

**Confirmed Minutes of the Board Meeting**  
**Thursday, 28 November 2019 at 1.00pm**  
**Memo Arts Centre, Gladstone Road, Barry CF62 8NA**

**Present:**

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Interim Vice Chair
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Medical Director

**In Attendance:**

Stephen Allen	SA	South Glamorgan Community Health Council
Nicola Foreman	NF	Director of Corporate Governance

**Secretariat**

Glynis Mulford	GM	Corporate Governance Officer
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**Observers:**

Aaron Fowler	AF	Interim Head of Corporate Governance
Jon Hoskins		
Adam Partlow		

**Apologies:**

Richard Thomas	Rt	Chair – Stakeholder Reference Group
Dawn Ward	DW	Independent Member – Trade Union

UHB 19/11/001	WELCOME AND INTRODUCTIONS	ACTION
	The UHB Chair welcomed everyone to the meeting. Especially members of the public who had taken the time to attend the meeting. It was noted that this was a meeting held in public rather than a public meeting. Board members were informed that items on the agenda had been moved around and that the Paper on the Outcome of the Engagement on Improving Care for Frail Older People in the Vale of	

	<p>Glamorgan would be discussed first.</p> <p>The Chair advised that the engagement process had encouraged feedback and interest and thanked those for their contribution and he confirmed that the Board were assured that feedback had been considered and views listened to. The Chair explained that in view of the importance of the paper, at the end of the discussion a spokesperson from the audience would be welcomed to address the Board and thereafter the Board would take a short break to talk to members of the public.</p>	
<b>UHB 19/11/002</b>	<p><b>OUTCOME OF ENGAGEMENT ON IMPROVING CARE FOR FRAIL OLDER PEOPLE IN THE VALE OF GLAMORGAN</b></p> <p>The Executive Director of Planning provided a comprehensive overview of the report on the proposals and key messages from the engagement and talked through the proposed way forward. The work was led by the Medicine Clinical Board who reviewed the frailty services for older people and the pathway of services. The key focus centred on developing frailty pathways to prevent admissions, enable people to get back into their homes as quickly as possible as part of the discharge planning process, to reduce the length of stay and the impact this would have in relation to services in the Vale of Glamorgan. It would mean that beds would no longer be needed on the Sam Davies Ward at Barry Hospital.</p> <p>Three clear messages came out of the engagement:</p> <ol style="list-style-type: none"> <li>How strong the support in the local community was for the Sam Davies Ward and Barry Hospital in respect of providing services and having their loved ones being cared for close to home.</li> <li>The document was not clear enough in describing some of the changes in care for the frail and the development of the pathway. There was also a lack of confidence in the things that needed to be available in the community to undertake the changes coming through. Questions were raised about understanding the frailty model fully.</li> <li>Concern was raised about the future of Barry Hospital in its totality and the plans moving forward. Moving into the second phase of plans, it was heard that there had not been a clear articulation of how we would develop the facility.</li> </ol> <p>The way forward was proposed:</p> <ol style="list-style-type: none"> <li>Develop key elements of the frailty model at Llandough and collect evidence of the impact.</li> <li>Bring forward the planning for Barry Hospital and engage with communities, those who work in Health and Social Care and the Third Sector, about the vision</li> </ol>	

