

Confirmed Minutes of the Board Meeting
Held on Thursday, 26th November 2020 at 13:00pm – 16:30pm
Via MS Teams Live Event

Present:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer
Chris Lewis	CR	Interim Director of Finance
Steve Curry	SC	Chief Operating Officer
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 Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
Stuart Walker	SW	Executive Medical Director
Ruth Walker	RW	Executive Nurse Director
Nicola Foreman	NF	Director of Corporate Governance
Dawn Ward	DW	Independent Member – Trade Union
Rhian Thomas	RT	Independent Member – Capital and Estates
In Attendance:		
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Victoria Legrys	VL	Programme Director SOFCS
Navroz Masani	NM	Associate Medical Director For Clinical Strategy
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Observers:		
Bryn Harris	BH	IT Project Manager, IM&T
Apologies:		
Allan Wardhaugh	AW	Chief Clinical Information Officer
John Union	JU	Independent Member - Finance
Martin Driscoll	MD	Deputy Chief Executive Officer / Executive Director of Workforce and Organisational Development
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council

<p>UHB 20/11/001</p>	<p>Patient Story</p> <p>The patient story was told by Lee, a cancer patient in C&V and demonstrated his rehabilitation programme and in particular Physiotherapy support.</p> <p>The Chair commented that this was a fabulous story and showed how the Health Board was still able to deliver Cancer services during the pandemic and to support patients and rehabilitate them to a degree where they could resume normal life.</p> <p>The Executive Nurse Director (END) commented that the story continued the rehabilitation theme discussed at previous Board meetings and highlighted the importance of that not only for Covid but also other patients. She highlighted that at one point Lee was unable to speak and stated how grateful she was to him for providing a verbal story for the Board having gone through so much.</p> <p>The Executive Director Therapies and Health Sciences (EDTHS) commented that she would seek out the Physiotherapist mentioned in the video to thank them. She also referred to the start of the Prehabilitation service to get patients as optimised as possible for surgery and make a good recovery afterwards.</p>	
<p>UHB 20/11/002</p>	<p>Welcome & Introductions</p> <p>The Chair proceeded with the remainder of the meeting as per the scheduled agenda and formally welcomed all to the meeting.</p>	
<p>UHB 20/11/003</p>	<p>Apologies for Absence</p> <p>Apologies for absence were noted.</p>	
<p>UHB 20/11/004</p>	<p>Declarations of Interest</p> <p>The Chair invited Board Members to declare any interests in relation to items on the agenda.</p> <ul style="list-style-type: none"> • The EDTHS declared that she was the interim EDTHS at Cwm Taf Morgannwg UHB. • The Independent Member - ICT (IM-ICT) declared an interest in the Genomics paper due to her commitments with the University. 	
<p>UHB 20/11/005</p>	<p>Minutes of the Board Meeting held on 24th September 2020</p> <p>The Board reviewed the Minutes of the meeting held on 24th September 2020.</p> <p>The Board resolved that:</p> <p>(a) The minutes of the meeting held on 24th September 2020 be approved as a true and accurate record.</p>	
<p>UHB 20/11/006</p>	<p>Board Action Log following the Meeting held on 24th September 2020</p>	

