

Confirmed Minutes of the Board Meeting
Held on Thursday, 25th March 2021 at 11:00am – 12:30pm
Via MS Teams Live Event

Present:		Designation
Charles Janczewski	CJ	UHB Chair
Michael Imperato	MI	Interim Vice Chair & Independent Member - Legal
Akmal Hanuk	AH	Independent Member - Community
Eileen Brandreth	EB	Independent Member - ICT
Gary Baxter	GB	Independent Member - University
John Union	JU	Independent Member - Finance
Mike Jones	MJ	Independent Member – Trade Union
Rhian Thomas	RT	Independent Member – Capital and Estates
Sara Moseley	SM	Independent Member – Third Sector
Susan Elsmore	SE	Independent Member – Local Authority
Len Richards	LR	Chief Executive Officer
Catherine Phillips	CP	Executive Director of Finance
Chris Lewis	CR	Deputy Executive Director of Finance
Fiona Kinghorn	FK	Executive Director of Public Health
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of Workforce and Organisational Development
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Deputy Chief Executive Officer / Executive Medical Director
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Allan Wardhaugh	AW	Chief Clinical Information Officer
Amy English	AE	South Glamorgan Community Health Council
Malcolm Latham	ML	South Glamorgan Community Health Council
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Observers:		
Aaron Fowler	AF	Head of Legal & Risk
Bryn Harris	BH	IT Project Manager, IM&T
Darren Griffiths	DG	Audit Wales
David Edwards	DE	Independent Member - ICT
Ian Virgil	IV	Head of Internal Audit
Jaqueline Evans	JE	Head of Corporate Governance
Joanne Brandon	JB	Director of Communications
Wendy Wright	WW	Internal Audit
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council

Reference	Agenda Item	
<p>UHB 21/03/001</p>	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the Public Board meeting in Welsh and English and advised that the meeting was being broadcast live via MS Teams as a consequence of the ongoing COVID-19 pandemic.</p>	
<p>UHB 21/03/002</p>	<p>Apologies for Absence</p> <p>Members noted that apologies for absence had been received from Lance Carver, Director of Social Services, Vale of Glamorgan Council.</p>	
<p>UHB 21/03/003</p>	<p>Declarations of Interest</p> <p>Declarations of Interest were received from the following Board Members:</p> <p>The Independent Member – University (IM-U) declared an interest as a member of Cardiff University,</p> <p>The Independent Member – Third Sector (IM-TS) declared an interest as the Director of Mind Cymru,</p> <p>The Independent Member – ICT (IM-ICT) declared an interest as a member of Cardiff University.</p>	
<p>UHB 21/03/004</p>	<p>Minutes of the Board Meeting held on 25 February 2021</p> <p>The minutes of the meeting held on the 25 February 2021 were received and confirmed as a true and accurate record of the meeting.</p> <p>There were no matters arising that were not included on the agenda or the action log.</p> <p>The Board resolved that:</p> <p>(a) The minutes of the meeting held on 25th February 2021 be approved as a true and accurate record.</p>	
<p>UHB 21/03/005</p>	<p>Action Log</p> <p>The Director of Corporate Governance (DCG) gave an update on the list of actions from the Public Board meeting held on the 25 February 2021 and the Board noted the following updates: The action log was received and the following updates were provided:</p> <p>UHB 20/11/014 - UHB 21/02/005 – Nurse Staffing Act – Mental Health Nurse Staffing Levels - an update would be provided to the next meeting in May 2021 as part of the annual planning process.</p> <p>UHB 21/02/007 – Chief Executive Report - The CEO confirmed the work he had done has come to a conclusion and requested this be brought to the April Board development session. The Chair added that it</p>	

	<p>would also be a good opportunity to expand the discussions on equality & diversity to include children’s rights and the well-being of children.</p> <p>The Board resolved that:</p> <p>The Board resolved to:</p> <p>(a) The updates and action log were noted.</p>	
<p>UHB 21/03/006</p>	<p>Patient Story</p> <p>The patient story was received and the Board noted that it related to a non COVID-19 issue, in contrast to the dominant theme that Covid-19 had played in the accounts of patient stories given over the last 12 months.</p> <p>The Executive Nurse Director (END) advised that it was important to understand that other types of surgeries had been undertaken throughout the COVID-19 outbreak which had had a life changing impact on the individuals involved. This was particularly significant given that patients were coming into a hospital setting knowing that the COVID-19 virus was present.</p> <p>The Board noted that the patient had been diagnosed with Beta stage renal failure in 2016 which had resulted in him having to depend on a Dialysis machine until he was called for a transplant in 2019 after being on a waiting list for 2 years.</p> <p>Whilst there had been initial complications with the donor kidney and further setbacks as result of the COVID-19 pandemic he had remained positive throughout. The patient finally received a transplant in Germany in August 2020 and gave a positive account of the how the surgery had been conducted and the high quality of care received from the staff. The patient had recovered well after surgery and advised he was grateful to the donor. He then spoke about the good progress he made post operation over the last 6 months and how his quality of life has improved and expressed his thanks to the donor</p> <p>The END advised that as the Health Board enter the recovery phase post COVID-19 it was important to consider the patient experience so that we could get as many patients back into a safe environment to provide quality care.</p> <p>The Board resolved that:</p> <p>(a) The Patient Story was noted.</p>	
<p>UHB 21/03/007</p>	<p>Chair’s Report and Chair’s Actions taken since the last meeting</p> <p>The Chair’s report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous board meeting.</p> <p>In introducing the report the Chair highlighted the following points:</p>	

