

CONFIRMED MINUTES OF STRATEGY AND DELIVERY COMMITTEE
On 8 JANUARY 2019
MEETING ROOM, HEADQUARTERS

Present:

Charles Janczewski	CJ	Vice Chair
John Antoniazzi	JA	Independent Member - Estates
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Dawn Ward	DW	Independent Member - Trade Union

In Attendance:

Maria Battle	MB	Chair
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Director of Workforce and OD
Abigail Harris	A\H	Director of Planning
Michael Imperato	MI	Independent Member – Legal
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Dr Fiona Kinghorn	FK	Consultant in Public Health
Chris Lewis	CL	Deputy Finance Director
Len Richards	LR	Chief Executive
John Union	JU	Independent Member – Finance
Ruth Walker	RW	Executive Nurse Director

Secretariat:

Sheila Elliot

Apologies:

Eileen Brandreth	EB	Independent Member – ICT
Nicole Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member - Community
Sharon Hopkins	SH	Director of Public Health

SD: 19/01/001

WELCOME AND INTRODUCTIONS

ACTION

The Chair welcomed everyone to the meeting and thanked the Independent Members not on the Committee for attending. The Chair explained that the meeting was focussing solely on the draft Integrated Medium Term Plan.

SD: 19/01/002

APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SD: 19/01/003

DECLARATIONS OF INTEREST

Charles Janczewski declared an interest in WHSSC as Chair of their Quality and Patient Safety Committee.

SD: 19/01/004

MINUTES OF THE COMMITTEE MEETING HELD ON 1 NOVEMBER 2018

Resolved – that:

- (a) The Committee **RECEIVED** the Minutes from the November meeting

SD: 19/01/005

ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the November meeting

SD: 19/01/006

INTEGRATED MEDIUM TERM PLAN 2019-2022

The Committee **RECEIVED** the Integrated Medium Term Plan (IMTP) and it was discussed as follows:

2.1 The Plan

- This document has been specifically prepared to be as succinct as possible with links to individual plans such as the Workforce Plan, Clinical Board Plans, Estate Plan, Area Plan and Quality Framework which can be accessed for more in-depth details.
- A full set of Clinical Board Plans will be published alongside the IMTP
- Welsh Government feedback is awaited. They have seen the Workforce Plan and Financial Schedules and we have had no negative feedback so far. The Mental Health and Primary Care plans have also been shared but it is acknowledged that this is still work in progress.
- Steve Curry and Lee Davies are completing work on the detailed plans for maintaining and improving the key deliverables.
- It was noted that a number of Executives were meeting with the Welsh Government on 9th January 2019 where they will be looking for assurance that the financial gap of £12million will be closed and that we can demonstrate the actions we are undertaking to achieve this.
- IMTP looks very similar to the Annual Plan which the Welsh Government liked. The illustrations are valuable as they can often portray quickly the key messages.
- It was agreed that the values would be added
- It was noted that the Area Plan provides the link to housing plans.
- Regarding work with Lightfoot and the local authority more work is required across the system on the dashboard, but the two local authorities are interested in securing a system-wide intelligence system.
- Co-dependencies with the Community and Board is key and is working well providing a stable clinical board working as a team.
- The RPB was maturing well. The change in the model was having a significant impact on outcomes for people.
- Unfortunately two residential homes were closing which poses issues as there are very few places available to accommodate

the residents of the homes.

2.2 Transformation Bid

- The market needs to be more diverse in relation to support in the community.
- Cardiff Council is exploring the possibility of going back into the residential care market. This may provide a good opportunity for the Organisation to specify what is required.
- The Government is focussing on Mental Health and Primary Care and one of the NHS priorities is Crisis Intervention and Children Services. The report will be strengthened to reflect this.
- IMTP is being taken to the Management Executive on 14th January and published on 16th January in the Board Papers
- It is hoped that with approval of the Plan this will launch us into a more constructive environment and gives the organisation a positive outlook, particularly as the financial position and performance is good. The Workforce and Financial plan do join up well.

2.3 Financial Plan

- The plan has been marginally tweaked since the December Board Development Session and has gone to the Finance Committee. It still shows financial balance over each year of the IMTP.
- There is a brought forward deficit of £36.3million
- Welsh Government budget is quite generous and will allow for investments and development
- CIP requirement was 4% in 2018, and will be 2.8% for 2019
- We have £12million to find to close the residual gap
- The plan requires a saving of 2% on delegated budgets and a further 1.8% on corporate and high value opportunities
- We will be able to put in a balanced plan and once through 2019/2020 we will be in a much better place financially
- We will enter onto the Risk Register of the Financial Committee that a No Deal Brexit may result in inflationary pressures.
- We are nearly half way through the ten year plan of 2015-2025 and probably are not quite on track and this will need to be checked out at the half-way point. However, items take a while to put into place, such items as population health, obesity, screening, quitting smoking etc. and should lead to a healthier generation to come, especially if viewed in a 25-year framework.
- Infrastructure funding is somewhat easier to forecast both in the short and longer term. There is no doubt that there will be a rapid change in healthcare over the next decade.
- We envisage being in a recurrent balanced position in 20/21 but will breach our statutory duty for the next two years.

2.4 Workforce Plan

Martin Driscoll presented the Workforce Plan

- The Plan was reviewed and discussed

- The Finance and Workforce areas have pulled together nicely with a balanced plan.
- It is difficult to forecast the workforce and each Board has a different structure.
- There is still work to do to further align service, finance and workforce planning
- If a vacancy has been open for a long while we might consider that it doesn't need to be filled. However, this may not be the case and this decision could have a knock-on effect of additional locum cost, staff morale and quality of care provided
- We have exhausted the pool of UK nurses and are looking worldwide
- There is a pathway of talent coming through, with career planning, leavers, retirement etc.
- The common conception is that it seems to take a long time to replace a vacancy and produces a high interim locum cost. We need to be more proactive
- An in-house leadership programme is to be set up which is a cost-effective option for the employee Engagement Programme and is linked to taking forward recommendations following the staff survey
- Considering that 25% of absence is down to mental health issues, depression and stress the Occupational Health Department with 1.6 counsellors is doing very well with very little resource.
- Currently we are 180 nurses short
- It is more difficult to plan for retirement now as there are more retirement options for people. This should be a question asked at an appraisal and the developing leadership programme will include this training.
- A new Director of IT has been appointed who will have some new ideas which will be interesting.
- Cardiff and Vale local authorities are both tying in their data with the next phase of Lightfoot.
- Other Health Boards are beginning to hear about the success of the Canterbury link and are wanting to consult with us
- An 'Academy of Scalability and Spread' is proposed and Dr Hopkins is leading in the project.
- We need to continue to communicate the Clinical Services Plan and build on the strategy for the engagement of users.

Resolved – that:

- (a) The action update be noted**

SD: 19/01/007 ANY OTHER URGENT BUSINESS

There was no other business to raise

SD: 19/01/008 DATE OF THE NEXT MEETING OF THE BOARD

Tuesday 5 March 2019, 9.30am – 12.00pm Corporate Meeting Room, Headquarters