	<p>The Director of Corporate Governance (DCG) reviewed the action log from the Meeting held on the 24th September 2020.</p> <p>The Board Resolved that:</p> <p>(a) the Action Log and updates be received and noted.</p>	
<p>UHB 20/11/007</p>	<p>Chair's Report & Chair's Action taken since last meeting</p> <p>The Chair's Report now included themes to highlight things happening within the Health Board in areas that were not normally discussed in great detail at the Board meetings. This month's theme was in relation to Primary Care and Mental Health in Primary Care where very inspirational work was taking place.</p> <p>The Chair also referred to the UHB's new intervention status with Welsh Government and reported that the UHB had maintained its status with routine arrangements.</p> <p>The Board resolved that:</p> <p>(a) The Chair's report be noted</p> <p>(b) The Chair's Actions and the signing of legal documents undertaken by the Board Governance Group be approved.</p>	
<p>UHB 20/11/008</p>	<p>Chief Executive Report</p> <p>The CEO highlighted the following:</p> <ul style="list-style-type: none"> • The appointment of a new Executive Director of Finance who would join the Health Board by the end of March; • The appointment of the Executive Director of Workforce and Organisational Development (EDWOD) to Welsh Water and the appointments process for his replacement; • The winning of another award by the procurement team for their impact and support to C&V and the NHS in Wales during the Covid Period. <p>The Board resolved that:</p> <p>(a) The CEO Report be noted.</p>	
<p>UHB 20/11/009</p>	<p>Corona Virus Update Report</p> <p>The CEO advised that the report was produced several weeks prior.</p> <p>The Board were advised that the CEO and Chair attended a weekly leadership meeting where an Incident Management Team report provided a Public Health summary and pressures within the system were highlighted.</p> <p>As a result of lockdown, the rate of infection within C&V had significantly decreased to 150 cases per 100,000 population, there was a point when this was 350 cases per 100,00.</p> <p>The CEO added that from the organisation's perspective, demand was driven by the rate of infection on the over 60s population which had been quite stable since the lockdown. This should continue but as the</p>	

	<p>rate increased in the general population we would see a lag time and the over 60s rate of infection increase.</p> <p>The CEO referred to pressures within the organisation and that there were 100 confirmed cases and the number of patients within the critical care department had ranged from 6-10 saying that it was quite a stable position. He added that there were quite significant pressures in regards to Covid, Winter plans, and maintaining/increase of scheduled work around specialist, children, cardiac and other specialist services as a way to resolve the significant waiting times.</p> <p>The CEO advised that there were key differences in the management of the second wave as the UHB was now managing the whole agenda of scheduled/unscheduled care/winter demands, as well as Covid demands, as opposed to the first wave where certain services were reduced to give capacity to focus on Covid.</p> <p>The CEO confirmed that this report would be brought to all Board meetings.</p> <p>The Board resolved that: (a) The Corona Virus Update Report be noted.</p>	
<p>UHB 20/11/010</p>	<p>Board Assurance Framework (BAF)</p> <p>The DCG stated that as at the last Board meeting there were 10 risks on the BAF.</p> <p>The risks in relation to Brexit had been reviewed separately by the Strategy and Delivery Committee to provide further assurance to the Board on this issue.</p> <p>The DCG highlighted that this month the risks within the BAF had been aligned to the UHB's strategic objectives to show the main risks impacting on those objectives.</p> <p>The risk in relation to Finance had reduced from 20 to 15 and was reflected in the main risk within the BAF.</p> <p>The CEO praised how the report clarified the significant strategic risks. He queried the workforce score which was now at 10 and whether it should be reconsidered.</p> <p>The Board resolved that: a) The 9 risks to the delivery of Strategic Objectives detailed on the attached BAF were approved. b) The progress made in relation to the roll out and delivery of effective risk management systems and processes at the UHB be noted.</p>	<p>NF</p>
<p>UHB 20/11/011</p>	<p>Patient Safety, Quality & Experience Report</p> <p>The Executive Nurse Director (END) sought to highlight some areas of the report and provide a further update in relation to others which were live events.</p>	

The Board was advised of the following:

- There were under 18s still in Hafn Y Coed but the END was pleased that the working arrangements with WHSSC, Local Authorities and other Health Boards were growing so this was now also being seen as an urgent agenda item for them;
- In relation to hospital acquired Covid; patients entered the hospital environment often symptomatic but their tests would come out negative and later become positive; this resulted in further problems when they were in a variety of areas. The END provided the example of 9 patients in a 9 bedded bay and one of the patients becoming positive, although the infected patient would be removed, the remaining 8 patients would remain contacts and therefore could not be moved around the system until discharge.
- Of the 13 wards, 9 had an outbreak (more than 2 patients) and 4 incidents (less than one patient).
- Outbreak and incidents position was affecting 38 inpatients with an accumulation of 89 patients affected in total.
- Accumulatively 57 staff were isolating or coming to the end of an isolation period leading to 63 beds being closed.
- 11 patients with hospital acquired Covid had passed away, all these deaths were being reviewed.