	<ul style="list-style-type: none"> • Thank you to Eileen Brandreth - The Chair expressed his deepest thanks to Eileen Brandreth, Independent Member – ICT (IM-ICT) for all of the hard work she had contributed to the board over the last eight years. He added how she had been a sterling member of the team throughout her term of office and that she had the right balance of professionalism, challenge, support, and genuine concern for the patients that the NHS look after. The Board noted that she had been influential in the creation of the Digital Health Intelligence Committee, which was receiving a profile that was richly deserved. EB stated that it has been an honour to be part of the board and work with the board members during the last eight years, particularly during the challenges encountered during the last 12 month of the last year. • Appointment of New Vice Chair - Professor Ceri Phillips had been appointed as the new Vice Chair. The Chair also took the opportunity to express his gratitude to Michael Imperato Independent Member – Legal (IM-L) for his invaluable support during his time as Interim Vice Chair over the last 18 months. • Voluntary Services Update - In March 2021 a number of volunteers had to be stood down due to the COVID-19 pandemic and since then new roles had been created which had been individually risk assessed for all volunteers and the recruitment pathway had been adapted into a digital process. The Chair advised that the efforts of the volunteers often went unrecognised and that it was important to highlight their tireless efforts during the pandemic as they hadnt stopped working whilst being limited in what support they could provide. The efforts of the volunteers were to be commended and that they were admired by the patients and staff. • Statistics – an update on key statistics since October 2020 was provided to the Board. • An update on feedback received from volunteers and staff was provided to the Board. • Volunteers week 2020 – C&VUHB thanked all of its volunteers through social media campaigns and each volunteer received a certificate. • Mass Vaccination centres - C&VUHB had been working with the British Red Cross and St Johns Ambulance to increase volunteer support at the vaccination centres. • Fixing of the common seal/Chair's Action to signed documents were detailed within the report. <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The Chairs report was noted. (b) The Chair's Actions undertaken were approved. 	
<p>UHB 21/03/008</p>	<p>Chief Executive's Report</p> <p>The Chief Executive's report was received and the CEO gave an update on relevant matters undertaken since the previous board meeting.</p> <p>In introducing the report the CEO highlighted the following points:</p>	

- **Smoke free hospital grounds** – new legislation introduced in Wales on the 1 March 2021 meant that hospital grounds would be required to be smoke free. The Executive Director of Public Health gave an update and advised that the Health Board had a responsibility for the health of the population, and that smoking was still the biggest cause of preventable ill health with obesity featuring a close second. The Board noted that the Health Board now had a statutory responsibility to take reasonable steps to stop smoking on its grounds and that C&VUHB had made positive progress over the last eight years including restricting smoking to the enclosed garden units of the mental health units, the proactive work on smoking cessation campaigns and the enforcement process with an officer from Cardiff Council on site to prevent smoking on the premises. Further discussions were in progress with Cardiff Council and the Vale of Glamorgan Council on potential enforcement measures.
- **Video Consultations Enhancing Endoscopy Service** – the Health Board had piloted an innovative use of video consultations by the endoscopy services, which aimed to speed up second opinions on unusual or complex cases immediately without having to change into surgical scrubs or wear Personal Protective Equipment (PPE). The process involved a video being taken of the view of the endoscopy through the camera lens.
- **Shaping our Future Clinical Services Engagement Events** – The engagement process for the “Shaping our Future Clinical Services” had begun and would run until 19 April 2021, events were taking place throughout March 2021. To date 14,000 hits had been received on the website and through social media channels. The outcome of the engagement process would be shared with the Community Health Council (CHC) and presented to the next Board meeting in May 2021. The CEO expressed his gratitude to Vicki Legrys and David Williams, the Communication and engagement leads who had done an outstanding job. The Board noted that the event in Vale of Glamorgan 24 March had been cancelled.
- **Vascular Engagement Events** – an engagement programme into the future of vascular services in South East Wales had been launched and would run until 16 April 2021. A number of growing challenges face vascular services in South East Wales, meaning the current system is not sustainable for future years.
A thank you was extended to the Community Health Council (CHC) for hosting a series of public engagement meetings for the engagement events for vascular and the Shaping our Future Clinical Services.

