

**Confirmed Minutes of the Board Meeting**  
**Held on Thursday, 24 September 2020 at 12:00pm – 16:30pm**  
**Via Zoom**

<b>Present:</b>		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer
Chris Lewis	CR	Deputy Executive Director of Finance
Martin Driscoll	MD	Deputy Chief Executive Officer / 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 & Independent Member - Legal
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
John Union	JU	Independent Member - Finance
Stuart Walker	SW	Executive Medical Director
Ruth Walker	RW	Executive Nurse Director
Dawn Ward	DW	Independent Member – Trade Union
<b>In Attendance:</b>		
Nicola Foreman	NF	Director of Corporate Governance
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council
Malcolm Latham	ML	Chair - South Glamorgan Community Health Council
Vanessa Davies	VD	Health Inspectorate Wales
Alun Jones	AJ	Interim CEO of HIW
Caroline Bird	CB	Deputy Chief Operating Officer
Allan Wardhaugh	AW	Chief Clinical Information Officer
<b>Secretariat</b>		
Raj Khan	RK	Corporate Governance Officer
<b>Observers:</b>		
<b>Apologies:</b>		
Steve Curry	SC	Chief Operating Officer
Sara Moseley	SM	Independent Member – Third Sector
Rhian Thomas	RT	Independent Member – Capital and Estates

UHB 20/09/001	HIW Annual Report 2019-20 - Annual Summary for CAVUHB	ACTION
	<p>The Interim CEO of HIW (ICEO HIW) introduced the presentation which highlighted HIW findings for 2019-20, and would be included in the annual report to be published in October. The annual report provided an opportunity to reflect across a range of inspections and note any emerging themes. It was highlighted that this report largely represented a period where Covid restrictions were not in place and that the pandemic had impacted on HIW's physical inspections, approach, and placed a bigger emphasis on their intelligence and relationships.</p> <p>A summary of the All Wales position was provided in terms of number of inspections undertaken and type of inspections. It was highlighted that C&amp;V as an organisation had 50 concerns, 5 were ranked as high and the remainder low.</p> <p>Within C&amp;V, hospital, GP and dental practice inspections were carried out.</p> <p>Last year saw a difficult inspection for the ED department in UHW, but positive feedback was provided regarding the UHB's immediate response to that. Overall, inspections were positive, staff were providing safe and effective care and Clinical Boards were responding in a constructive manner.</p> <p>Five hospital inspections had been carried out with many positive outcomes however improvements were required in the checking of resuscitation equipment (main theme across Wales), availability of hand sanitizers, timely personal annual development reviews and mandatory training compliance.</p> <p>The Executive Nurse Director (END) commented that the report reflected conversations had at Board and QSE Committee; the issues identified around hand sanitisers and resuscitation equipment had been resolved although due to Covid, appraisals and mandatory training had not yet been addressed.</p> <p>ICEO HIW advised that the number of GP inspections were lower this year; again DBS checks was an issue and this had been raised to the Board last year. Other issues highlighted were policies and procedures and timely access to appointments (pre-Covid) which was in contrast to other Health Boards. The Deputy Chief Operating Officer responded that at the start of the pandemic, face to face appointments decreased and virtual appointments increased however since the end of the first wave, we were seeing a re-balance with face to face appointments increasing.</p> <p>In terms of dental inspections, ICEO HIW highlighted reoccurring messages around use of peer reviews in clinical audit activity which had been raised nationally, the Board were encouraged to influence this if possible. There was also an issue in regards to clinical record</p>	