	<p>for Barry Hospital.</p> <p>c) Keep the Sam Davies ward open at this time, before further consideration on the way forward based on work to develop the frailty pathway with key partners and the work to clarify the future of Barry Hospital</p> <p>The ongoing commitment of ward staff was acknowledged and the Board thanked staff working in Barry hospital for their continued effort during what had been a difficult time.</p> <p>The Chair invited questions and comments:</p> <p>Independent Member – Community sought assurance around the continuity of Barry Hospital and secondly the role of Barry Hospital in the Shaping Our Future Wellbeing (SOFW) strategy. In response it was explained that in the SOFW strategy there was a need to enhance and develop our service in the community and to work very closely with Primary Care, Third Sector and Local Authorities. The SOFW programme looked at how the Health Board developed the infrastructure and the Health and Wellbeing Centre in South Cardiff CRI and used lessons learnt to feed into the Wellbeing Hubs that would be introduced during the second phase of the project. The SOFW strategy included provisions relating to the development of Barry. The Health Board had shown a commitment to undertake this work and the Board were proposing that the approval of this would be brought forward. The first session for discussion of the proposals would be undertaken on 4 December and would bring key stakeholders together at the workshop.</p> <p>The workshop would discuss how to develop services in the Barry locality and what would form part of the next stage. It was noted that it was important to engage with the community on the development of services throughout the spring so that by the end of the financial year there would be a clear indication of what the specification for the Health and Wellbeing Centre in Barry Hospital would be.</p> <p>Independent Member – Finance confirmed that the paper indicated by early 2020 a more detailed plan would be developed for Barry Hospital and the Centre and queried what would the next steps be? Members were advised that the first workshop was due to be held on 4 December with stakeholders in the locality, such as Health and Social Care, Third sector and staff, and this workshop would consider and help shape what the Health and Wellbeing Centre in Barry Hospital would look like. This would be informed through further engagement in the community and would then be brought back to the March Board meeting. In addition a Clinical Services Plan was being developed and the expectation would be to undertake consultation work during the summer and incorporate this within the Barry Hospital</p>	
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	<p>plans. Barry Hospital would be celebrating their 25<sup>th</sup> year anniversary and would consider bringing forward ideas in the autumn.</p> <p>Independent Member – Local Authority asked for assurance that the solutions would be addressed by all parties. It was confirmed that assurance could be provided and that the Health Board wanted to expand on the work currently being undertaken by involving the community in shaping the services. The vision would be to provide a vibrant community asset with the right kind of advice and support. IM – Local Authority, said the recommendation being put to the Board was satisfactory and thanked everyone involved in the engagement process.</p> <p>Stephen Allen – Community Health Council stated that the paper submitted showed how the proposal would be undertaken and provided clarity to understand the work which was not clear in the previous paper. The CHC had not considered the outcome of the engagement process and there was a need for clarity on how the Board would provide assurance on the CHC views and how this would be reflected and considered. The paper and supporting documents would be taken to the CHC Executive Board meeting on 10 December.</p> <p>Independent Member - Third Sector commented on the increase in older and frail people in the community and whether plans were sufficient and flexible for the future. During the consultation would the Health Board be able to provide carers with a clear picture of what to expect? In response it was stated that the projected model was much broader. It is known that there is an ageing population and from previous presentations it is recognised that by working with local authorities through the Transformation Programme a health and care system can be created that enables people to stay at home as long as possible.</p> <p>There was more to do outside of hospital to avoid admission into hospital and there was a need to change the pathway. People were in hospital for long periods of time and the 'Get Me Home Service' was starting to have an impact on the wards and had a presence in the EU department by getting people home quickly with the right packages in place. The work with local authorities was ongoing to ensure that all work streams joined up and that the relevant people were having conversations on how to change the system as in its current format it wasn't sustainable.. Secondly, the plan was to move away from a clinical description of a pathway of care and to look at a real life system which would ensure that patients had the right kind of access and what this would mean for them.</p>	NF
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	<p>The Chair advised that there would be a Board Development meeting on 19 December where the CHCs comments would be considered.</p> <p>Jane Hutt, Assembly Member was invited to speak on behalf of public. The following comments were made:</p> <p>The Board was thanked for holding the additional meeting in Barry and in particular for the Executive Summary which related to the public response to the public engagement exercise. It was noted that the Chair, CEO and Director of Planning recognised the importance of the Sam Davies Ward for older and frail people living in Barry and the Vale of Glamorgan.</p> <p>Jane Hutt asked if assurance could be provided that the workshop would involve the Soroptimists and Older People's Forum who were key stakeholders and for the participation of staff and Unison who had been at the forefront of the public engagement. In regard to discussions on the future of Barry Hospital and the Wellbeing Centre proposals, for assurance purposes it was important that these parties were involved in ongoing discussions.</p> <p>The Chair asked that the invitations to these stakeholders be noted and he assured the public that the Sam Davies Ward would be part of the discussions.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>The feedback and response raised in Annex 1 and 2 be considered.</li> <li>the way forward was agreed, subject to the consideration and views of the Community Health Council</li> <li>Invitations be extended to stakeholders for the workshop on 4 December 2019.</li> </ol>	AH
UHB 19/11/003	<p><b>PATIENT STORY</b></p> <p>The Executive Director of Nursing introduced a short film on the Hafan Y Coed Unit Patient and Staff experience. Inpatients represented 10% of patients in the Mental Health Clinical Board as care was delivered in the community wherever possible. Patients and staff talked about the new unit which was brighter and much more inviting and showcased artwork in the larger areas of the building. Improvements included holistic health, access to libraries and the Cwtch which was a place for patients to relax and was away from the busy ward environment. Also discussed were the relationships between patients and staff, the improvements</p>	

	<p>they would like to make to the unit and areas to be developed.</p> <p>Independent Member – University asked about the outside space as this had been raised on patient walk-arounds. He also asked if volunteers could be involved in tidying up the gardens. In response the Executive Nurse Director stated that conversations would be undertaken with the volunteering team who would like to do more to help.</p> <p>There was wider conversation on the use of gardening for therapeutic purposes as this was an opportunity for patients to feel better physically. It was explained that if patients were feeling stressed they found the task of gardening more difficult.</p> <p>Members reiterated that this was repeatedly raised and needed a more sustained and reliable input and asked for assurance of a stable plan being brought back to the Board. The Executive Nurse Director responded that there was some one off work to improve the garden but conversations were needed with estates colleagues and it was acknowledged there were solutions to be worked through.</p> <p>The CHC stated that they had highlighted the condition of the garden several times in their reports and the high security fencing. Some areas of the unit looked clinical with a lack of decoration which needed to be addressed to make it homely as some patients are resident on the unit long term.</p>	
<b>19/11/004</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were noted.</p>	
<b>UHB 19/11/005</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted:</p> <ul style="list-style-type: none"> <li>• Sara Moseley, declared her interest as Director of Mind in relation to items 7 and 8.7.</li> </ul>	
<b>UHB 19/11/006</b>	<p><b>MINUTES OF THE BOARD MEETING HELD ON 26 SEPTEMBER 2019</b></p> <p>The Board reviewed the Minutes of the meeting held on 26 September 2019, and noted that the following amendments should be made:</p> <ul style="list-style-type: none"> <li>• Remove word transparent on page 8</li> <li>• Christopher Lewis was in attendance</li> </ul> <p><b>The Board resolved – that:</b></p>	