The END wanted the Board to be clear, and the public to understand, the UHB journey with in regards to Covid:

- Patient experience remained fairly good but not as high as normal; this was to be expected as the UHB stretched its staff as well as factoring in the impact of patients not being to have relatives visit.
- Response to concerns remains at 84%.
- Negotiation with relatives and patients around visiting continued whether it be virtual or actual.

The Executive Medical Director (EMD) highlighted that the team was working on the initial outputs of the workshop. Two new groups had been set up as part of the Quality and Safety structure:

- Clinical Effectiveness Committee which had a remit associated with Clinical Audit, National Clinical Audit, NICE Guidance, and Peer Reviews. These components would be led by Dr Raj Krishnan with the first meeting in December.
- Learning from Deaths Group which would integrate with the Medical Examiner system which was being piloted in Wales but not yet in Cardiff.

The IM-ICT commented in relation to adolescence within Hafn Y Coed, that she was encouraged to hear about the work with WHSSC and Local Authority colleagues.

The IM-LA commended the work of the END and EMD in relation to their leadership, the special QSE Committee meeting held in October

	<p>was a joy to attend and provided evidence of the levels of assurance needed.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The content of this report be noted b) The areas of current concern be noted and agreed that the current actions being taken were sufficient. 	
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<p>UHB 20/11/012</p>	<p>Performance Report</p> <p>The Chief Operating Officer (COO) highlighted that the unscheduled care position remained challenging in terms of demand, complexity and IP&C.</p> <p>In terms of planned care, essential services were maintained and the UHB was attempting to reinstate as many services as possible. At the last meeting up to 63% of Pre-Covid activity was reached and this had remained the same. The aim was for 75-80% of Pre-Covid activity for planned care this year.</p> <p>Plans for Q3/4 had been submitted to Welsh Government and the UHB was working to these currently.</p> <p>Next year was best considered in 3 stages accounting for there being a number of uncertainties.</p> <p>Stage 1 Intention to grow activity and recover to 100%. There were efficiency problems due to operating in Covid but the hope was to benefit from the vaccine roll out. The first task was to avoid disruption, second to recover as much activity as possible and third to improve the efficiency.</p> <p>Stage 2 Given the scale of the task and backlog faced, as much capacity as possible would need to be secured and opportunities to expand this would be sought whilst having discussions with Welsh Government as to how this would be possible. Collaboration with the independent sector on a longer term basis was hoped for.</p> <p>Stage 3 Discussions in the region and with Welsh Government were taking place about regional opportunities and collaborations across other Health Boards to access further activity.</p> <p>The COO highlighted the deterioration of part 1A Mental Health Measure which was driven by two issues; the expected increase in Mental Health referrals following the first wave of the pandemic and the system design changes to cope with the first wave for example putting in a single point of referral for PMHSS and counselling.</p> <p>Although the 28 day target had not been met at this stage, the vast majority of patients were being assessed within 30 days. He added that the redesign previously mentioned was fully supported by Welsh</p>	
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	<p>Government and the UHB was working closely with them in relation to future service design and change.</p> <p>The Board was advised that there had been a deterioration in the cancer 62 day performance. This should be viewed in conjunction with the backlog of Cancer treatments. There was a significant drop in cancer referrals and treatments during the first wave. Referrals were now back to pre-Covid levels and Cancer treatments were also back to pre-Covid levels and had exceeded in the last month.</p> <p>Finance</p> <p>The Interim Executive Director of Finance (IEDF) stated that there was major movement and significant improvement in the financial position of the UHB.</p> <p>At the September meeting, the year to date position at month 5 showed a deficit of £28 Million and a full year forecast deficit of £98 Million. As noted in the previous meeting, the revenue position, capital position, and underlying deficit were all dependent upon funding decisions by Welsh Government and the IEDF was pleased to report that as part of the Q3/4 plans submitted to Welsh Government, the available resources were now clearly set out.</p> <p>At month 7, the UHB was now reporting underspend of £362k, assuming sufficient income to cover net Covid costs of £88.478B for the first 7 months and a small operational surplus of £362k. A break even operational position was assumed.</p> <p>All NHS organisations following receipt of funding were now expected to deliver as per their original plans and the plan for the UHB was to deliver break even position before the year end which it was now on track to do so.</p> <p>With regards to underlying deficit, all money received by the UHB for Covid was non recurrent, in the order of £25M, an eye would be kept on this position for the rest of the year and to monitor what the budget settlement would be from Welsh Government on 21st December.</p> <p>In regards to the risks reported previously, Welsh Government had now confirmed funding of spend to maintain essential services which the UHB was at risk of for £2.5M. This would be based upon receipts/invoices received by the Health Board.</p> <p>The CEO acknowledged the positive financial relationship with Welsh Government around Covid.</p> <p>The Board resolved that:</p> <p>(a) The current position against specific performance indicators for 2020-21 be noted.</p>	
<p>UHB 20/11/013</p>	<p>Intensive Learning Academy</p>	