	<p>documentation, specifically around recording of bitewings and robustness of documentation to enable appropriate handover of care.</p> <p>The Board were advised that the report for 2020-21 would include a focus on Covid.</p> <p>The END commented that staff were very open and transparent in sharing areas of concern with inspectors. She added that the organisation was large and complex and often themes ran across it. She concluded that areas of concern/need for improvement would always be found but that the UHB was grateful to HIW on how these were fed back to it.</p> <p>The Chair thanked HIW for sharing the report and added that the UHB appreciated and understood the importance of this work evidenced by the positive responses of Executives and staff to the recommendations.</p>	
<p><b>UHB</b> <b>20/09/002</b></p>	<p><b>Patient Story</b></p> <p>The END referred back to a patient story presented at the previous Board meeting, the Board had asked that an update to the story be provided and the patient had consented to this.</p> <p>The Board were advised that unfortunately the patient was readmitted to hospital on 3<sup>rd</sup> September, required sedating and was on critical care for over a week. The patient was discharged on 11<sup>th</sup> September. The readmission was due to an underlying condition, present since birth which had presented itself in a different way due to the patient having been so unwell with Covid.</p> <p>The patient was feeling better since his discharge and was progressing well. On discharge, he had carers for 6 weeks to support him and his family as well as a physiotherapist for his rehabilitation journey. At an appointment with the Thoracic Consultant, the patient was talked through what had happened to him during both admissions and detail of his scans discussed. The patient shared the significance of that conversation for him which helped him understand his medical condition better, the practical aspects of his rehabilitation, financial position, and emotional support available for him and his family. He appreciated the open and honest conversations which made him feel that he had been looked at as a whole person which he really appreciated.</p> <p>The END emphasised that this showed how Covid affected individuals not as a one off but as an ongoing, long term condition for many of our patients.</p> <p>The patient wanted the Board to know that:</p> <ul style="list-style-type: none"> <li>• He was provided with all the equipment he needed upon his discharge, he was now living on the ground floor and had a physiotherapist who visited frequently;</li> <li>• He continued to walk with a Zimmer frame and occasionally a stick but was unable to bend very well;</li> </ul>	

	<ul style="list-style-type: none"> <li>• He was now working on his upper body strength however remained quite weak, but still felt he was making good progress which had lifted his spirits;</li> <li>• He wanted to remind the Board of the huge impact on his family, especially his partner who had now become his carer;</li> <li>• He was prevented from driving for 18 months which was a shock as he thought he would have recovered in 3 months.</li> </ul> <p>The END shared with the Board that the patient had nothing but praise for the staff who had taken care of him whilst in hospital and post discharge and that he felt treated with great dignity and respect in every aspect of his care. He also expressed his thanks to the Board for having a continued interest in his ongoing rehabilitation.</p>	
<b>UHB 20/09/003</b>	<p><b>Welcome &amp; Introductions</b></p> <p>The Chair proceeded with the remainder of the meeting as per the scheduled agenda and formally welcomed all to the meeting.</p>	
<b>UHB 20/09/004</b>	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were noted.</p>	
<b>UHB 20/09/005</b>	<p><b>Declarations of Interest</b></p> <p>The Chair invited Board Members to declare any interests in relation to items on the meeting agenda. No declarations of interest were noted.</p>	
<b>UHB 20/09/006</b>	<p><b>Minutes of the Board Meeting held on 30<sup>th</sup> July 2020</b></p> <p>The Board reviewed the Minutes of the meeting held on 30<sup>th</sup> July 2020.</p> <p><b>The Board resolved that:</b></p> <p>(a) the minutes of the meeting held on 30<sup>th</sup> July 2020 be approved as a true and accurate record.</p>	

<p><b>UHB 20/09/007</b></p>	<p><b>Board Action Log following the Meeting held on 30<sup>th</sup> July 2020</b></p> <p>The Director of Corporate Governance (DCG) introduced the Action Log and updated Board Members on progress made. The Board reviewed the Action Log and the following updates were provided:</p> <p><b>20/03/014</b> – This action had been completed</p> <p><b>20/05/011</b> – This action had been completed</p> <p><b>20/05/014</b> – Discussion to be tabled at Management Executives then report into November Board</p> <p><b>20/01/016</b> – This work was part of the Recovery Plan and would be presented to the Board in November</p> <p><b>20/07/001</b> – On agenda for September meeting so now complete</p> <p><b>20/07/012 &amp; 20/07/009</b> – On agenda for September meeting so now complete</p> <p><b>20/07/010</b> – The Executive Medical Director confirmed a formal output of the workshop would be brought back to a future Board meeting</p> <p><b>The Board Resolved that:</b></p> <p>(a) the Action Log and updates be received and noted.</p>	
<p><b>UHB 20/09/008</b></p>	<p><b>Chair's Report &amp; Chair's Action taken since last meeting</b></p> <p>The Chair introduced his report and its new format.</p> <p>He shared the recent development in the local PSBs and the RPB which covered the whole of Cardiff and the Vale and added that the IM – Local Authority was the RPB Chair.</p> <p>The Chair referenced the early audit activity already undertaken in respect to Covid related work, served as a reminder that public sector officers were always subject to scrutiny.</p> <p>The Chair confirmed Chair's Action taken had been detailed and included within the report as follows:</p> <p>1) to approve Chair's action of signing of legal documents undertaken at the Board Governance Group.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chair's report be noted</p> <p>(b) the Chair's Actions and the signing of legal documents be approved.</p>	

