been a significant gain from its use.

The COO described the impact on bed occupancy and confirmed how this correlated with performance on 4 and 12 hour performance. He explained that when winter on winter 4 hour performance was compared, a marked change could be seen compared to last year. Whilst the team could not confirm what had caused the improvement, the actions that had been taken with bed occupancy had improved the situation. For example EU Performance had averaged 82.7% in Quarter 1 2019 which was an improvement of 5.2% compared to the same Quarter the previous year.

The COO discussed the Reflections on Winter 2018/19 and explained that the external factors were less pronounced this year than previous

	<p>ones – with lower incidences of flu, warmer temperatures and no disruption due to adverse weather. Despite this, demand was the same or higher across most parts of the system, in particular EU attendances and Medicine admissions. However, even with higher demand performance improved in almost all areas.</p> <p>The CVC commended the presentation and asked if the transformation money that has gone into rebalancing primary and community care was having an impact and making a difference? In response, the COO confirmed that there was early evidence in relation to Get Me Home +. He added that data had been looked at for patients who had gone through Get Me Home + against patients who had not and confirmed and that up to 28 days had been taken off pathways. The COO explained that it was not 100% reliable, however, with that data along with the significant decrease in 14 day length of stay, Delayed Transfers of Care (DTC) reductions and bed occupancy reduction it suggested that the system was working. The evaluation was currently being tested with the transformation team.</p> <p>The COO confirmed that 2 years of transformation funding had been received, therefore the plan was to test and evaluate during this period before looking to incorporate into the everyday business should it be successful.</p> <p>The CC thanked the COO for the presentation and confirmed it provided the committee with good assurance.</p> <p>The CC requested the presentation be uploaded to iBabs.</p> <p>The Executive Director of Strategic Planning (EDSP) felt it would be helpful to take the presentation to the Executive meeting with the Local Authorities.</p> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee Members noted the presentation</li> <li>(b) The presentation be added to the HSMB agenda</li> <li>(c) The presentation be taken to the Regional Partnership Board</li> </ul>	<p>LT</p> <p>AH</p> <p>LT</p> <p>AH</p>
<p><b>S&amp;D 19/09/009</b></p>	<p><b>Strategic Clinical Plan – Update</b></p> <p>The EDSP introduced the paper and it was noted that the clinical plan provided an overview of how clinical services would develop over the next decade. It was also noted that in some areas work was ongoing to develop the detailed service model, for example, the South West Cluster had received transformation funding to enable them to fully develop their cluster service model and this would inform the further development of the clinical services plan.</p> <p>The EDSP confirmed that there was an increasing separation in the roles of UHL and UHW emerging and there were business cases going through for increasing theatre capacity at UHL.</p>	

	<p>A key point in the document was being clear about the UHB Tertiary Services Plan. Ian Langfield, Corporate Planning Manager had undertaken a very detailed piece of work alongside Swansea to help the UHB understand, from a needs and sustainability basis, what the configuration of tertiary services across UHW, Swansea and into England should look like for the population of Cardiff and Vale and what that meant for the business case that was being developed for UHW.</p> <p>The EDSP explained she would like the 80 Amplify attendees to go out and engage with their teams regarding the Clinical Plan as part of the engagement process.</p> <p>The CC thanked the EDSP for the Clinical Plan and urged the EDSP to speak with Michael Imperato, Independent Member regarding the strategic consultation, as he had a lot of experience and expertise in this area.</p> <p>The CVC commented that the language should be changed if it went out to the general public, as it was not easily understood. In response, the EDSP confirmed that this would be built into the engagement plan.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the progress to date in the development of the UHB’s strategic Clinical Services Plan and the emerging clinical models for UHW and UHL.</p> <p>(b) The Committee would send any further comments they had on the draft Clinical Services Plan (by Friday 6<sup>th</sup> September 2019) to <a href="mailto:Anne.Weï@wales.nhs.uk">Anne.Weï@wales.nhs.uk</a>.</p> <p>(c) The Committee would comment on the draft engagement plan, particularly in relation to the engagement questions and whether the right issues are being tested during engagement (by Friday 6<sup>th</sup> September 2019) to <a href="mailto:Anne.Weï@wales.nhs.uk">Anne.Weï@wales.nhs.uk</a>.</p>	<p>AH</p> <p>AH</p> <p>ALL</p> <p>ALL</p>
<p><b>S&amp;D 19/09/010</b></p>	<p><b>Scrutiny of the Capital Plan</b></p> <p>The EDSP introduced the paper and confirmed that the UHB had received a Discretionary Capital funding allocation for 2019/20 of £14.428m, which was allocated to projects identified in the respective Clinical and Service Boards IMTPs, Estates, IM&amp;T &amp; Medical Equipment backlog maintenance and Statutory Compliance works. The programme was funded from the discretionary capital budget and prioritised balancing the needs to address problems with the existing estate, and invest in developments required to deliver the IMTP priorities.</p> <p>The draft discretionary capital programme was agreed by the Capital Management Group and issued for approval to the UHB Management Executive and the Board at the beginning of each financial year.</p>	