	<p>The Director of Transformation (DT) introduced the Intensive Learning Academy as a Welsh Government investment in capacity and capability which was built on a healthier Wales. It had been a competitive process and all bids from across Wales needed a University as a lead bidder.</p> <p>The focus within C&V was to support the bid in regards to spread and scale of innovation alongside national and international partners. The proposal would develop and deliver world class learning to equip leaders with the confidence and skills to embed innovation within our Health Care and wellbeing system.</p> <p>C&V were bringing together and leading the frontline collaboration with other Health boards clustering around it.</p> <p>There was a significant amount of money available, approximately £2.5m over 3 years.</p> <p>The Board commended the work that had gone into the bid.</p> <p>The Board resolved that:</p> <p>(a) The information in the presentation be noted.</p>	
<p>UHB 20/11/014</p>	<p>Nurse Staffing Act – Mental Health Nurse Staffing Levels</p> <p>The END introduced the item, stating that this was regularly received by the Board in line with requirements of the Nurse Staffing Act.</p> <p>Section 25B of the Act required recalculation of nurse staffing levels in medical and surgical wards; this had been extremely challenging due to guidance from the CNO changing the definition of Covid wards and then a further CNO letter in May asking that these wards be revisited.</p> <p>Section 25A provides for the overarching duty to provide staffing levels for sensitive care and patient need. The END reminded the Board that every year a sign off process was undertaken across the whole of the Health Board for all clinical environments, with the END providing final approval. She stated that almost all of these were complete with a few areas needing to be revisited i.e. Mental Health. The concluded process will come to a future Board meeting.</p> <p>The END updated the Board on the Minister’s announcement to extend the Act into paediatrics, this was progressing well.</p> <p>The END requested sign off on 25B&C today. The Chair requested an update be provided to January Board.</p> <p>The Board resolved that:</p> <p>a) The nursing establishments in compliance with requirements of the Nurse Staffing Levels Act be approved.</p>	<p>RW</p>

<p>UHB 20/11/015</p>	<p>Recognising and Responding to the Climate Emergency – Action Plan</p> <p>The EDSP advised that this was a further update on what was presented at a previous Board development session and commented that a very enthusiastic working group had looked into how we could take our responsibility in relation to climate emergency and carbon neutrality seriously.</p> <p>As an NHS organisation, we were a big consumer and had a large carbon footprint. In January, the Board supported the declaration of climate emergency and committed to developing our sustainability action plan.</p> <p>The ESDP highlighted that learning had been taken from the centre of sustainable health care in terms of the framework used and there was clear alignment to our strategies. Pages 11, 12 and 14 were highlighted which set out what the Health Board was committing to.</p> <p>Challenging targets had been set but these were achievable. The UHB Head of Procurement was leading on climate and sustainability in procurement for NWSSP and clinicians were responsive on how they could deliver clinical practice in a different way and reduce the carbon footprint.</p> <p>The EDSP mentioned the development of a charter and that sign up to this would be positive together with working in partnership with both local authorities and public board partners in terms of delivery of the targets set and the two PSB charters.</p> <p>The importance of working with partners and engaging patients/service users in this agenda was acknowledged.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) The Sustainability Action Plan be approved, agreed to engage with our staff on it and noted that further targets would be set by Welsh Government and NHS Wales in early 2021 in order to have a glide-path towards net zero by 2030. (b) Our commitment to improving our impact on the environment was supported. 	
<p>UHB 20/11/016</p>	<p>Clinical Services Plan</p> <p>The EDSP informed the Board that at the end of last year, internal engagement and conversations took place with stakeholders regarding the shaping of the Clinical Services Plan going forward to provide services that were fit for the future and met the changing need of the population to gain a clear line of sight of the infrastructure and assets required to deliver.</p> <p>The overarching and latest version of the plan was provided which had been further developed to take stock and reflect on learning from Covid. The EDSP highlighted that the document was not the public facing document but a technical version.</p>	