<p><b>UHB</b> <b>20/09/009</b></p>	<p><b>Chief Executive Report</b></p> <p>The Chief Executive Officer (CEO) introduced the report and highlighted the following within it:</p> <p>The launch of Advanced Therapies Wales, a Wales wide service, looking into advanced therapeutic medicinal products and their impact. The Board was also reminded of the CART-T programme which had continued throughout the pandemic and seen as very positive. It was proposed that advanced therapies and genomics be brought back to a Board Development day to showcase the exceptional service changes as a result of these new technologies.</p> <p>The CEO referred to the increased use of video consultations, 3000 consultations had taken place and clinicians and patients surveyed about “attend anywhere” provided positive feedback.</p> <p>The joint research office was also raised, following a presentation at a Board Development session around research conducted during Covid. This was a good collaboration between UHB and University and we were aligning our protocols with the aim of having a joint research office in Lakeside on the UHW site.</p> <p>The IM – Trade Union commented that the video consultations seemed to have gone well but gathered this was largely focused in outpatients and queried whether there was going to be a drive to expand it more to community and GPs. The CEO responded that it was already embedded within Primary Care settings and that the physiotherapy departments had embraced the technology to deliver classes. He added that we had scratched the surface and not fully understood the scope in the longer term. The Chief Clinical Information Officer added that Community Pharmacy, Dentistry and Community Optometry had also embraced use of video consultations and commented that there was learning from this experience which patients and clinicians had been positive about. He referred to the NHS Confederation report which would be soon published and agreed to share with the Board.</p> <p>Finally, the CEO highlighted the Prevention and Response Plan as a great piece of work that had been recognised by Welsh Government as the model plan and congratulated the Public Health and PCIC teams for this.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chief Executive Officer Report be noted.</p>	<p><b>NF</b></p> <p><b>AW</b></p>
<p><b>UHB</b> <b>20/09/010</b></p>	<p><b>Board Assurance Framework</b></p> <p>The DCG reminded the Board that there had not been a fully developed BAF at the last meeting as the Covid-19 BAF risks and those from the original BAF needed to be combined, this had now been done and was presented to Board today for review.</p>	

	<p>It was highlighted that Brexit had not been included on the BAF due to this risk being scrutinised via a separate task and finish group and the continuity plan around this risk but it was still referenced in the report to provide assurance that it was being managed.</p> <p>The DCG highlighted the update provided regarding the rolling out of risk management training across the UHB which had been delayed by Covid.</p> <p>The CEO advised caution as although he did not disagree with the risks identified, the number of risks had increased since the first BAF and he was conscious of the need to not revert to the previous unmanageable risk document. The DCG responded that the additional items were mainly due to Covid risks such as TTP but reminded the Board that these were strategic risks that would impact on our delivery.</p> <p>The IM – Communities queried the two extreme financial risks that had no gaps in control and how these risks would be mitigated. The Deputy Finance Director responded that the financial risk was mainly the cost of managing Covid and until the UHB could secure Welsh Government funding, this risk would remain high even with all the internal controls in place. It was further clarified that Welsh Government had secured £1.3 billion to support the service and manage the impact of Covid-19 and that the UHB was waiting on the allocation from that money, at which point the level of risk would be re-assessed.</p> <p>The Chair queried whether there was a lack of visibility of the Brexit continuity plan to Board and the sub Committees. The Executive Director of Strategic Planning advised that she would bring the plan back to the Strategy and Delivery Committee.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF be approved</li> <li>b) the progress which has been made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB be noted.</li> </ul>	<b>AH</b>
<p><b>UHB 20/09/011</b></p>	<p><b>Patient Safety, Quality &amp; Experience Report</b></p> <p>The END highlighted that a great deal of work had been done to manage complaints during the Covid period and that response times had been improved to 90%.</p> <p>In relation to Serious Incident reporting, the pre Covid Welsh Government standards had been reinstated.</p> <p>An increase in deaths of patients known to the substance misuse service had been seen and the END added that the spike needed to be recognised in the context of the spike shown in relation to physical health. Incidents around Covid in relation to PPE had decreased, time had been spent listening to staff, addressing concerns and making sure</p>	