In addition to the discretionary funding received from Welsh Government (WG), the UHB also received all Wales capital funding for schemes that had been approved by Welsh Government or were progressing through the business case process.

She explained that the UHB currently had 5 Business Cases submitted to WG for consideration including:

- Strategic Outline Case for CRI Sexual Health Referral Centre
- Strategic Outline Case for UHW Academic Avenue development (Theatres/Haematology Ward and Day Unit/Polytrauma Unit)
- Outline Business Case for Maelfa Wellbeing Hub
- Outline Business Case for Penarth Wellbeing Hub
- Business Justification Unit for Cystic Fibrosis Unit at UHL

The CMG report which was attached at the appendix was of the Major Capital Projects and it highlighted a number of key issues relating to several of the schemes including:

- Neonatal Unit
- Rookwood relocation
- UHW Haematology Day Unit
- UHW Major Trauma & Vascular Hybrid Theatre
- Penarth Wellbeing Hub

The CVC asked if there was any support required from the Committee. In response, the EDSP explained that business cases could not be changed once agreed and that timescales for business cases needed to be realistic as when business cases go to Welsh Government it takes time to get all responses from different sources.

The CC requested assurance as in the plan the Medical Equipment budget was only £1M however, based on previous spending he was aware that the need was £4-5M. He also asked for confirmation that patient safety was utmost in those considerations. The EDSP confirmed that a log of medical equipment had been developed and was improving with the help of procurement and clinical boards. The EDSP explained that the team are not in a position to proactively replace equipment that is needed as current funding does not allow for it, therefore it is prioritised.

The Executive Director of Finance (EDF) confirmed that Clive Morgan was managing the medical equipment and although there was only £1M in that programme at the end of the year, traditionally, Welsh Government conducted a stock take of all big schemes and would make available extra money which would need to be spent before the year end and Clive had a list of medical equipment that he could purchase should those circumstances arise.

The EDF confirmed that the medical equipment figures could be shared with the Committee for assurance going forward.

The EDSP advised the Committee of an update to the plan and confirmed that the Poly Trauma Ward would move from A3 link to A4 Ward.