The Independent Member – University (IM-U) queried the inspection process that Health Inspectorate Wales (HIW) had undertaken at the Mass Vaccination Centres and asked if the CEO was able to inform the Board of any additional information about the nature of the issues that had been raised and how they would be dealt with.

The CEO responded that HIW had undertaken reviews at a number of mass vaccination centres, and had found a similar range of issues across

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	<p>all of the mass vaccination centres and from the Health Board’s perspective, there was an action plan place to respond to any recommendations made and that any suggested changes would be addressed as necessary. The Board noted that there had been a bit of push back from the system to HIW concerning the mass vaccination centres being temporary structures that had been put in place at great pace to enable a swift response to the pandemic. The CEO advised that this did not mean that poor quality care was provided, and that positive feedback received from patients, with satisfaction scores over 95% indicated that the implementation and roll out of the centres had gone very well during a period of unprecedented operational pressure for the Health Board.</p> <p>The Board resolved that:</p> <p>(a) The Chief Executive’s report be noted.</p>	
<p>UHB 21/03/009</p>	<p>Corona Virus Update Report</p> <p>The Corona Virus update report was received and each Executive Director updated the Board on their respective areas within the report.</p> <p><u>Quality & Safety</u></p> <p>Covid outbreak position</p> <ul style="list-style-type: none"> • there were eight wards across the Health Board managing COVID-19 outbreaks (7 at University Hospital of Wales (UHW) and one at University Hosital Llandough (UHL). This was a stable and improving position and daily Infection Prevention and Control meetings were being held with senior staff to monitor the overall situation, • Additional bed capacity was opened at the Lakeside wing on the 27 December 2020 to the first cohort of patients to support COVID-19 pressures within the Health Board. Further capacity was available if required, • Operational Clinical Board meetings are held and the Chief Operating Officer (COO) holds twice weekly UHB wide COVID-19 operations meetings, • The Health Board is complying with routine daily nosomial reporting requirements to Welsh Government. <p>Healthcare Inspectorate Wales (HIW)</p> <ul style="list-style-type: none"> • Announced inspections were made to the mass vaccination centres at Splott and Barry in March 2021, and whilst the feedback was positive overall, there were some assurance issues identified that needed to be strengthened. <p>Investigation of Hospital Acquired COVID-19</p> <ul style="list-style-type: none"> • The UHB continues to work with colleagues across NHS Wales, Welsh Government and the NHS Wales Delivery Unit to standardise investigation of hospital acquired COVID-19 and the application of the “Putting Things Right” NHS redress Regulations. 	

Workforce

- Both phases of the Lakeside Wing (LSW) were now complete and the build had been handed over from the contractor to the Health Board.
- Mass immunisations – workforce team working closely with the operations team to recruit staff for an additional mass vaccination centre to open on the 25 March 2021

The Executive Director of Workforce and Organisational Development (EDWOD) thanked the staff for their efforts over the last 12 months and for how agile, hardworking, and patient focussed they had been.

Public Health

- The Executive Director of Public Health (EDPH) stated that C&V were currently in a good place and that the rate in Cardiff was 33 per 100,000 over a seven day period and in the Vale of Glamorgan it was 32.2 per 100,000 over a seven day period, which was a completely different place to where it had been over the winter.
- Clusters that had emerged in many places had gone, care homes were doing really well, the prison was doing very well, and household transmission was still being seen.
- Healthcare was no longer a reservoir of infection, and it was now more likely for community cases to be admitted to hospital rather than being healthcare acquired.
- Travellers returning from abroad was a key challenge and that the UHB was not seeing an exponential rise in cases of the new variants
- Revised Coronavirus alerts and plans were published on Friday 26 March 2021 which provided a more nuanced approach to changes in alert levels and the suite of indicators that would be monitored

The EDPH added that there are some small outbreaks in schools and they have been examined and all the measures that are there to protect schools are the right ones and they just they have to be rigorously implemented. She stated that the Kent variant is the dominant virus that they have seen.

The Independent Member – Capital & Estates (IM-CE) queried if the EDPH could describe what methods were available to identify and reach unpaid carers so that could receive their vaccinations.