	a) the minutes of the meeting held on 26 September 2019 be approved as a true and accurate record.	
<b>UHB 19/11/007</b>	<p><b>BOARD ACTION LOG</b></p> <p>The Board reviewed the Action Log and noted the following:</p> <p><b>19/07/009 – Patient Safety Quality and Experience Report:</b> In regard to improving signage to the Park and Ride. This action was <b>COMPLETE</b></p> <p><b>The Board Resolved that:</b></p> <p>(a) the action log and updates upon it be received and noted.</p>	
<b>UHB 19/11/008</b>	<p><b>REPORT FROM THE CHAIR</b></p> <p>The Chair introduced his report which provided an update on key meetings attended, activities and actions that had taken place since the previous Board meeting.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chair's report be noted.</p> <p>(b) the affixing of the Common Seal be endorsed.</p> <p>(c) the reported Chair's Actions and signing of legal documents be endorsed.</p>	
<b>UHB 19/11/009</b>	<p><b>REPORT FROM THE CHIEF EXECUTIVE</b></p> <p>The Chief Executive introduced his report which provided an update on key issues that had arisen since the last meeting. A number of issues raised within the report may also feature in more detail in the Executive Directors reports as part of the Board's business.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chief Executives report be noted.</p>	
<b>UHB 19/11/010</b>	<p><b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</b></p> <p>The Executive Nurse Director provided the following comments in relation to questions raised by Independent Members prior to the Board meeting:</p> <p>The Chair and Independent Member – Community asked about the assessment on still birth and neonatal deaths. The report stated that there had been a “significant” drop in perinatal mortality. What does this actually mean or look like</p>	