RC

	<p><b>Resolved – that:</b></p> <p>(a) The Committee noted the paper</p> <p>(b) The Committee were assured that the Capital Programme was being closely monitored to ensure the UHB met their statutory and mandatory obligations referred to within the report</p>	
<p><b>S&amp;D 19/09/011</b></p>	<p><b>Summary on the Integrated Care Fund</b></p> <p>The EDSP confirmed that the paper outlined the quarterly return, the annual report and the new programme lead. The EDSP explained the reports had gone back to the Regional Partnership Board and provided the Committee with an overview of the Intermediate Care Fund and Transformation Fund.</p> <p>The COO commented that the summary linked heavily with unscheduled care and felt it more important that the rigour of measurement was applied by schemes to enable understanding of which schemes were working and which schemes may not be.</p> <p>The EDSP confirmed that a modest transformation bid had been submitted and although formal feedback was not yet received they were aware the bid had not been approved, therefore, a new bid had been submitted with certain items taken out. The EDSP explained it was thought the Minister would make an announcement on transformation funding before the summer recess however this had not been forthcoming therefore this required discussion with Welsh Government colleagues.</p> <p>The CVC asked if money was being held back due to the unknown impact of Brexit. In response, the EDSP explained that money was not being specifically held back however due to the uncertainty, Welsh Government would hold some reserves because of unknown Brexit consequences.</p> <p>The CC shared with the Committee that the Integrated Care Fund was closely monitored by the Regional Partnership Board to ensure funds were used effectively.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Q4 Performance Report of the Integrated Care Fund (ICF) and the Transformation Fund in 2018-19.</p>	
<p><b>S&amp;D 19/09/012</b></p>	<p><b>Amplify 2025</b></p> <p>The Executive Director of Workforce &amp; Organisational Development (EDWOD) introduced the paper and confirmed Cardiff and Vale University Health Board (CAVUHB) had signed a learning alliance with Canterbury Health Board (CHB) from New Zealand. CHB had made significant cultural and system improvements during the past ten years which had positively impacted on how patients move through their ‘joined up’ services, consequently improving outcomes. These changes had</p>	

	<p>benefitted staff moral and improved the culture within CHB to a high trusting environment, with a person centred approach.</p> <p>CAVUHB had designed a similar program of work to develop their own health system for the benefit of patients and staff. The recent ‘Amplify2025’ engagement event was the first step in this process. ‘Amplify 2025’ enabled 80 of the highly engaged leaders at CAVUHB to think differently about delivering healthcare, ensuring CVUHB put “Wyn” at the heart of decision making. Amplify 2025 was designed to complement the current ten year strategy and strategic clinical service plan.</p> <p>The EDWOD explained that the next stage of Amplify was to increase the number of staff exposed to the new thinking by inviting them to take part in the design of health services for the future. The Health Board was in the process of establishing a ‘Showcase’ experience at which up to five thousand staff, partners in the community, patients, families, suppliers and other visitors would be invited to attend.</p> <p>The EDWOD explained that during the first Amplify event a number of leaders sponsored a table of 9-10 people, those leaders were now expected to engage and encourage their table in preparation for the showcase event.</p> <p>The EDWOD confirmed changes had already been seen and “Wyn” was placed at the heart of decision making.</p> <p>The CC complimented the team ambition for changing staff culture and improving development.</p> <p>The CVC asked how interests and ambitions of staff were being captured. In response, the EDWOD stated that after the showcase event all attendees would be asked how they would like to make change and all staff had been encouraged to put themselves forward for Amplify.</p> <p>The CC commented that the ‘assurance by’ section on the paper required strengthening going forward.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee Members agreed to support and promote the Culture and leadership enabler and champion the ambition of Amplify 2025.</p>	MD
S&D 19/09/013	<p><b>Infrastructure / Estates Update</b></p> <p>The EDSP introduced the paper and confirmed that it was an ongoing review of the estates function. The Estates Team had engaged widely however they had faced some challenges with the proposed changes.</p> <p>The EDSP explained the Estates team were currently understaffed by approximately 30 members, however with support from Workforce and Organisational Development new team members were starting to come</p>	