The Associate Medical Director For Clinical Strategy (AMD-CS) led the presentation and spoke about the development stage of both a communications and engagement document with the staff and the public and set the context around SOFW.

The Clinical Services Plan would develop into how, where and who would deliver these services for patients; not all elements of disease prevention, population health, social wellbeing were included in its remit.

Phase 1 would be an 8 week burst to build the programme foundation. This was moving at pace and included a lot of the ground work that would help inform the program business case to Welsh Government for UHW 2, timeline for submission being February 2021.

Phase 2 would run for 12 months and be shaped by what was achieved in the first 8 weeks. Prototypes of redesigned pathways had been piloted and developed and this would continue throughout 2021 until there was an overall blueprint

Phase 3 would see the start of new models of care being implemented which would involve a number of high level business cases for various developments.

Phase 1 was being supported by a team comprised of individuals from within the organisation, Q5 and other stakeholders. The key outputs of Phase 1 would be the development of a detailed Program Initiation Document, methodology and workshop to engage with clinical and non-clinical teams and public engagement.

The three work streams were described as; shaping our future communities, shaping our future clinical services and public health / social care.

The following services would be developed:

- Emergency clinical pathways, ensuring out of hospital and in hospital acute and emergency pathways that were fit for purpose
- Planned care pathways for GPs to specialist referrals and treatments
- Surgical centre of excellence
- Regional and national pathways i.e. major trauma, neuro surgery etc.

It was confirmed that the plan would bring other projects such as E-advice, diagnostic hubs, Attend Anywhere and CAV Convention into alignment.

The planned engagement timetable was for high level engagement in January 2021 for an initial 6 week period. A range of materials, from simple slide decks to more complex documents had been developed to spell out the case for change, outline what the changes would mean in

	<p>terms of staff / infrastructure / services / and the public and to gain initial high level feedback to inform phase 2.</p> <p>The EDSP summarised that this was a significant programme of change and that some specific elements would require further consultation, some things would be an evolution and require a continuous engagement methodology and the UHB would be working with the CHC on how best to achieve this.</p> <p>The EDSP wanted to highlight to the Board that there was a preferred provider to work on the programme business case for UHW 2 which was going through the final stages of procurement.</p> <p>The Board Resolved that:</p> <ul style="list-style-type: none"> (a) The contents of the 'Shaping our Clinical Services document' was noted. (b) The proposed engagement plan was noted, discussed and feedback provided. 	
<p>UHB 20/11/017</p>	<p>Genomics OBC and FBC process</p> <p>The EDSP presented the outline business case for approval to Welsh Government to obtain agreement and financial support to move to a full business case.</p> <p>The Board were reminded of the All Wales genomics partnerships hosted by the Health Board which provided good opportunity for state of the art facilities to enable the service to grow and develop.</p> <p>A range of options had been considered and the preferred option was partial refurbishment of the existing laboratories which were previously funded by Welsh Government.</p> <p>The CEO commented that Welsh Government produced a Genomics strategy 3 years ago which brought together collaboration on the Genomics partnership and placed four services together on the one site.</p> <p>It was clarified that the governance would sit under our Health Board but through a partnership board and there was a dedicated role that would oversee the partnership.</p> <p>The Board Resolved that:</p> <ul style="list-style-type: none"> (a) The submission of Development of Genomics Partnership Wales Outline Business Case to Welsh Government for capital funding to proceed to develop the FBC be approved. 	
<p>UHB 20/11/018</p>	<p>COVID-19 Costed Vaccination Plan</p> <p>The Executive Director of Public Health (EDPH) confirmed that the UHB was now in the final stages of preparation for the detailed operational plans and highlighted that there had been significant developments since the paper had been submitted.</p>	