	<p>availability was right. Hoods had been introduced in critical care areas and a report on this was presented to the H&amp;S Committee.</p> <p>The Chair commented on recurring reference to teenagers being admitted to Hafn y Coed and whether there was a response or resolution to this. The END stated that this was a growing concern and that discussions had taken place with the Chief Operating Officer, Executive Director Strategic Planning and Local Authority colleagues. The frequency with which young people were presenting at A&amp;E or Hafn Y Coed was concerning and the END had therefore asked for a meeting with Local Authority colleagues to consider the level of escalation put in place to prevent these children from presenting in crisis and to try and avoid them staying in A&amp;E for long periods or having to be placed in an adult environment.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the content of the report was considered</li> <li>(b) the areas of current concern were noted and the current actions being taken were agreed sufficient.</li> </ul>	
<p><b>UHB 20/09/012</b></p>	<p><b>Performance Report</b></p> <p>The Deputy Chief Operating Officer (DCOO) highlighted that the context remained the same as the previous report, particularly in terms of the relaxation of targets and monitoring by Welsh Government. With that in mind, the same report format had been used and this would be kept under review. Previous comments regarding CAMHS and easier interpretation had been taken on board, and the UHB continued to report more widely, including demand at this stage, which was an important indicator.</p> <p>The DCOO advised that the approach had not changed, with the first principle being to remain Covid ready and patients continued to be prioritised based on risk not time to minimise hospital attendances and use technology wherever possible to meet patient need.</p> <p>The DCOO confirmed that CAV 247 had gone live, essential services continued to be maintained and routine services were reintroduced where safe to do so. Over the last few months, activity had increased but remained at lower levels than previously. Future demand in the context of a combined Covid/winter period remained uncertain, complex and presented potential risks. The DCOO reassured the Board that the risks would be balanced across the system, with guidance from clinicians and consideration of national advice.</p> <p>The CEO credited the operations team on the approach taken.</p> <p>The Chair queried the 4 hour wait times in A&amp;E and why performance during Covid had decreased despite less pressure on the department. The DCOO responded that although performance should be measured against the level of attendances, there had been significant changes in the EU departments which had probably impacted on how performance</p>	

	<p>had been captured. A number of these changes were now reverting back to normal so issues like the 4 hour wait time should be resolved.</p> <p>The Deputy Finance Director led the finance section of the report. He reiterated that the UHB's revenue against its resource limit, progress on underlying deficits and managing pressure on the capital programme were all dependent on Welsh Government funding.</p> <p><b>The Board resolved that:</b></p> <p>(a) the contents of the report be noted.</p>	
<p><b>UHB 20/09/013</b></p>	<p><b>Outbreak at UHL – Learning Outcomes</b></p> <p>The END advised that this had been previously discussed in private Board and QSE committee. The only area of the report that had been updated was the graph which showed the presentation of Covid within the hospital setting and runs up to 10<sup>th</sup> September. She highlighted that it had been 87 days since the last hospital acquired Covid in UHW, 82 days in Llandough, 9 days since a community acquired patient was admitted into Llandough, and 1 day since a community acquired patient was admitted into UHW.</p> <p>The report provided detail on location of Covid patients and their Covid status. All Covid related outbreaks were shown for complete transparency. Positive feedback had been received from HIW regarding the 11 case outbreak in Rookwood and the learning around this. East 2 had a significant outbreak over a 28 day period with 31 patients and 13 staff affected, the report provided actions taken. The QSE Committee had asked that the issue around social distancing be raised at Board as it was a theme throughout every outbreak and the Committee was keen for the Board to reinforce that message.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff &amp; Vale UHB during the pandemic be noted</li> <li>(b) the actions taken to control these incidents and outbreaks, with particular emphasis to East 2, University Hospital of Llandough be noted</li> <li>(c) there have been no further incidents since this outbreak be noted</li> <li>(d) the request from QSE Committee to raise the impact of failing to socially distance be actioned.</li> </ul>	<p><b>CJ</b></p>
<p><b>UHB 20/09/014</b></p>	<p><b>Socio-economic Duty</b></p> <p>The EDSP confirmed that the report updated the Board on the important duty that would come into force on 31<sup>st</sup> March.</p> <p>The EDSP commented that there was initial concern that it would duplicate other legislation such as WBFGA and existing equalities</p>	