	<p>through. The EDSP advised the team had performed extremely well with the resource they had and more workforce would enhance the service greatly.</p> <p>The CVC supported the changes outlined as she felt they coincided well with the feedback which had been received from patient safety visits, the CVC encouraged the EDSP to keep monitoring the outstanding issues in the system.</p> <p>The EDSP explained there were some differences with opinions relating to prioritisation of estates issues, therefore a system was being developed to enable staff visibility of outstanding estates and maintenance issues.</p> <p>The Equality Manager (EM) commented the phrase ‘Handyman’ was found in the paper and requested this term be avoided in future and re-worded.</p> <p>The CC confirmed that he felt assured by the update provided and welcomed modernisation in the Estates Department.</p> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee Members noted the contents of the report</li> <li>(b) The Committee Members supported the work being undertaken by the estates team to manage an ageing estate and infrastructure within the limited resource available</li> <li>(c) The Committee Members supported the modernisation proposals in relation to the structure and the introduction of technology to ensure that the department was fit to meet its on-going challenges</li> </ul>	<b>AH</b>
<p><b>S&amp;D 19/09/014</b></p>	<p><b>Research &amp; Development Update</b></p> <p>The Medical Director (MD) advised the Committee that the research function had the best year in the last 5 years with over 6,500 patients recruited into research studies. The delivery of the research activity was going very well despite the challenges outlined in the paper.</p> <p>The MD confirmed that overall, the research performance had been very strong. There had been a particularly strong performance in Cancer studies, Womens &amp; Childrens studies and work had just started on primary pharmacological studies in children which was a big step.</p> <p>The MD confirmed that the paper focussed on two areas which were Funding Arrangements and the Joint Research Office and went on to explain that due to changes in internal funding processes, the UHB had converted to the Welsh Government recommended funding process. There was a new value based funding model going online in April 2020 which would be a positive step as it would benefit the UHB by addressing the current imbalances which exist in the current funding process.</p> <p>The MD explained that the Joint Funding Office was an important strategic development which would improve CVUHB ongoing relationship</p>	

	<p>with Cardiff University. The MD explained that the relationship had struggled over past years, but was now a key component into developing Lakeside into a Joint Research Office.</p> <p>The CC queried why it had been stated, within the paper, that the research position was strong, however, the research &amp; development budget had dropped significantly over 5 years. In response, the MD confirmed that this was correct and despite the restricted funding, Cardiff &amp; Vale were the only Health Board in Wales who had increased research functionalities. The MD explained that the value based funding plan for next year hoped to address that issue.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee Members would promote, at all opportunities, the need for WG/HCRW to have a “Value Based Healthcare” R&amp;D funding model to support CVUHB’s R&amp;D activities through more appropriate funding for the sort of complex and tertiary type studies that CVUHB undertakes.</p> <p>(b) The Committee Members noted the R&amp;D and its aims of moving the WG TUPE’d staff from the Clinical Research Facility to the vacated office space which would become available on the 2<sup>nd</sup> floor of UHW when the R&amp;D Office moves from there to Lakeside in April 2020.</p>	
<p><b>S&amp;D 19/09/015</b></p>	<p><b>Update on the Independent Review of the CAMH Service and Delivery Unit Report</b></p> <p>The COO provided the verbal update and confirmed a number of reviews had taken place in the CAMH Service and specialist care CAMHs had been brought back from Cwm Taf at the start of 2019.</p> <p>The COO confirmed there had been exceptional increases in the demand for primary care CAMHs during April and May 2019 with 100% increase year on year for referrals in. As a result of this increase the services in tier 1 measures had deteriorated remarkably due to the back log in the service, mainly around 28 day assessments and time to treatment. The COO advised the Committee that as a result of this a comprehensive report would be taken to Board in September 2019 to advise where the service was at and what it was doing to improve the situation.</p> <p>The COO confirmed that 2 pieces of work had been undertaken to help improve the situation. This included a piece of work being undertaken by the Delivery Unit which was focussing on the Primary Care Side and a further piece of work which had been commissioned by ourselves when the services were taken back in.</p> <p>The recommendations from the Delivery Unit report included the following:</p> <ul style="list-style-type: none"> <li>• Describing thresholds for assessment</li> <li>• Measures to improve the part one measure</li> </ul>	

- Better awareness of general practice and how to access primary care CAMHs
- Integration of both primary and secondary CAMHs services
- Ensuring that work was carried out to deal with the Therapeutic Interventions back log

The independently commissioned report recommendations included:

- Service capacity - including working upstream with highest referrers GP's and Schools
- Patient Flow - establishing a clinical single point of access
- Service Delivery - introduce group sessions and group therapy
- De-professionalising the service – services working to the user needs

The COO explained that both reports had been brought together into one plan and a marked improvement was expected to be seen from September through to November 2019.