	<p>in terms of figures and percentages? In response it was stated that the period of time on the initial report was a calendar year. Half way through the year it had been identified that the problem was larger than previously thought. Improvements were put in place and the Health Board were able to report that in 2017 there were 25 still births and in 2018 there were 11. The expectation for 2019 would be to see more improvements. Progress in relation to mortality would not be seen until 2020 but this was being monitored closely and would be more formally monitored by the Quality, Safety and Experience Committee.</p> <p>The Chair raised that the report on ophthalmology stated “which we hope would improve”, and asked whether an update regarding the desired improvements, timescales and the vision of this being achieved could be provided? In response it was stated that there was concern on the trends relating to Ophthalmology appointments and discussions were underway to ensure lessons had been learnt from a previous serious incident involving an insourced company. The incident was being used to strengthen the governance around future arrangements. The ability for consultants to take on extra work had been challenging due to pensionable tax changes. An extra 600 cases had been referred and the department was working with additional providers to pull back the position by the end of the year. Clinicians were monitoring patients who were higher risk on the waiting list and those who had cancellations of follow up appointments.</p> <p>Independent Member – ICT raised that the report stated over the past two months there had been four adolescents admitted to Hafan y Coed. She asked why this had happened and requested reassurance regarding what was being done to prevent this in the future. In response it was stated that the way of monitoring the CAMHS admissions was by reporting them as Serious Incidents. It was acknowledged that this was a not a suitable environment for adolescents but that they remained in the environment no longer than 48 hours and alternative arrangements for most were found within 24 hours. It was also confirmed that this was being reviewed and there would be more formal conversations between WHSSC and Ty Liddiard around the crisis assessment process, which would be undertaken over the next couple of months. The Chief Operating Officer advised that these cases were being managed where there was no clear direction or pathway. Ty Liddiard was not commissioned to assess and receive patients and there was no capacity to receive these patients. The public policy department of Welsh Government was being lobbied and work was being undertaken through WHSSC regarding the commissioning solution. It was important to realise that there was a safe place for adolescents to go within a mental health setting.</p>	
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	<p>In regard to the patient who died whilst on the waiting list for cardiothoracic surgery an update would be provided once the investigation had been completed and would be presented to the next QSE meeting in February.</p> <p>Independent Member – Community commented that it was encouraging to see that there had been improvements in incident reporting but asked for reassurance that this improvement was achievable moving forward. The graph showed that there was a spike in incidents during April and May. Why was this and how could we prevent this from happening again? The Executive Nurse Director replied that in the reporting of incidents there had been a 77% improvement. The spike related to the NRLS process of uploading information and this system would be changed. Although this was slow there had been an increase with medics loading information onto the system.</p> <p>Independent Member - ICT commented that the report stated a 100% increase in funding for the First Episode Psychosis Service and that we were still seeing only half of the expected population and requested clarification as to why this was the case. It was explained that the plan was to see all of the population being seen. The team had now been fully recruited to and the referrals had started to increase. It was further clarified that the other half of the population was being seen in the community setting by the CMHT.</p> <p>Independent Member - ICT commented that the report stated that mental health services were to appropriately balance risk versus recovery. What was the Health Boards risk appetite and were we going too far? It was explained this had been debated in the QSE Committee in October and that the Health Board understood the risk ratio in the population for those who used our services. It was realised that further work was needed within the local authority and third sector to look at our suicide prevention plan and to gain an understanding of population statistics on suicide. There was a need to make progress on the conversation as this was not all about healthcare but population health and how the Health Board could work with the population to maintain patients' wellbeing. The Vice Chair agreed that the October QSE meeting concluded that there were wider, non health, issues at play. The Executive Director of Public Health suggested considering how to engage in the new suicide prevention plan which was due for renewal next year.</p> <p>Independent Member – ICT asked, regarding the Assessment Unit, how and when would the Board be assured that this would be resolved and patients no longer be put at risk? Were we doing all we could to resolve the issue quickly?</p> <p>In regard to the recommendations from the external inspections relating to the environment in the Assessment</p>	
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	<p>Unit, the Executives had ongoing concerns and although progress was being made, patients were still waiting in the area for too long. The environment had changed and the Health Board had increased the amount of staff in the area to ensure patients were fed and watered appropriately. This was being maintained and doing well. The TACU, a trauma admissions environment, was in place and was moving quickly for patients to receive the right care in the right place. On 7 December the Assessment Surgical Unit would be opened 24/7 and expected to pull patients up from the unit to ensure they were being seen by the surgical team more quickly. It had been made clear to the Surgical Clinical Board what the expectations from the Executives were.</p> <p>The Executive Medical Director informed Members that the Surgical and Medicine Clinical Boards were doing important work by placing patients in the right place first time. Patients being admitted to hospital were not being defined by clinical needs and could end up in a number of areas. This was also about the culture of the organisation and in particular how staff behaved in certain circumstances. This was a big piece of work with a quality benefit attached. It also dealt with concerns about managing the demand at the front door.</p> <p>The CEO stated that this work had arisen and developed with the use of data and the live transmission of data to the front line commissioners. One of the positive aspects of the work that came out was that staff wanted to do a better job as commissioners. The CEO wanted the Board to be aware that progress was being made but the risks remained high. The improvement plan had timings within it which would be brought to the February meeting.</p> <p>The Executive Nurse Director informed the Board that HIW undertook an assessment for maternity care where minor issues were raised. There was an urgent assurance issue regarding resuscitation trolleys which was actioned on the same day and other reporting was extremely positive. With regards to the Assessment Unit, there was awareness of what to put in place and an interim update report would be presented at the QSE Committee in February. That report would address where we were and any actions that were needed, what the future plans would be going forward and to understand some issues raised by the CHC.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>a) the content of the report was considered.</li> <li>b) the areas of current concern be noted and it was agreed that the current actions being taken were sufficient.</li> </ol>	
UHB 19/11/011	<p><b>PERFORMANCE REPORT</b></p> <p>The Chief Operating Officer provided an update on the</p>	

	<p>Performance Report. The following comments were made in relation to questions raised by Independent Members prior to the Board meeting:</p> <p>Independent Member – ICT raised a question in relation to CAMHS and whether the figures for mental health were for adults only. If yes, why had the CAMHS figures for children not been included? Should the adult and children figures be reported separately? Can we ask that CAMHS figures be reported separately?</p> <p>In response it was stated that the CAMHS element of the 28 day assessment Part 1a was included in the figures which was a requirement of government reporting. The reporting and monitoring of these elements came to the QSE and Mental Health, Capacity and Legislation Committees but reference would be made in the Board report going forward. There was improvement in trajectories and these would be reported at the Strategy and Delivery Committee. The Chief Operating Officer would confirm the proportionality in terms of volumes that contribute to the overall target measure.</p> <p>The Chair commented that the report stated performance would be normalised to a lower level but there was still an improved position over October and November. He asked that this meant in relation to percentage figures? For the 62 day cancer position it referred to the qualification of the exceptionally good performance in September but was not the true underlying performance improvement. This referred to the good performance after a dip during the summer which was between 85-88%, whilst the 96% represented a lag from when they were treated to when they were reported.</p> <p><b>Finance:</b> The Director of Finance outlined the current position and at month 7, the UHB reported an overspend of £2.385m against the IMTP plan. It was reported that the UHB planned to recover this year to date deficit and deliver a break even position by the end of the year. The IMTP and Finance plans were being carefully monitored by the Finance Committee. Welsh Government was fully sighted on the plans and aware of the risks and pressures.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The UHBs current performance and the actions being taken to improve performance were considered.</li> <li>b) the verbal update on the Finance Report be noted.</li> </ul>	
UHB 19/11/012	<p><b>TRANSFORMATION REPORT</b></p> <p>The CEO informed the Board of the Spread and Scale Academy which was run by the Health Board, Life Sciences Hub Wales and the Bevan Commission undertaken on behalf of Wales. They had worked with a company on how to take a</p>	