The EDPH reminded the Board of the UHB's responsibility for health and protection of the population alongside local government and other partners. The paper outlined the proposal for delivery of the mass Covid vaccinations programme.

There was a governance infrastructure around this that included a programme board, chaired by the EDPH, and attended by leads of each of the component parts from the Health Board. There was also a wider stakeholder group.

The EDPH highlighted the six work streams:

1. End to end journey - Pathway
2. Workforce training
3. Venues and logistics
4. Vaccine considerations
5. Digital arena
6. Communications arena

In terms of vaccine delivery, there would be mass vaccination sites in Homeview leisure centre in Barry, Pentwyn Leisure Centre and C&V Therapy Centre in Splott. There could also be mini sites to provide for certain staff as well as an outreach team to provide to care home staff and other vulnerable groups who may be unable to get to sites. There would also be a booking centre to reduce DNAs and avoid vaccine wastage, this would be based in Splott but aimed to have 50% of staff working remotely.

The plan was to deliver over a 9-12 month period which could overlap with the flu campaign. There will be around 265k people eligible for the vaccination according to first prioritised groups. There was a joint committee on vaccination and immunisation that decided which groups would benefit most from the vaccine.

The plan depended on availability of the vaccine and its characteristics i.e. ability to transport it. Some of the finer details i.e. ability to vaccinate in category 1 were still being worked on.

Delivery would be a significant undertaking and require substantial resources; cost was still being worked through but would ensure value for money.

A national digital solution delivered by NWIS via the Welsh Immunisation System should be ready for use by the end of November.

The Pfizer vaccine was currently going through the regulatory process and awaiting approval.

The CEO-CHC raised concern regarding the location of the vaccination centres and whether they were ideal transportation locations. The EDPH responded that there were challenges as there was a wide geography to cover and that multiple factors were considered including transport. She added that there had been close working with local authority colleagues and review of public transport links for the centres.

	<p>The IM-Community asked whether there was priority for members of BAME communities. The EDPH reiterated that prioritisation was decided by the IMT groups but as BAME sometimes do have higher levels it was likely they would be considered within the categories although not explicitly stated.</p> <p>The Board Resolved that:</p> <p>a) The contents of the report be noted.</p>	
<p>UHB 20/11/019</p>	<p>Stakeholder Reference Group (SRG) - Nomination of Chair and New Members</p> <p>The EDSP advised that that the SRG was an important advisory mechanism and one of the statutory groups that advises the Board. The EDSP informed the Board there was a gap in the role of Chair for this group and that Sam Austin had put herself forward for the role, this was supported by the members of the SRG and the EDSP was recommending her for the role. On receipt of Board approval, ministerial approval would be sought. The paper also included the addition of two new members.</p> <p>The Board Resolved that:</p> <p>a) The appointment of Sam Austin as Chair of the SRG and seeking of the necessary formal approval from Welsh Government be approved.</p> <p>b) The nomination of Cllr Charles and Siva Sivapalan to the SRG be approved.</p> <p>c) The interim steps taken to provide a carer perspective to the SRG be noted.</p>	
<p>UHB 20/11/020</p>	<p>Corporate Meeting Schedule 2021-22</p> <p>The DCG stated that this was for approval and wanted to highlight to members that going forward we should do our utmost to adhere to the dates set, particularly for agenda setting, using Vice Chairs and Deputies wherever possible rather than rearrange dates.</p> <p>The UHB Chair stressed that the use of Deputies for Executives should only be on an exceptional basis.</p> <p>The Board Resolved that:</p> <p>a) The attached Corporate Meeting Schedule for 2021-22 be noted and approved.</p>	
<p>UHB 20/11/021</p>	<p>Radiotherapy Satellite Centre Outline Business Case</p> <p>The EDSP advised that this was developed in partnership with Velindre and ABUHB for the establishment of the Radiopharmacy Satellite Centre in Nevil Hall Hospital. The Board were reminded that they had approved the overarching strategic outline case around the Velindre Cancer Centre which included consideration of providing Radiopharmacy provision for the whole of the population.</p> <p>The EDSP confirmed that this came to the UHB Board to approve as it had cost implications to the Health Board.</p>	