The CC explained that he felt the proposals put forward were exciting and would be sustainable going forward.

The CVC asked if there would be communication around the re-structure as this could be a distressing change for some service users. In response, the COO confirmed both reports outlined the need for better communication with Primary Care, therefore there were specific proposals in the report which looked at how to communicate better with GP's and this would include one key message which would be how the message could be simplified for service users.

**Resolved – that:**

- (a) The Committee Members noted the verbal update on the Independent Review of the CAMH Service and Delivery Unit Report

**S&D 19/09/016**

**Key Organisational Performance Indicators**

The COO introduced the paper which was taken as read and then opened it up for comments or questions from Committee Members

The CC thanked the COO for the helpful report and asked in relation to pension and tax issues, if there were any timescales when these would be resolved. The COO confirmed unfortunately not. The EDWOD explained that they were waiting for an update from Welsh Government but due to the current issues Welsh Government were facing they were not sure when a plan to resolve this would be provided. The CC expressed his disappointment that there were no current timescales to resolve the issues.

The CC explained that in relation to follow up patients, the position remained static and asked when the Committee would see a positive change in position in this area. In response, the COO explained that there

	<p>were significant system processing issues identified from a Public Accounts Review, it was unique to CVUHB due to the scale of CVUHB compared to other Health Boards. The COO confirmed the team were ensuring that the position was being validated and processes needed to be clinically led as patients could not be taken off waiting lists without clinicians sign off. Once the process had been signed off by clinicians, it would be implemented and then a significant reduction would be seen.</p> <p>The CC asked what opportunities were available to stabilise the ambulance handover service. In response, the COO explained that the service was erratic, this was occasionally driven by performance, patient flow and also by the number of ambulances received. The COO confirmed there were options to reduce this, by reduction of flow and work was currently being undertaken directly relating to this issue. The COO advised the Committee a full discussion had taken place regarding the Assessment Unit in UHW following the recent HIW report and explained the pressures in the unscheduled care system could appear at any point therefore, the team had refreshed the handover protocol and there had also been a direct release protocol brought in by WAST.</p> <p>The CC commented that the Committee had previously requested the CAMHS figures be separated in the report however they had not been on this occasion, therefore requested this be done for the next meeting.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee Members noted the year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board’s Integrated Medium Term Plan (IMTP)</p>	SC
S&D 19/09/017	<p><b>Primary Care Out of Hours Service – Peer Review and Public Accounts Committee Report</b></p> <p>The COO introduced the paper and confirmed it provided an update on the national peer review of Urgent Primary Care/Out of Hours (OOH) and the actions that were taken forward within the Health Board. The COO explained it also provided a brief overview of the inquiry undertaken by the Public Accounts Committee.</p> <p>The COO confirmed the intentions of the reviews were to review the resilience of the OOH service, to understand the way forward, provide national recommendations and to recognise good practice .</p> <p>The COO explained the peer review noted a number of areas where CVUHB were doing well which included:</p> <ul style="list-style-type: none"> <li>• Workforce planning and the MDT model as best practice across Wales (this had been cascaded to others).</li> <li>• The development of the remote working protocol as best practice in Wales and the protocol on death certification (again these have been shared with the All Wales OOH forum).</li> <li>• The work undertaken on demand capacity analysis which is also</li> </ul>	

- being used as a model for implementation in other Health Boards.
- The escalation protocols and arrangements for on call and out of hours which will be suggested to other Health Boards as good practice.
- The “good culture and excellent support management and leadership” within the Health Board.

The COO advised the Committee there was also a number of actions following the peer review which were reflected in the appendices.

The COO explained that there had been a good discussion at the Public Accounts Committee with CVUHB and Hwyl Dda Health Board contributing and attending the Committee. The COO confirmed a number of areas noted as complimentary for CVUHB and in the report almost all actions were at Welsh Government Level.