	<p>legislation but it was now viewed as very worthwhile for organisations to have due regard of the socio economic impact when making strategic decisions.</p> <p>The EDSP added that this was very pertinent for the UHB as a significant portion of its population were living in high levels of deprivation and poverty, this duty would place a requirement on the UHB to take that into consideration and consider its decisions would impact positively on that socio economic disadvantage. The EDSP highlighted that it was important to undertake equality and health impact assessments purposefully and to use them to inform UHB decision making.</p> <p>IM-TU requested that Trade Union engagement around the equality and health impact assessments be strengthened and take place earlier.</p> <p>The Chair added that the UHB often does not label items effectively and therefore it was important to properly reference the socio economic duty when developing plans and strategies going forward.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the requirements of the Socio-economic Duty that comes into force in April 2020 be noted</li> <li>b) the approach recommended as set out within the report be supported.</li> </ul>	
<p><b>UHB 20/09/015</b></p>	<p><b>Winter Protection Plan – Verbal Update</b></p> <p>The EDSP updated the Board that since its last meeting, Welsh Government had published a national winter plan. The plan was fairly wide ranging and did not contain any surprises in terms of the high level actions needed to prepare.</p> <p>The RPB would be leading the production of a local protection plan for submission by 31<sup>st</sup> October. Q3/Q4 plans, aligned with the winter protection plans, were also required. The EDSP gave assurance that all partners were working together to ensure the plans were delivered on time.</p> <p>It was highlighted that it was unclear whether there would be any specific funding for winter preparedness so existing resources may have to be reprioritised. The ESDP assured the Board that all the processes were in place to produce the winter plan.</p> <p>It was confirmed that an update would be provided at the October Board Development session. The Chair stated that he would like the opportunity to review the plans before they were submitted but was mindful of the tight deadlines.</p> <p>The DEDF commented that additional allocation was expected but it was not known how much at present.</p>	<p><b>AH</b></p>

	<p>In addition the DCOO provided assurance that the UHB was prepared for the coming months and was not waiting for the final plan.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Verbal Update and progress made be noted.</p>	
<p><b>UHB 20/09/016</b></p>	<p><b>COVID-19 Vaccination Plan Update – Verbal Update</b></p> <p>The Executive Director of Public Health (EDPH) informed the Board that a high level plan for Covid mass vaccination was not available within the timescales for Board papers but was happy to circulate this to the IMs.</p> <p>The EDPH advised that there were currently 176 vaccine candidates against this virus, 33 of which had entered clinical trials and 2 were currently in the most advanced phase 3 trials - Oxford Astrazeneca Vaccine and Biontech Pfizer Vaccine.</p> <p>The UK Government had announced the purchase of 4 different vaccine technologies totalling £314 million indicating that we would be delivering a mass vaccination programme on a scale not provided before. The intention was to deliver the vaccination programme over a 12 month period and final guidance was awaited from SAGE around how the sequencing of the virus might be provided, which could be a phased approach.</p> <p>Preliminary plans were submitted by 3<sup>rd</sup> September to the Chief Medical Officer and feedback had been mainly positive, detailed plans would now follow. The themes, around which detailed planning was required, were:</p> <ul style="list-style-type: none"> <li>• Logistics</li> <li>• Workforce and training</li> <li>• Vaccine requirements</li> <li>• End to end journey (experience of person receiving)</li> <li>• Communications</li> </ul> <p>The EDPH assured the Board that progress was being made and the costed plan would be brought to Management Executive and Board.</p> <p>A sense of the scale in terms of staffing estimates was provided: neighbourhood areas were looking at 100 immunisers, clinic operations 300 staff, booking and reporting 30 staff together with a small pharmacy workforce. This would be challenging as there would also be staff needed for multiple other arenas. The timeline to commence was expected to be late winter but was subject to change.</p> <p>The Chair queried how the increased workloads of the Flu and Covid vaccines possibly running in parallel would be managed. The EDPH responded that a blended approach to provision was expected, with different staff groupings delivering to different public/staff groups. The Board was reminded that the Flu plan had been in place for some time and flu vaccinations had already started, nevertheless the challenge was acknowledged and consideration was being given to the type of</p>	<p><b>FK</b></p>