	<p>She confirmed that it would create capacity as it took some of the ABUHB and Cwm Taff activity out of the Cardiff based Velindre Cancer Centre and would deliver that in Nevil Hall, this would benefit the C&V population as it allowed for more capacity for our local population. The EDSP stated that the costs were based on actual use of Velindre Cancer Centre so if demand did come through as projected the Health Board would not have to incur the costs indicated however there were costs associated in running two sites and as a partner in transforming cancer services and a partner in getting benefit for the local population by having more capacity spare, the Health Board was asked to cover and contribute to overhead costs for the 2 centres.</p> <p>The EDSP highlighted that there was still further work required around demand modelling and the clinicians had queries in that area.</p> <p>The CEO-CHC declared an interest being involved via the CHC.</p> <p>It was confirmed that engagement had already taken place in terms of the model and location of the satellite unit a few years ago. The CEO-CHC confirmed that there was a detailed process whereby the two Health Boards presented their proposals which went through a robust process.</p> <p>The Board Resolved that:</p> <ul style="list-style-type: none"> a) The OBC be approved in principle to proceed to Welsh Government for the consideration of investment in radiotherapy infrastructure. b) Agreed in principle to support the revenue costs associated with increased demand for radiotherapy for Cardiff and Vale residents, subject to: <ul style="list-style-type: none"> Further engagement to understand the underlying principles and assumptions for the radiotherapy demand modelling An agreement to the timescales to review actual demand and re-assess respective commissioner investments in fixed cost capacity An agreement of the mechanism by which the review would be conducted c) Agreed to support 'lead in' implementation costs as they were incurred for recruitment and other necessary advance service commissioning costs. 	
<p>UHB 20/11/022</p>	<p>Outline Business Case Radiopharmacy</p> <p>The EDSP advised that like genomics services, radiopharmacy were currently housed in places not fit for purpose. This was a regulated service and recent inspections had highlighted significant shortcomings in the estate.</p> <p>The unit being proposed in the business case would also support Velindre Cancer Trust as an agreement was reached that C&V would provide on behalf of both organisations.</p>	

	<p>The EDSP had worked with clinicians on what the best model should be as initially there was a strong view it should be co-located at UHW (current location).</p> <p>The submission to Welsh Government would seek capital funding for £12m, to be located at the backend of Woodland House.</p> <p>The Board Resolved that:</p> <p>a) The submission of Development of Radiopharmacy Services at University Hospital of Wales – Outline Business Case to Welsh Government for capital funding to proceed to develop the FBC be approved.</p>	
<p>UHB 20/11/023</p>	<p>Proposed Changes to Governance Arrangements</p> <p>The DCG highlighted that this report had been to the Audit Committee who were happy with the recommendations. She added that this had come on the back of a number of reviews around governance and financial governance.</p> <ul style="list-style-type: none"> • Due Diligence Review of The Principality Stadium • Audit Wales Review – Structured Assessment • Internal Audit Review on Governance <p>She added that the outputs of these reviews had been pulled together in these revised governance arrangements.</p> <p>The Board Resolved that:</p> <p>a) The proposed amendments to governance arrangements (Appendix 1) be approved.</p> <p>b) The changes to the Board Governance Group Terms of Reference (Appendix 2) which extends the Membership to include all Independent Members be approved;</p> <p>c) The Covid 19 Report Template (Appendix 3) covering the key areas of Quality and Safety, Workforce, Governance, Operational Framework, Governance and Public Health be approved;</p> <p>d) The first 90 minutes of future Board Development sessions be held in public demonstrating that the Board is meeting in public every month;</p> <p>e) The revised Governance Structure ensuring appropriate reporting to the Committees of the Board during the second wave (Appendix 4) be approved.</p>	