	<p>good idea and spread this across the wider organisation. There were 17 teams from across the health sector and these teams included local authority and housing teams. The evaluation was to track the progress of their plans and spread good areas of practice.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) Note the progress so far on Transformation;</li> <li>b) an update on Visual Management be presented at the next meeting</li> </ul>	
<b>UHB 19/11/013</b>	<p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>The Director of Corporate Governance confirmed that the Board Assurance Framework provided members with the six key risks to the organisation. There was ongoing work in relation to risk management across the organisation. Improvements had been made in Clinical Boards and Corporate Departments. A self-assessment tool from Welsh Government would look at risk management and the work that filters up through the organisation.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives be approved.</li> </ul>	
<b>UHB 19/09/014</b>	<p><b>UPDATE ON IMPLEMENTING THE NEW MODEL OF CARE FOR COMMUNITY MENTAL HEALTH</b></p> <p>The Director of Operations for Mental Health talked about the approach for the new model of care for community mental health. He stated there had been an extended period of consultation with the service users and carers. It was recognised the Community Mental Health Teams (CMHTs) remained the cornerstone of the Mental Health Services. The locality had undertaken a pilot on the new model and had seen 5,000 people. The CHMT team had merged from 8 to 6 teams three years ago as it became apparent they could not obtain changes around the critical mass and undertake services to offer any recovery work.</p> <p>Daniel Crossland, Transformation and Innovation lead provided a six month update on the next steps for the Vale Locality Mental Health Team. The following key points were made:</p> <p>The Vale locality teams were based in Barry Hospital, Cowbridge and Penarth. The caseloads had reduced from 1400 to under 850. Staff levels had improved and for the first time a consultant psychiatrist had been appointed to a substantive position. The role had been remapped and changes made to the job plan which included opportunities</p>	

	<p>for psychotherapy.</p> <p>The assessment time had reduced from four months to five weeks and the team looked to reduce this further with bank work on weekends for assessments.</p> <p>Management models posed high levels of complexity and psychology vacancies remained an issue which impacted on waiting lists.</p> <p>A recovery and maintenance protocol is being piloted.</p> <p>In regards to transformation and innovation, unscheduled care expertise was very high which helped with decision making and informing people very quickly of the outcome of assessments rather than patients having to wait a few weeks. There were changes to the opt-in process and what could be done for patients who may not be motivated</p> <p>In regard to management structures, work had been undertaken with the CMHTs as there was a lack of clarity on roles which was impacting on day to day business. 166 key tasks had been identified and staff discussed where responsibilities lay through a whole team approach.</p> <p>Policy changes were reviewed to look at what was more effective for the patient. The outcome was that the approach would be wellbeing orientated and move to a more outcome focused attitude. The aim was to remain risk sensitive, to review the capacity and endeavour to be prudent and clinically reasoned by offering interventions that may have an impact. The view had to be overarching by looking at all areas of the mental health service and to work to the same sets of outcomes. A broader overarching policy would be reviewed for this.</p> <p>The Chair invited comments and questions:</p> <p>The team were commended on the change in waiting times which was a tremendous achievement. This was an exemplar of how services could be transformed and was the most complex change within the MH service to surround the service user.</p> <p>Independent Member – Local Authority commented that she had visited the MH team and saw for the first time what was best for the individual across all parts of the system. The service had shifted to provide better outcomes and the member commended the work which had been undertaken.</p> <p>The CEO suggested that this could be shared across the broader organisation with regard to personal responsibility in how to manage uncertainty and change.</p> <p>The Community Health Council sought assurance on services being delivered closer to home by having a wider variety of options and would like this to be delivered in the future. In response it was stated the vast majority of contact was provided in the home of the service user and there were</p>	
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	<p>over 100k visits last year.</p> <p><i>Susan Elsmore left the meeting at 2.30pm</i></p> <p><b>The Board resolved that:</b></p> <p>a) the presentation be noted</p>	
<b>UHB 19/09/015</b>	<p><b>NURSE STAFFING ACT</b></p> <p>The Executive Nurse Director provided an update on the Nurse Staffing Levels (Wales) Act 2016 and advised that there were clinical areas where this had not been signed off but emphasised this was not unsafe on a day to day basis. There was a need to find a way forward where the financial plan meets operational requirements. The Royal College of Nursing had issued a document which was seen by Assembly Members. It was a review of all papers that have been to Health Boards across Wales. Two areas identified focused around mental health and critical care. It was agreed that critical care nurse staffing was an area for focus by the Financial Delivery Unit. The following comments were made:</p> <p>Independent Member – ICT asked in regard to IMTP planning was the Health Board confident that it was compliant with nurse staffing? In response it was explained that the Mental Health service was currently non-compliant with Section 25(a), and that this was challenging but the risk was managed by reviewing staffing levels on a daily basis. Further conversations were needed on how to assist the Mental Health service. The CEO emphasised that the nursing levels were not unsafe.</p> <p>Steve Allen commented that the CHC was not aware of the closure of E2 and B2 wards.</p> <p>A further report would be presented to a Committee and Board in Spring.</p> <p><b>The Board resolved that:</b></p> <p>a) Approval be given for the nursing establishments in compliance with the requirements of the Nurse Staffing Levels (Wales) Act (2016).</p>	
<b>UHB 19/11/016</b>	<p><b>UPDATE ON HEALTHY TRAVEL CHARTERS</b></p> <p>The Executive Director of Public Health stated that the Healthy Travel Charter presented a good example of how the policy was spreading and how other areas across Wales had shown interest in taking on the approach. It was a strong example of Public Service Board work in the context of the Wellbeing of Future Generations Act. For example, the park and ride and the staff shuttle bus fit into the context of healthy travel. There has been agreement for staff to obtain (corporate)</p>	