The EDPH responded that paid and unpaid carers were both registered with Local Authorities and GP's and that vaccinating had started for the volunteers we were aware of and that approximately 5,000 people had been vaccinated following an online referral route. There were mechanism in place to enable unpaid carers to receive vaccinations in accordance with Welsh government guidance.

The Independent Member University (IM-U) queried if the recent adverse media reports had impacted on the public attitude to the administration

	<p>of the AstraZeneca Vaccine. The EDPH advised that there had been an initial increase in the “did not attend” rates for the AstraZeneca vaccine, however these were now decreasing and that proactive communication had been issued to support and encourage people to understand the minimal risk of receiving the vaccine, in comparison with the significant risk of contracting CVOID-19 for people in priority groups 1 to 9.</p> <p>The Board resolved that:</p> <p>(a) The Coronavirus update report be noted.</p>	
<p>UHB 21/03/010</p>	<p>Board Assurance Framework</p> <p>The update on the Board Assurance Framework (BAF) report was received and the Director of Corporate Governance (DCG) highlighted that there were still currently nine risks on the BAF and highlighted that this was the end of year position and that they would be carried forward into the Annual Governance Statement and the corporate risks would be carried through to the end of the year.</p> <p>The Board noted that the Executive Team would be reviewing their risks to identify those which could be carried forward for the May 2021 BAF update for the new financial year.</p> <p>The DCG highlighted that an internal audit assessment had been undertaken on risk management processes and that a reasonable assurance rating had been given. An update report would be provided to the next Audit Committee, and that it was pleasing to note the progress made since the last internal audit assessment on risk and that the feedback was positive in relation to the risk training programme that was now in place, and the actions to taken in relation to risk appetite.</p> <p>The DCG advised that that the Test Trace and Protect (TTP) and mass vaccination risks had achieved their target risk rating and that the Board needed to consider whether they should be removed from the BAF, as ordinarily once a risk had achieved its target risk score, it would then be classed as a “business as usual” operational management issue.</p> <p>The IM-TS advised that she felt the workforce risk was a fundamental risk affecting the whole of the NHS and suggested this area could be a key focus for discussion at a future meeting as there was a need to be more innovative and to do things differently.</p> <p>The Board resolved that:</p> <p>(a) The nine risks to the delivery of strategic objectives detailed on the Board Assurance Framework for March 2021 be approved.</p> <p>(b) That the risk in relation to Test Trace & Protect And Mass Vaccination be removed from the BAF and managed as business as usual as it had achieved its target risk rating,</p> <p>(c) The progress that has been made in relation to the rollout and delivery of effective risk management systems and processes across Cardiff and Vale UHB be noted.</p>	

UHB
21/03/011

Patient Safety, Quality and Experience Report

The Patient Safety, Quality and experience report was **received** and the END highlighted that the hospital acquired COVID-19 position was being reported in full to the Board and the Quality and Safety Committee and had been discussed at length in the Management Executive and Operational Meetings.

The following was highlighted to the Board:

- **Serious incidents** – the number of serious incidents currently being reported was much lower than normal in line with revised Welsh Government guidance,
- **COVID-19 incidents** – examining data over the course of the second wave had demonstrated a significant peak of COVID-19 related incidents in early January 2021, coinciding with a peak of inpatients with confirmed COVID-19.
- **COVID-19 outbreak position** - a concerning increase had been identified in January and February 2021, and that a number of robust measures had been put in place and there was now a much improved picture and that one of the wards was closed due to a COVID-19 outbreak. A detailed report would be submitted to the next Quality and Safety Committee.
- **Concerns** – In January and February 2021, 1,781 concerns were received. This increase reflected the extremely high volume of enquiries the Concerns team were receiving via the Mass Vaccination enquiry line being introduced within the department.
- **Once for Wales Concerns Management System** – the timescale for the implementation of the new system was challenging and it was anticipated that the UHB would move over to the Complaints, PALS, Redress and Claims Management modules on the 1 April 2021. Implementation of the incidents module would not be undertaken until at least June 2021.

The END expressed her thank to the Chief Operational Officer (COO) and his operational teams, as well as the IP&C team and Jason Roberts her deputy, as they have all worked really really hard to turn this around in a short space of time and to be able to keep patients safe

The Medical Director (MD) highlighted to the board that new sections were included in the report, relating to learning from deaths and the outputs of the Clinical Effectiveness Committee. The Board noted that the Clinical effectiveness Committee was operational and that yesterday's meeting had been positive with discussion including a timetable for reviewing nationally mandated audits and NICE guidance.

The IM-U referred to the National Stroke audit data outlined in the report and queried why the UHB were only performing around the middle of the range, rather than the top of the range.