	<p>workforce needed. In the arena of mass vaccinations, the regulations would change to enable Healthcare Support Workers to provide the vaccine which would be an enormous asset.</p> <p><b>The Board Resolved that:</b></p> <p>(a) the verbal update was noted.</p>	
<p><b>UHB 20/09/017</b></p>	<p><b>Public Services Ombudsman for Wales Annual Letter</b></p> <p>The END confirmed that a more detailed paper would be taken to the QSE Committee to look at the detail of the reports.</p> <p>The Ombudsman's letter referred to a relationship manager, the UHB had not had one of these for the last 2 years so this had been queried with the Ombudsman's office, the Ombudsman remained of the view that a relationship manager was not required and a refreshed letter may be issued stating that.</p> <p>The END confirmed that the deadline of 30<sup>th</sup> November for a response to the letter would be met.</p> <p><b>The Board Resolved that:</b></p> <p>(a) the findings of the Ombudsman's Annual Letter 2019/2020 be noted</p> <p>(b) the need to respond by the 30<sup>th</sup> November be noted.</p>	
<p><b>UHB 20/09/018</b></p>	<p><b>Nurse Staffing Act</b></p> <p>The END advised that this was an annual report and the Board would be aware from previous meetings that she had provided updates on the Act due to the level of changes being made at times on a daily basis to environments.</p> <p>In line with the Act, an annual assurance report was due in May 2020 but it was agreed with the CNO to delay to September. This report related to the period of April 2019-2020 but still demonstrated the ongoing work in relation to the Act. A further detailed report would be presented in spring 2021.</p> <p>The Chair emphasized the importance of this piece of work and understanding the work pressures of our nursing complement especially during Covid and with the potential of a second wave.</p> <p><b>The Board Resolved that:</b></p> <p>a) the nurse staffing levels in line with the Nurse Staffing (Wales) Act (2016) for the time period April 6<sup>th</sup> 2019 – April 5<sup>th</sup> 2020 be approved.</p>	

<p><b>UHB 20/09/019</b></p>	<p><b>Board Champion Roles and Responsibilities</b></p> <p>The DCG informed the Board that this was last updated in May 2019, with the delay predominantly being due to Covid.</p> <p>There were a number of roles that Welsh Government were removing and this would be confirmed in the awaited Welsh Health Circular.</p> <p>Appendix 1 provided the suggested roles, which had been reduced to only 5 IM roles. It was likely however that Welsh Government would in time put in other roles to replace the ones removed, and this would be revisited as necessary. The board was further advised that this would be revisited when the Vice Chair was recruited and ICT role filled.</p> <p>A role description had now been developed to provide clarity as to the role and to ensure the IM roles and responsibilities do not cross over into the operational duties of staff.</p> <p><b>The Board Resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the proposed Board Leads and Champions set out in Appendix 1 be approved</li> <li>b) the Board Champion Role Description set out at Appendix 2 be approved.</li> </ul>	
<p><b>UHB 20/09/020</b></p>	<p><b>Director of Public Health Annual Report</b></p> <p>The EDPH advised that the initial plan was to publish the report in March but that this had been delayed.</p> <p>The EDPH touched on the aging population and the challenges faced in this regard.</p> <p>It was highlighted that this year the report was presented in different ways via infographics, films, web and paper.</p> <p>The report provides evidence to support the three themes: Purpose in life, Connections for life, and Places for life.</p> <p>The recommendations and actions for our PSBs and RPBs to support this agenda were highlighted as well as actions for the UHB to lead on.</p> <p><b>The Board Resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the Annual Report, including the impacts on health and well-being of the three key themes of having purpose, social connections and a physical environment that supports health and wellbeing into later life be noted</li> <li>b) current and future initiatives and interventions to deliver against the recommendations across the UHB and with wider partners be supported.</li> </ul>	