	<p>membership of the Nextbike cycle hire scheme, in conjunction with Unison and this was positive step to encourage staff to move more and this will be part of the “Move More, Eat Well” plan.</p> <p>This programme was being spread to the business sector and adapted for the third sector. In the wider context, Cardiff Council had submitted a Cleaner Air plan to Welsh Government which would signal significant changes to travel in the capital.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The recent introduction of a Healthy Travel Charter to the Vale of Glamorgan be noted</li> <li>b) The current and subsequent initiatives within the UHB to increase rates of sustainable travel by staff and visitors, and reduce pollution from vehicles used for Health Board work, in line with these commitments is supported</li> </ul>	
<b>UHB 19/11/017</b>	<p><b>MAJOR TRAUMA CENTRE BUSINESS CASE</b></p> <p>The Executive Director for Strategic Planning presented a comprehensive overview of the Major Trauma Centre Business Case which had been developed by the NHS Wales Collaborative and set out detailed proposals for the establishment of the Major Trauma Network in South Wales, including the Major Trauma Centre at UHW. Several papers had been submitted which provided a high-level overview from the Executive Director of Strategic Planning and included a paper that had come from the NHS Collaborative who led on the work through the network to bring the PBC together. The PBC was for the Major Trauma Network and contained all the components parts of the network to deliver the MTC for South Wales.</p> <p>Members were informed that UHW was the last place in the UK to implement an MTC. The evidence was strong in terms of the number of lives which could be saved for people accessing services through a Major Trauma Network into an MTC. From an economic perspective, the benefits over the course of someone’s life included reduced mortality and reduced levels of disability in people who had experienced major trauma. A Programme Director had been working alongside the Clinical Lead for the MTC over the past 18 months and a lot of detailed work had been undertaken on how the MTC would be implemented and what would need to be in place.</p> <p>It was important to note that, as the provider of the MTC, the Health Board had been through intensive internal scrutiny over the business case and had constantly checked that the business case was robust but had also challenged the</p>	

proposed arrangements for delivering the service. There were a couple of areas where it had been indicated that phasing of services would be appropriate in terms of timing and implementation. In relation to the MTC starting, it was confirmed that there was support for the target date of April 2020. It was also confirmed that work was underway with the network to get pathways in place for patients to arrive at the MTC and to enable patients to be repatriated back to their local area.

Members were asked to approve the Programme Business Case which was being considered by all Boards in South Wales in their November Board Meetings. There was a significant investment required to meet standards which included investment to cover the polytrauma wards and to provide for 24-hour consultant lead cover in the department. The Health Board had made a significant investment of £2.8m and it was acknowledged that although the IMTP plan had not yet been finalised, the investment featured in the WHSSC Commissioning plan for next year.

It was acknowledged that there was a risk in getting all the work in place but good progress was being made on the 200 posts required. The Board were reassured and confident that the plans were on track for an April 2020 implementation.

The Executive Medical Director commented from the perspective of the Clinical Body:

- It was confirmed that there was a clinical case to support the recommendations which had been put forward.
- The business case had gone through many governance processes and the final model had received endorsement from the Clinical Body.
- As a Board, it was important to pursue the April 2020 start date.
- Five of the standards would be phased rather than being implemented on day one. Three of those related to paediatrics, one related to the care of the older person and one related to CT reporting. All the other recommendations had to be put in place ready for when the MTC opened.
- The Chief Executive stated that careful consideration had been given as to which areas could be phased and this had only been agreed in areas where it was safe to do so and would not put patients at risk. One area which could not be phased due to the risk it would present would be the adult area.
- With the introduction of the trauma desk alongside the Emergency Unit, patients would be triaged from the whole of the Health Board's catchment area.
- The recommendation was to endorse the phasing that was already in the plan and start the service as described

on day one.

- The Programme Business Case related specifically to what needed to be put in place to deliver the MTC standards and the required level of clinical service and the Board were strongly urged to support the Programme Business Case in terms of the phasing and the investment required to deliver the MTC.