The MD advised that the overall stroke performance in Wales as a whole was modest compared to UK levels and that there was a high degree of variation with a need for a significantly greater degree of planning and coordination in stroke services across the country.

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The MD gave an update on a set of Hyper acute stroke units that exist, and coordinate into centralised stroke centres, that variation had been analysed in the whole snap database in detail in the Clinical Effectiveness Committee, and that this year's output was very different to previous years and stroke performance had been very significantly affected by changes to the front door, green zoning, and outbreak status within UHW.

The IM-L queried the number of patient safety incidents at the Lakeside wing relating to patient accidents/falls and asked if there was any specific causal factor causing concern, or if the numbers were to be expected after the few first months of running a new area. The END responded and advised that they had genuinely been concerned when the number of incidents were identified especially as the Health Board had received a few complaints. After an analysis of the new environment key factors that that were considered included staff and patients getting used to the new environment, the category of patient placed in the wing and the need to have the correct staffing arrangements in place with a cohesive team. Patients surveyed, reported a very positive experience of care in this area.

She said that they applied the learning from this when they opened up the next ward, they brought in a team of people from the trauma unit or orthopaedics and they work together as a team and we did not see that patterns re-emerged. The END said that they reinforced the support by placing a senior nurse more present in that environment and did some inspections around care so are not concerned about that environment at all although they did have some early teething problems that they have now resolved.

The CEO-CHC queried if the UHB were sharing the message to the wider community so they felt assured that hospitals were a safe environment to go to if they needed to be seen for treatment. The END advised that they continued to work hard to try and communicate to the communities that they are open for business and that there were regular discussions with the Communications Team who were proactively sending out positive messages of assurance to the communities and were doing a great job.

The CEO-CHC made reference to the UHB appointing a new Head of Covid Investigations to oversee the review and investigation of all hospital acquired CVOID-19, as well as deaths of patients who died with a diagnosis of hospital acquired COVID-19, and queried where the information gathered would be reported to, and if it would be made available in the public domain. The END advised that information relating to the COVID-19 deaths would be reported to the Quality & Safety Committee in a transparent way, and that the UHB were awaiting guidance from Welsh Government on how they information should be reported, which was particularly important given the new duty of candour which will be introduced in NHS Wales in the near future.

The Board resolved that:

- (a)** The Patient Safety, Quality and Experience Report be noted.

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UHB
21/03/012

Performance Report

The Performance report was **received** and the COO stated that the impact of COVID-19 had continued to be seen across a range of key performance indicators and highlighted the following:

Unscheduled Care

- In terms of unscheduled care there was a marked improvement and emergency unit attendances had reduced over recent months and were 60% and 63% of pre-Covid levels in January and February 2021,
- The 4 hour performance in the EU was 78.0% in January (80.1% Jan 2020) and 75.5% in February (79.9% in Feb 2020),
- In January and February 2021 71.7% and 72.2% of red calls were responded to within 8 minutes, lower than the same time last year,
- Ambulance handover delays reduced in January and February 2021.

Primary Care

- 63% of patients prioritised as “emergency” requiring a home visit were seen within one hour in January 2021
- 86% of patients prioritised as “emergency” requiring a primary care centre appointment were seen within one hour in January 2021

Mental Health Measures

- Total referrals in January 2021 were 1,033 at a similar level to December 2020,
- Part1 a – the % of Mental Health assessments undertaken within 28 days was 12 % overall and 11% for Children and Adolescent Mental Services (CAMHS),
- Part1b 87% of therapeutic started within 28 days following assessment at the end of January 2021,
- Part 2 – 85% of health board residents in receipt of secondary mental health services had a valid care and treatment plan (CTP) as at January 2021,
- Part 3 – 81% of health board residents were sent their outcome assessment report within 10 days of their assessment in January 2021.

Cancer

- referrals for patients with suspected cancer were at expected levels for December 2020, but below average levels for January 2021,
- Since the 1 December 2020, in line with the rest of NHS Wales the UHB has moved to reporting the Single Cancer Pathway (SCP) only,
- 168 patients started definitive treatment and 57.7% of patients on the SCP were seen and treated within 62 days of the point of suspicion in January 2021.