<p><b>UHB 20/09/021</b></p>	<p><b>Committee Minutes</b></p> <ul style="list-style-type: none"> <li>i. Audit and Assurance Minutes – 7 July 2020</li> <li>ii. Finance Committee – 29 July 2020</li> <li>iii. Quality Safety &amp; Experience – 16 June 2020</li> <li>iv. Strategy and Delivery Committee – 14 July 2020</li> <li>v. Local Partnership Forum – 18 June 2020</li> <li>vi. Emergency Ambulance Services Committee – 14 July 2020</li> </ul> <p><b>The Board resolved that:</b> (a) the minutes outlined above be ratified.</p>	
<p><b>UHB 20/09/022</b></p>	<p><b>Reports from Committee Chairs:</b></p> <ul style="list-style-type: none"> <li>i. Audit and Assurance Committee – 8 September 2020</li> <li>ii. Finance Committee – 29 July &amp; 26 August 2020</li> <li>iii. Strategy and Delivery Committee – 15 September 2020 Verbal Update</li> <li>iv. Quality Safety &amp; Experience – 8 September 2020</li> <li>v. Digital Health Intelligence Committee – 9 July 2020</li> <li>vi. Stakeholder Reference Group – 22 July 2020</li> <li>vii. Local Partnership Forum – 3 August 2020</li> <li>viii. Emergency Ambulance Services Committee – 8 September 2020</li> </ul> <p>The Interim Vice Chair &amp; Independent Member – Legal updated the Board following his first meeting as Chair of the Strategy and Delivery Committee. The Committee had received a good report from the COO and DCOO on strategy to rebalance CAMHS care, which outlined the hard work to tackle waiting list volumes and a bespoke model that was strategic, clinician led, and exactly what the Committee should be considering.</p> <p>The Executive Director of Workforce and Organisational Development raised some points regarding the Local Partnership Forum. He advised that the shielding arrangements had now halted and that safe return to work was being arranged for this group. Furthermore, work was being progressed around agile working (home working); questionnaires had been sent out to staff who had been remote working. ¾ expressed satisfaction and felt it should be embedded into normal working processes to provide a hybrid work style of people working partly in the office and partly at home. It was confirmed that this work was tied into an All Wales piece of work which was ongoing.</p> <p><b>The Board resolved that:</b> a) the Committee Chair reports outlined above be noted.</p>	
<p><b>UHB 20/09/023</b></p>	<p><b>TTP Prevention and Response Plan</b></p> <p>The EDPH referred to the EDWOD’s comments about home working and mentioned that the Minister highlighted that home working should be encouraged as much as possible. The context of this was that we</p>	

	<p>had a rising rate of per 100,000 over a 7 day period, which was already above 40 per 100,000 for Cardiff and almost 30 for the Vale.</p> <p>Welsh Government had provided guidance on thresholds of actions for incident management teams, with a rating of case incidents and a RAG rating. Incident management team meetings had taken place together with leadership group and also political leadership group meetings which followed. The EDPH and her team had made recommendations to Welsh Government, most of which were local.</p>	
<p><b>UHB</b> <b>20/09/024</b></p>	<p><b>Agenda for Private Meeting</b></p> <ul style="list-style-type: none"> <li>i. Private Committee Minutes</li> <li>ii. COVID-19 Board Governance Group Minutes</li> <li>iii. Corporate Risk Register</li> </ul>	
<p><b>UHB</b> <b>20/09/025</b></p>	<p><b>Review of the Meeting</b></p> <p>All present confirmed the meeting had run well via Zoom.</p>	
<p><b>UHB</b> <b>20/09/026</b></p>	<p><b>Date, Time &amp; Venue of Next Board Meeting:</b></p> <p>Thursday, 26th November 2020 at 1.00pm</p>	