The Executive Director of Workforce and Organisational Development confirmed the workforce was a dedicated resource and there would be enough resources available to go live in April 2020.

Independent Member - Finance asked whether any indication had been received from the other Health Boards and whether or not they were fully supportive of the business case. In response, the Executive Director of Workforce and Organisational Development informed the Board that there was support but the issue related to IMTPs not yet being concluded and the fact that Health Boards had not received any financial allocation. Therefore, there was a need to find a way of prioritising the MTC within the WHSSC Commissioning Plan and the IMTP process.

Stephen Allen, Community Health Council informed the Board that all but two CHCs had signed off the document but this was because of the lack of confirmed finance which was the biggest concern. The CHC, therefore, sought assurances that the front line services would not be affected by monies being moved from front line services to deliver the MTC. Also, clarity was sought on the number of patients expected to come into MTC as the figures provided in the paper showed that more patients would be coming to MTC rather than the unit.

In response, the Executive Director of Finance advised that the plan for 2020/21 would include the cost of the MTC. There would be an uplift for the coming financial year and the Health Board would be submitting a balanced plan to Welsh Government. It was confirmed that no plan had been drawn up to move monies from elsewhere to support the MTC. In terms of numbers, Members were informed that just under 500 patients were seen per year. In year one it was anticipated that an extra 240 patients would be seen and in year 3 the total would be 883. It was confirmed there would not be an increase in the number of trauma incidents and it was envisaged that the number of patients would be reduced in other services.

The impact of the Emergency Medical Retrieval and Transfer Service (EMRTS) which was a skilled retrieval team was explained. A trauma desk run by WAST would be sited next to the EMRTS team and there would be liaison with the trauma team. A systematic process would be introduced from April

2020 and would run 24/7.

Independent Member – ICT asked for clarity on the business case and whether it included the two thoracic consultant posts and if the Adult and Paediatric Trauma Unit based at Morriston would provide specialist services for burns, plastics, spinal and cardiothoracic surgery. It was explained that the burn centre for South Wales was based in Morriston. Some of the clinicians may network to work with colleagues in UHW. It may be appropriate for patients to go to Morriston as patients may not need all of the components of the MTC. It was confirmed that CVUHB was the spinal hub. It was explained that Morriston would take some specific type of cases that would include burns and ortho-plastic intervention but if a patient had a complex set of injuries that required ortho-plastic surgery they would come to the MTC for their treatment. Patients who acquired a thoracic injury would be treated at the MTC by the Morriston surgeon working on the UHW site on that day.

**The Board resolved:**

- a) To endorse the phased approach of the five standards, relating to paediatrics, older persons and CT reporting and for the rest of the standards to be available from the implementation date of April 2020;
- b) That the investment required to run the service was supported;
- c) That in principle, the service would be run at risk with staffing, but would continue to recruit staff to ensure that the start date was met;
- d) That the Programme Business Case for the network was received and discussed.
- e) That there had been significant scrutiny of the case, including three formal Gateway Reviews and a professional peer review by UK clinical experts.
- f) That the overall network model described in the case (clinical, operational and governance) be approved, including the:
  - a. role of the Operational Delivery Network (ODN)
  - b. role of the Health Board, as a provider of respective components of service model.
- g) That the importance of the repatriation policy and the importance of the ODN having the authority to implement it, completion of which would form a critical activity in planning network implementation, be noted.
- h) That there would be other business cases over the next two to three years to further develop the Major Trauma Centre and Trauma Units be noted.
- i) That the content of the Programme Business Case, subject to confirmation of the NHS resource allocation for 2020/21, the IMTP prioritisation process, be approved.
- j) That final commissioning decisions on prehospital services, the Major Trauma Centre, relevant Specialist Services, and the ODN, would be taken at meetings of the Welsh Health

	Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) be noted.	
<b>UHB 19/11/018</b>	<p><b>INTEGRATED MEDIUM TERM PLAN</b></p> <p>The Executive Director of Planning brought the draft Integrated Medium Term Plan for noting as the timetable had been changed by WG. An internal workshop with all Clinical Boards would be undertaken. The IMTP was still a work in progress. This had been shared with WG and a few changes needed to be made to include the Wellbeing of Future Generations (Wales) Act. There was an opportunity for the Board Members to comment on the IMTP. The final plan would be brought back to Board in January.</p> <p><b>The Board resolved that:</b></p> <p>a) the draft IMTP report be noted</p>	
<b>UHB 19/11/019</b>	<p><b>FUNDED NURSING CARE UPLIFT</b></p> <p>The Executive Finance Director stated that the paper would be shared by all Health Boards and would be the mechanism used to calculate the FNC rate over the next two years. It provided assurance that professional leads and all Health Boards worked together and were in agreement on the recommended approach.</p> <p><b>The Board resolved that:</b></p> <p>a) the current Inflationary Uplift Mechanism (IUM), which was approved by each Health Board in Wales in 2014 for a period of five years then review, be noted;</p> <p>b) it be noted that, the professional and finance leads from each Health Board in Wales have considered options and recommend that the IUM be extended for a further two year period, to cover 2019/20 and 2020/21, for the reasons set out in section 2 of the paper, and that CEOs support this Recommendation;</p> <p>c) the proposal that the IUM be extended for a further two year period be approved;</p> <p>d) the FNC rate for 2019/20 and 2020/21 be noted and approved.</p> <p>e) It be noted that further work will be undertaken to consider a longer term model following on from a WG review of the FNC policy position and that Boards will be updated on this work as it develops.</p>	
<b>UHB 19/11/020</b>	<p><b>STANDARDS OF BEHAVIOUR POLICY</b></p> <p>The Director of Corporate Governance presented the policy for approval stating that the Standards of Behaviour had received substantial assurance from Internal Audit and demonstrated that the Health Board was transparent and</p>	