Elective access

- The overall Referral to Treatment (RTT) waiting list for 91,222, 164 fewer than at the end of December 2020,

- There were 35,112 patients waiting over 36 weeks for treatment planned are, 2,322 fewer than in December 2020,

COVID-19

- The bed burden across positive and recovering patients at the start of the month was close to 500 patients and was now 200 patients, driven by a marked reduction in community acquired COVID-19 infections being admitted, but a much an even bigger reduction in hospital acquired
- Critical Care still had a small number of COVID-19 patients, and it was still very pressurised with non COVID-19 activity and was extremely busy,
- Occupancy for COVID-19 patients was reducing and non COVID-19 activity was increasing
- There has been a change in the bed base where they have brought in over the last 10 days which had resulted in approximately 40 beds being taken down, 20 of those in the Lakeside wing, leaving 50 patients in the Lakeside wing and a further 20 in St David's which was a surge ward,
- the COO reminded the Board that they had previously had to step down elective care and that it was re-established after the first wave excluding essential services which continued in the early part of January 2021,
- Theatre staff are being repatriated from critical care back to the operating theatres. Over the last few weeks referrals are at about 75% of where they were and is what is normally seen at this time of year

The IM-ICT queried the graph in relation to 12 hour A&E waits and asked if 10% of the 800 people were waiting on the 12 hours to be seen in A&E and whether that was correct and is that in any way being worsened by or improved by the CAV 24/7 service

The COO stated that the 10% was probably higher than expected and he agreed to verify the figures for accuracy.

The Board noted the COO's updates and on the greater numbers of patients who had been admitted and the degree of uncertainty about their COVID status, IP&C guidance not to move patients through the hospital until there was certainty on their COVID-19 status, and that the CAV 24/7 service should not be seen as a contributor to driving up the 12 hour waits

The CEO-CHC queried the length of stay if they are finding that this has increased and there were difficulties in putting people back into community settings and asked what was being done to support exhausted staff with ongoing care.

The COO advised that in relation to transfers to communities that had been challenging because of the experience of nursing residential homes, and the challenges local authority colleagues had had. However they had worked very hard with the local authorities who had been

	<p>extremely supportive in terms of how they had worked through this and the combination of that and a change in the guidance on testing patients, and application of clinical opinion against those tests had allowed them to make some quite significant changes, particularly over the last month or so in discharging patients on the over 21 day length of stay.</p> <p>The COO stated that there was a very comprehensive piece of work ongoing at the moment which would focus on:</p> <ul style="list-style-type: none"> • Upstream at admission and ambulance conveyance avoidance, • The footprint at the front door services and assessment services, • a piece of work, which is closely linked with local authority and third sector colleagues on what is called flow and right bed first time <p>The EDWOD advised that the well-being of staff was really important to staff pre COVID but even more so through COVID and they proactively set up staff havens, rest areas, localise the rest areas closer I.E. ITU rest area.</p> <p>The Board noted that the EDWOD chaired the strategic health and wellbeing group which focussed on measures to support exhausted staff, recovery, how we take a breath, and self-reflection as staff are overtired since COVID-19.</p> <p>The UHB have extended and invested in well-being services supported by the charity and extended a post traumatic pathway to accommodate any more referrals, with a focus on self-care leadership i.e. the longer ambition of the here & now but as a health board what they can strive for the future for the well-being of our service.</p> <p>The CEO suggested that the Board Development session planned for June 2021 should focus on CAHMS to get an understanding of the breadth of the issues and potential collaborative opportunities with other organisations.</p> <p>Finance Update</p> <p>The Director of Finance (DOF) presented the Finance update and advised that there was a small underspend on the expenditure position as well as the capital programme. She was confident that they would deliver a breakeven position at the end of the financial year.</p> <p>The DOF referred to how they map the allocation resources into the next year, which was a piece of work that was ongoing and was likely not to be finalised although they would have a starting plan that would evolve through quarter one and maybe quarter two.</p> <p>The Board resolved that:</p> <p>(a) The overall performance report be noted.</p>	<p>NF</p>
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<p>UHB 21/03/013</p>	<p>Research and Development Strategy 2021-24</p> <p>The Research and Development Strategy 2021-2024 was received and the MD advised that the Strategy had been revised to incorporate COVID-19 learning, to reflect the rapidly developing relationship with Cardiff University, and the “Shaping Our Future Hospitals” programme business case development.</p> <p>The strategy was reviewed annually and the Board noted that the Strategy had been agreed with the R&D team, with colleagues in Cardiff University, and with the Clinical Boards, and then taken through the Strategy and Delivery Committee for review prior to being presented to the Board.</p> <p>university hospital board status which the MD was happy to pick up that point, and take another look,</p> <p>The MD stated that what he was seeking agreement from the Board on a more robust direction of travel, to compliment the development of the academic health science network as part of UHW 2 business case, the innovation aspirations, and the SMART objectives associated with the actual R&D delivery.</p> <p>The Board resolved that:</p> <p>(a) The contents of the rewritten strategy and the direction of travel of the Health Boards Research and Development Services be approved.</p>	
<p>UHB 21/03/014</p>	<p>Hybrid/Trauma Theatre Outline Business Case</p> <p>The Board received the Outline Business Casde (OBC) for constructing a hybrid theatre and major trauma theatre at UHW and the EDSP reminded the Board that they had developed the major trauma business case as part of the major trauma network. One of the standards related to access to theatre and the need to provide a trauma theatre was included in the programme.</p> <p>The Board noted there was a requirement to develop a hybrid theatre, which was part of the proposals currently being engaged upon around the centralisation of vascular surgery at UHW.</p> <p>The EDSP highlighted that:</p> <ul style="list-style-type: none"> • a strategic outline case for developing a significant extension at the back of UHW in academic Avenue, had not been supported by Welsh Government, on the basis that they were discussing proposals for the redevelopment of UHW, • the current configuration of the theatres restricts them because of the their head sight, ceiling height, and overall size. The hybrid theatre required quite extensive kit that needed to be attached through to the ceiling, so the plan was to build a small extension out on stilts connecting into the existing theatres, • it was slightly higher in costs with £10 million of the £33 million relating to kit with the other costs related to building work, • the completion date was estimated to be 2023, but it was hoped to bring this timeline down through exploring whether enabling 	