<p>UHB 20/11/024</p>	<p>Committee Minutes</p> <p>Committee Minutes:</p> <ol style="list-style-type: none"> i. Audit and Assurance – 8th September 2020 ii. Finance Committee – 26th August & 23rd September iii. Strategy and Delivery Committee – 15th September 2020 iv. Mental Health Committee – 21st July 2020 v. Digital & Health Intelligence Committee – 9th July 2020 vi. Stakeholder Reference Group – 22nd July and 23rd September 2020 	
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	<p>vii. Local Partnership Forum – 3rd August 2020</p> <p>viii. WHSSC Joint Committee – 8th September and 13th October 2020</p> <p>The Board resolved that:</p> <p>(a) The minutes outlined above be ratified.</p>	
<p>UHB 20/11/025</p>	<p>Reports from Committee Chairs:</p> <p>i. Audit and Assurance Committee – 17th November 2020 Verbal</p> <p>ii. Finance Committee – 23rd September, 28th October and 25th November 2020 (Verbal) – Chris comment 247</p> <p>iii. Quality Safety & Experience – 13th October 2020</p> <p>iv. Strategy and Delivery Committee – 10th November 2020</p> <p>v. Health & Safety Committee – 24th November 2020(Verbal)</p> <p>vi. Mental Health Committee – 20th October 2020</p> <p>vii. Digital & Health Intelligence Committee – 8th October 2020</p> <p>viii. Stakeholder Reference Group – 23rd September 2020</p> <p>ix. Local Partnership Forum – 22nd October 2020</p> <p>The Board resolved that:</p> <p>a) The Committee Chairs’ reports outlined above be noted.</p>	
<p>UHB 20/11/026</p>	<p>Valuing the Health Board’s Relationship with the Third Sector in Cardiff and the Vale of Glamorgan</p> <p>The EDSP commented that this was an important piece of work in terms of partnership working and highlighted the huge value gained working with the 3rd sector across the Health Board.</p> <p>The Board resolved that</p> <p>a) The updated Memorandum of Understanding between Cardiff and Vale University Health Board and the Third Sector in Cardiff and the Vale of Glamorgan be noted.</p> <p>b) The 18 months in review publication be noted.</p>	
<p>UHB 20/11/027</p>	<p>Quarter 3 & 4 Plan</p> <p>The Board resolved that:</p> <p>a) The Quarter 3-4 plan be formally endorsed.</p>	
<p>UHB 20/11/028</p>	<p>Winter Plan</p> <p>The Board resolved that:</p> <p>a) The content of the RPB Winter Plan be noted and the potential financial and service risks acknowledged.</p> <p>b) The rapid work undertaken by the RPB Partnership Team under the leadership of the Director of Integrating Health and Social Care (Cath Doman), with the RPB partners be acknowledged.</p>	
<p>UHB 20/11/029</p>	<p>Board Effectiveness 2019-20 Self-assessment</p> <p>The DCG stated that there were a number of actions that came out of the Board self-assessment which were within the action plan and followed on from the self-assessments of the Committee’s for the last financial year.</p>	

	<p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The results of the Self-assessment Effectiveness Review for 2019-20 be noted; b) The action plan for improvement to be progressed via Board Development sessions be noted. 	
<p>UHB 20/11/030</p>	<p>Agenda for Private Meeting</p> <ul style="list-style-type: none"> i. Corporate Risk Register ii. Private Committee Minutes iii. COVID-19 Board Governance Group Minutes 	
<p>UHB 20/11/031</p>	<p>Date, Time & Venue of Next Board Meeting:</p> <p>Date and time of next meeting: Thursday, 17 December 2020 at 9.30pm Via MS Teams</p>	