	<p>open.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the new Standards of Behaviour Policy be approved with additional input from the BMA being considered if it was significant. However, it was also noted that this was a policy for the Board to approve.</li> <li>b) the full publication of these documents in accordance with the UHB Publication Scheme be approved</li> </ul>	
<b>UHB 19/11/021</b>	<p><b>MODEL STANDING ORDERS</b></p> <p>The Director of Corporate Governance informed Members that the Model Standing Orders had been circulated by WG and were being adopted on an all Wales basis.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the draft Model Standing Orders had been reviewed.</li> <li>b) the draft Model Standing Orders were agreed and would be adopted by the Health Board.</li> <li>c) It be noted that, once approved by the Board the draft Model Standing Orders would be proof read and appropriately amended to reflect the requirements of the Health Board.</li> </ul>	
<b>UHB 19/11/022</b>	<p><b>COMMITTEE MEMBERSHIP</b></p> <p>The Director of Corporate Governance informed members that when Wales Audit Office undertook their Structured Assessment it was observed that not all Committee meetings were quorate. As this gap had been identified the Interim UHB Chair had met with Independent Members to make changes to ensure that Committee meetings were quorate going forward.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The changes to the Membership of the Committees of the Board detailed within the last column of appendix 1 of the paper be approved with effect from 1 January 2020</li> </ul>	
<b>UHB 19/11/022</b>	<p><b>FINANCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Finance Committee held in September 2019 ratified</li> </ul>	
<b>UHB 19/11/023</b>	<p><b>STRATEGY AND DELIVERY COMMITTEE</b></p> <p><b>The Board resolved that:</b></p>	



	a) the minutes of the Strategy and Delivery Committee held in September 2019 be ratified	
<b>UHB 19/11/024</b>	<b>HEALTH AND SAFETY</b>  <b>The Board resolved that:</b>  a) the minutes of the Health and Safety Committee held in July 2019 be ratified	
<b>UHB 19/11/025</b>	<b>LOCAL PARTNERSHIP FORUM</b>  <b>The Board resolved that:</b>  a) the minutes of the Local Partnership Forum held in August 2019 be ratified	
<b>UHB 19/11/026</b>	<b>WELSH HEALTH SPECIALIST SERVICES COMMITTEE</b>  <b>The Board resolved that:</b>  a) the minutes of the Welsh Health Specialist Services Committee held in May 2019 be noted	
<b>UHB 19/11/027</b>	<b>WELSH HEALTH SPECIALIST SERVICES COMMITTEE BRIEF</b>  <b>The Board resolved that:</b>  a) the Brief of the Welsh Health Specialist Services Committee September 2019 be noted	
<b>UHB 19/11/028</b>	<b>EMERGENCY AMBULANCE SERVICES COMMITTEE</b>  <b>The Board resolved that:</b>  a) the minutes of the Emergency Ambulance Services Committee in March and May 2019 be noted	
<b>UHB 19/11/029</b>	<b>QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD</b>  <b>The Board resolved that:</b>  a) The report of the Chair of the Quality, Safety and Experience Committee be noted	
<b>UHB 19/11/030</b>	<b>FINANCE COMMITTEE CHAIR'S REPORT TO BOARD</b>  <b>The Board resolved that:</b>	

	<p>a) The report of the Chair of the Finance Committee be noted.</p>	
UHB 19/11/031	<p><b>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
UHB 19/11/032	<p><b>AUDIT AND ASSURANCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Audit and Assurance Committee be noted.</p>	
UHB 19/11/033	<p><b>MENTAL HEALTH CAPACITY AND LEGISLATION COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Mental Health Capacity and Legislation Committee be noted.</p>	
UHB 19/11/034	<p><b>HEALTH AND SAFETY COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board Resolved that:</b></p> <p>a) The report of the Chair of the Health and Safety Committee be noted.</p>	
UHB 19/11/035	<p><b>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Stakeholder Reference Group be noted.</p>	
UHB 19/11/036	<p><b>LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Local Partnership Board be noted.</p>	

<b>UHB 19/11/037</b>	<b>ANY OTHER BUSINESS</b>	
<b>UHB 19/11/038</b>	<b>Date, Time &amp; Venue of Next Board Meeting:</b>  Thursday 30 January 2020 TBC	