	<p>work can be accelerated. It was noted that work had begun on the Full Business Case (FBC) for Welsh Government.</p> <p>The MD commented that was not an essential component to start the vascular reconfiguration, however it was an essential component of it in the medium and longer term.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The contents of the outline business case be noted, (b) The outline business case (OBC) for submission to Welsh Government for approval to proceed to develop into the full business case (FBC) be approved. 	
<p>UHB 21/03/015</p>	<p>Genomics Full Business Case</p> <p>The Genomics full business case (FBC) was received and the EDSP requested an amendment to the recommendation as follows:</p> <ul style="list-style-type: none"> • Amend the recommendation to note the full business case, and to consider Chairs action to approve the FBC for submission to Welsh Government <p>The EDSP advised that the reason for the amendment was that the Board had previously received the Outline Business Case, and that a gateway review had been undertaken and the report identified some minor amendments to be made to be reflected in Full Business Case.</p> <p>The Board noted that Welsh Government were content to progress the business case, despite the pre-election period.</p> <p>The EDSP commented that this development would enable them to bring together a number of the genomic services that work together in partnership between Cardiff University, Public Health Wales (PHW) and C&VUHB.</p> <p>The EDSP advised that the current facilities were in different places and the facilities were inadequate for what they needed going forward.</p> <p>The Independent Member – Finance (IM-F) sought clarification on page five of the report, the revenue implications and the statement that Welsh Government would be funding on the basis they agreed the Full Business Case, and queried if there were any implications on going to UHB finances when looking at the 15 year lease and the additional costs of £1.434 million per annum.</p> <p>The EDSP responded that there was specific funding available that came out with the Wales Genetic Strategy to enable the Health Board to grow and develop the services. There were no additional costs that were not being funded through that route.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The business case contents be noted 	

	<p>(b) The Chair's Actions for final business case approval be approved by the Board prior to being sent to Welsh Government</p>	
<p>UHB 21/03/016</p>	<p>Board Annual Plan of Business</p> <p>The Board Annual Plan was received and the DCG advised that the annual plan was brought to the Board each year and gave assurance that the Plan included key Board business requirements in accordance with the matters reserved for the Board as set out within the Standing Orders.</p> <p>The DCG advised as a note of caution that there was a need to ensure the plan was flexible, to enable additional items to be added on to the agenda if required.</p> <p>The DCG reminded the Board that previous discussions indicated that the Board wished to have a strategic focus with more strategic discussions. These would be built in but throughout the year.</p> <p>The Board resolved that:</p> <p>(a) The Board Work Plan for 2021/22, be approved noting that it would continue to be populated with timescales and the delivery of:</p> <ul style="list-style-type: none"> ○ Strategies, ○ Annual reports, and ○ Board Champion reports. 	
<p>UHB 21/03/017</p>	<p>Annual Reports for the Committees of the Board</p> <p>The Annual Reports for Board and Committees were received.</p> <p>The DCG stated that these were the annual reports from all of the Committees of the board and that the Standing orders outlined an annual requirements to provide the Board with an annual report on business discussions for each Committee.</p> <p>The Board noted that the reports had been through the Committees of the Board or signed off via Chairs Action in just a couple of cases and that was mainly around timings of Committees of the Board.</p> <p>The Board resolved that:</p> <p>(a) The annual reports from the Committees of the Board be approved.</p>	
<p>UHB 21/03/018</p>	<p>Terms of Reference and Work Plans for the Committees of the Board</p> <p>The Terms of Reference and Work Plan for all Committees of the Board were received.</p> <p>The DCG stated that this was one of the end of year requirements where the Board were required to confirm the Committee's they wished to</p>	