The COO confirmed an additional peer review in OOH would be conducted in November which would be shared with the Committee.

The CC asked the COO and Director of Operations (DO) if the OOH service was still being provided out of UHW as the peer review suggested it was not the best place for the service. In response, the DO confirmed that CVUHB provided 3 OOHs, however the service at UHW was not open at all times. The DO explained that views had changed around operating an OOH service at UHW and there was no longer a need to have the service open in UHW, therefore it would be formally proposed to Management Executives in October 2019 to close the service.

The CVC asked what were the greatest challenges the service faced. In response, the DO confirmed the inevitable challenge was the unpredictability of the service.

The DO advised the Committee that a challenge from the peer review was to be more ambitious and to look at a regional dental service, training hubs as it was felt CVUHB were in a good position to take proposals forward. The DO confirmed a meeting was being held with 111 to discuss initial proposals and business cases.

The CC asked if there was a timeframe for going on board with the 111 service. In response the DO explained it was 2021, however there could be potential to bring the date forward.

**Resolved – that:**

- (a) The Committee noted the feedback from the National Peer Review and Public Accounts Committee.
- (b) The Committee considered the request from the Chief Executive of Aneurin Bevan University Health Board (who is the Strategic Lead for Out of Hours Services) for the Peer Review report and action plan to be considered by appropriate Board Committee.
- (c) The Committee noted the action plan in response to the national peer review and the monitoring through PCIC Clinical Board and the Executive Performance Reviews

SC

<p><b>S&amp;D 19/09/018</b></p>	<p><b>Workforce Key Performance Indicators</b></p> <p>The EDWOD introduced the report and confirmed that workforce data would not change that much with 15,000 staff month by month. CVUHB's pay bill was underspent which matched other Health Boards. The EDWOD explained there were some challenges within medicine and surgery, particularly around nursing, therefore the team had been very active in recruiting over past months which had been successful. The EDWOD confirmed that we were now recruiting internationally and despite this been a risk early signs indicated it had gone very well with 40 international nurses been employed for the Medicine and Surgical Clinical Boards.</p> <p>The EDWOD confirmed that it had been difficult to get job plans for the medical staff at the level required therefore he had engaged with the MD who had previous experience in this area and a different system solution was being considered.</p> <p>The EDWOD advised the Committee of a small absence increase in June 2019 which was surprising. May 2019 had been good at just 4.6% however it had now moved closer to 5%. The EDWOD confirmed the aim was to remain at 4.5% but as the winter months approached this would bring some challenges.</p> <p>The CC requested the EDWOD to monitor the flu immunisation data closely which was at 58%. In September 2018 it was over 60%. The EDWOD confirmed the flu immunisation process would start in September 2019, therefore it would start with new data, starting at 0% and it would increase as the months went by.</p> <p>The CC welcomed the report as it gave the Committee the opportunity to challenge what they felt was appropriate.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Workforce Key Performance Indicators.</p>	<p><b>MD</b></p>
<p><b>S&amp;D 19/09/019</b></p>	<p><b>Welsh Language Scheme</b></p> <p>The EDWOD introduced the report and confirmed the Welsh Language (Wales) Measure 2011 replaced the Welsh Language Act 1993 and as part of the new legislation. He advised that in Wales the Welsh language had equal legal status with English and must not be treated any less favourably. Public bodies no longer needed to develop and implement Welsh Language Schemes but had to comply with a set of national Welsh Language Standards instead.</p> <p>The EM explained that the biggest challenge CVUHB faced was that out of 121 standards, CVUHB chose to challenge 30 of the standards that it felt it could not comply with. The EM confirmed a response to the challenges was expected from the Welsh Language Commissioner by 12<sup>th</sup> September 2019.</p>	