	<p>establish for the next 12 months, and to consider the supporting Terms of Reference for the Committee's and the work plans.</p> <p>The Board noted that there were some gaps in information including the Digital Health & Intelligence Committee and that this was because it had a new Chair starting and the outgoing CC for the Digital Health & Intelligence Committee was keen to make sure that the new Chair had input into the Terms of Reference and the work plan going forward.</p> <p>The DCG stated that she would work with the new DHIC Chair on that to develop it as soon as possible and bring it to the Board once reviewed by the Committee. The DCG added that there was an additional Committee, which was "Our Future Hospitals Committee" which would be overseeing the work of the Programme Board. The new Terms of Reference were presented for information.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The establishment of the Committees of the board 2021-22 as listed be approved. (b) The Terms of Reference for the Committees as listed be approved. (c) The attached work plans for the Committee's as listed be approved. 	NF
<p>UHB 21/03/019</p>	<p>Board Committee Minutes</p> <p>The Committee / Governance Group Minutes were received as follows:</p> <ul style="list-style-type: none"> i. COVID-19 Board Governance Group Minutes – 14th January 2021 & 16th December 2020 ii. Audit & Assurance Committee – 17th November 2020 iii. Finance Committee – 6th & 27th January 2021 iv. Quality Safety & Experience – 15th December 2020 v. Strategy and Delivery Committee – 12th January 2021 vi. Mental Health Committee – 20th October 2020 vii. Stakeholder Reference Group – 24th November 2020 viii. Digital & Health Intelligence Committee – 10th October 2020 ix. Board Of Trustee – 17th November 2020 x. Local Partnership Forum – 9th & 16th December 2020 xi. WHSSC Joint Committee Briefing – 9th March 2021 <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The minutes outlined within the meeting be ratified. 	
<p>UHB 21/03/020</p>	<p>Smoke Free Regulations</p> <p>The CC confirmed this was discussed in depth as part of the CEO's report</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The contents of the report be noted. 	

<p>UHB 21/03/021</p>	<p>Corporate Risk Register</p> <p>The Corporate Risk register was received and the DCG commented that it had a couple of actions around improving the presentation on this which has come out as part of the Internal Audit around making sure that they highlight the higher risks and group them in that way, rather than grouping them by clinical boards.</p> <p>The Board resolved that: (a) The Corporate Risk register report be noted</p>	
<p>UHB 21/03/022</p>	<p>Chairs Report</p> <p>The following Chair's reports were received:</p> <ul style="list-style-type: none"> i. Finance Committee – 27th January 2021 & 24th February ii. Audit & Assurance Committee – 9th February 2021 iii. Quality Safety & Experience – 16th February 2021 iv. Strategy and Delivery Committee – 9th March 2021 Verbal IM-L commented that earlier in the Board meeting they already touched on the performance reports and had the presentation on mental health. He said there were issues arising, but it was a very full discussion which was, was helpful and good but have already covered that off. v. Mental Health Committee – 19th January 2021 vi. Digital & Health Intelligence Committee – 11th February 2021 vii. Stakeholder Reference Group – 26th January 2021 viii. Local Partnership Forum – 12th February 2021 <p>The Board resolved that: (a) The Committee Chair reports outlined within the meeting be noted.</p>	
<p>UHB 21/03/023</p>	<p>Agenda for Private Board Meeting</p> <ul style="list-style-type: none"> I. CEO Update II. Private Committee Minute III. Annual Plan Development <p>The EDSP commented that she wanted to reflect on the comment made by the DOF in the Finance Report in that they haven't concluded all of the discussions regarding the Annual Plan for next year.</p> <p>The EDSP stated that in the last Board Development she had reminded members that the process and progress had been made in terms of content but there was still quite a bit of uncertainty going into next year. The Health Board had received some financial allocations and that the UK Government had just published the Recovery Plan. There was recognition by Welsh Government colleagues that at this stage the plans were not final.</p> <p>The EDSP said that the Health Board would be sharing with Welsh Government draft plans, and would bring back to the board the final plans.</p>	<p>AH</p>

	<p>The Board resolved that: (a) The agenda for the Private Board was noted.</p>	
<p>UHB 21/03/024</p>	<p>Any Other Business No additional items of business were raised.</p>	
<p>UHB 21/03/025</p>	<p>Review of the Meeting The UHB Chair was happy with the way the meeting was conducted and those in attendance agreed</p>	
<p>UHB 21/03/026</p>	<p>Date and Time of Next Meeting The next meeting of the Board would be held on Thursday, 29th April 2021 via MS Teams.</p>	