	<p>The EM explained from an assurance perspective that CVUHB needed to move on with Welsh Language Standards, there had previously been lack of ownership and support from Clinical Boards. The EM confirmed the proposal was to get a steering group together to help CVUHB move forward with the Welsh Language Standards which would enable compliance.</p> <p>The EDWOD confirmed better senior involvement was required therefore a paper would be taken to Management Executive to gain support and strengthen impact.</p> <p>The Director of Corporate Governance (DCG) asked how CVUHB compared to other Health Boards with how many challenges they had made to the Commissioner and if any had been accepted. In response, the EM confirmed there were issues with the geography but North Wales had challenged 3/4 standards and Cwm Taf had challenged 7. The EM explained 5 of the 7 challenges Cwm Taf had made, CVUHB were already complying with.</p> <p>The CC confirmed the need for CVUHB to embrace the Welsh Language as part of the UHB culture.</p> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee Members noted the content of the report</li> <li>(b) The Committee Members supported the actions to assist the organisation in complying with the standards</li> </ul>	
<p><b>S&amp;D 19/09/20</b></p>	<p><b>Appraisal Rates – Deep Dive</b></p> <p>The EDWOD confirmed the paper aimed to provide assurance to the Committee that workforce had developed value based appraisals and were now being rolled out across the organisation.</p> <p>The EDWOD confirmed the new value based appraisals looked at how staff perform duties, career planning, identified talents, and so on. The new process had been tested widely throughout the organisation with a number of groups who had gone through with results been mapped on a 9 box grid, which looked at performance and potential.</p> <p>The EDWOD confirmed the process had taken longer to implement than what was hoped for however he commended the team who had developed and implemented it as they had worked extremely hard with the whole organisation to get this implemented.</p> <p>The EDWOD explained that people stay with an organisation because they believe they have a future and that is what CVUHB should be helping staff to achieve.</p> <p>The CC confirmed he welcomed the approach and confirmed it would be of great benefit to the organisation and its staff.</p>	

	<p><b>Resolved – that:</b></p> <p>(a) The Committee Members supported and promoted the revised Values Based Appraisal process.</p>	
<b>S&amp;D 19/09/021</b>	<p><b>Board Assurance Framework – Capital Assets</b></p> <p>The DCG introduced the paper and confirmed the Committee had 4 risks set out in the Board Assurance Framework that the Committee were responsible for. The Committee had already discussed the following risks on the BAF:</p> <ol style="list-style-type: none"> <li>1. Workforce</li> <li>2. Sustainable Primary and Community Care</li> <li>3. Sustainable Culture Change</li> </ol> <p>Therefore, the report looked at Capital Assets and was presented to the Committee for challenging in order to provide extra assurance to the Board when the Board Assurance Framework would be reviewed in its entirety at the end of September 2019.</p> <p>The CC confirmed the paper was an accurate reflection of the Capital Assets.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee Members noted the risk in relation to Capital Assets and provided further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.</p>	
<b>S&amp;D 19/09/022</b>	<p><b>Employment Policies</b></p> <p>(a) NHS Wales Special Leave Policy (b) Maternity Policy</p> <p>The EDWOD introduced the paper and confirmed the minor amendments to both policies.</p> <p>The CC requested the Committee have full sight of the policies with the changes included. In response, the EDWOD confirmed the policies would be circulated to the Committee.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee Members adopted the revised NHS Wales Special Leave Policy (b) The Committee Members approved the revised Maternity, Adoption, Paternity and Shared Parental Leave Policy (c) The Committee approved the full publication of these documents in accordance with the UHB Publication Scheme</p>	<b>MD</b>
<b>S&amp;D 19/09/023</b>	<b>Any Other Business</b>	



	<p><b>Resolved – that:</b></p> <p>(a) There was no other business to discuss.</p>	
<b>S&amp;D 19/09/024</b>	<p><b>Items to bring to the attention of the Board</b></p> <p><b>Resolved – that:</b></p> <p>(a) There were no items to bring to the attention of the Board</p>	
<b>S&amp;D 19/09/025</b>	<p><b>Date &amp; Time of next Meeting</b></p> <p>29th October 2019, Nant Fawr 1 &amp; 2, Ground Floor, Woodland House</p>	