

**Confirmed Minutes of the Board Meeting**  
**Held on Thursday, 27<sup>th</sup> May 2021 at 11:00am – 12:30pm**  
**Via MS Teams Live Event**

<b>Present:</b>		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
Len Richards	LR	Chief Executive Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Akmal Hanuk	AH	Independent Member - Community
Catherine Phillips	CP	Executive Director of Finance
David Edwards	DE	Independent Member - ICT
David Thomas	DT	Director of Digital & Health Intelligence
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Gary Baxter	GB	Independent Member - University
John Union	JU	Independent Member - Finance
Michael Imperato	MI	Independent Member - Legal
Mike Jones	MJ	Independent Member – Trade Union
Rhian Thomas	RT	Independent Member – Capital and Estates
Ruth Walker	RW	Executive Nurse Director
Sara Moseley	SM	Independent Member – Third Sector
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Deputy Chief Executive Officer / Executive Medical Director
Susan Elsmore	SE	Independent Member – Local Authority
<b>In Attendance:</b>		
Nicola Foreman	NF	Director of Corporate Governance
Julie Cassley	JC	Deputy Director of People & Culture
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council
Sam Austin	SA	Chair of Stakeholder Reference Group
Malcolm Latham	ML	South Glamorgan Community Health Council
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
<b>Observers:</b>		
Ian Virgil	IV	Head of Internal Audit
Jacqueline Evans	JE	Head of Corporate Governance
Joanne Brandon	JB	Director of Communications
Victoria Legrys	VL	Programme Lead, Shaping Our Future Clinical Services
<b>Secretariat</b>		
Raj Khan	RK	Corporate Governance Officer
<b>Apologies:</b>		
Allan Wardaugh	AW	Chief Clinical Information Officer
Rachel Gidman	RG	Executive Director of People & Culture

<p><b>UHB 21/05/001</b></p>	<p><b>Welcome &amp; Introductions</b></p> <p>The UHB Chair welcomed everyone to the Public Meeting in English and Welsh.</p> <p>The UHB Chair introduced the Chair of the Stakeholder Reference Group (CSRG) &amp; the Deputy Director of People and Culture (DDPC)</p> <p>The UHB Chair highlighted to the Board that the Chief Clinical Information Officer (CCIO) had to stepped down as a board member to deal with other work related matters within the UHB and Welsh Government, he also thanked the CCIO for his outstanding contributions that he had made during his time on the Board.</p> <p>The UHB Chair added that the Director of Digital &amp; Health Intelligence (DDHI) had been appointed as a Board level director.</p>	
<p><b>UHB 21/05/002</b></p>	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were noted.</p> <p><b>The Board resolved that:</b></p> <p>a) Apologies for absences were noted.</p>	
<p><b>UHB 21/05/003</b></p>	<p><b>Declarations of Interest</b></p> <p>The Executive Director of Therapies &amp; Health Sciences (EDTHS) declared an interest as a Board member of Cwm Taf Morgannwg UHB.</p>	
<p><b>UHB 21/05/004</b></p>	<p><b>Minutes of the Board Meeting held on 29<sup>th</sup> April 2021</b></p> <p>The UHB Chair reviewed the minutes with the Board with no further matters arising.</p> <p><b>The Board resolved that:</b></p> <p>a) The minutes of the meeting held on 29th April 2021 were approved as a true and accurate record</p>	
<p><b>UHB 21/05/005</b></p>	<p><b>Action Log – 29<sup>th</sup> April 2021</b></p> <p>The Director of Corporate Governance (DCG) reviewed the action log and presented the updates to the Board.</p> <p><b>The Board resolved that:</b></p> <p>a) The action log updates were received and noted.</p>	
<p><b>UHB 21/05/006</b></p>	<p><b>Patient Story</b></p> <p>The Executive Nurse Director (END) introduced the Patient Story which focussed on patients who had been with the Health Board during the COVID period, the first patient spoke about his difficulties and challenges whilst in hospital and the second patient spoke about the importance of how the little things matter i.e. oxygen, trips around a</p>	

	<p>lake, etc which highlighted the significance of these matters to patients in a new environment.</p> <p>The END informed the Board that the patient experience team would develop a library of patient stories for sharing at Committees of the Board so that they are in line with the Institute of Healthcare Improvement principles and to remind Board and Committee Members of the importance of patient experience.</p> <p><b>The Board resolved that:</b></p> <p>(a) The Patient Story was noted.</p>	
<p><b>UHB 21/05/007</b></p>	<p><b>Chair's Report &amp; Chair's Action taken since last meeting</b></p> <p>The UHB Chair advised that his report focussed on the importance of staff well being and emphasised the amazing work being undertaken across the Health Board to provide staff with access to support when needed.</p> <p>The UHB Chair added that the report also contained a number of items that would require the approval of the Board, including the use of the Health Boards official seal and Chair's actions taken during the period.</p> <p>The Executive Director of Strategic Planning (EDSP) highlighted that the lease of the CRI Chapel, noted in the report, had been completed. The lease, which had been agreed with Cardiff Council was highlighted as a remarkable transformation of a site that would not otherwise have been an area of clinical priority.</p> <p><b>The Board resolved that:</b></p> <p>a) The Chair's report was noted. b) The Chair's actions and use of the seal was approved.</p>	
<p><b>UHB 21/05/008</b></p>	<p><b>Chief Executive Report</b></p> <p>The CEO provided his congratulations to the EDPC on her appointment as the Executive Director of People &amp; Culture.</p> <p>The CEO informed the Board of the Green Health Wales launch and the Health Board's ISO accreditation. He stated that decarbonisation and the green agenda was significant for the organisation and health in general as they were large contributors to Carbon Dioxide and climate change.</p> <p>The CEO advised that the Launch would take place on the 29<sup>th</sup> June 2021 and encouraged people to join the event.</p> <p>The CEO informed the Board of his departure from his role at the Health Board in four months as he would leave to become CEO of the Mid Yorkshire Hospitals NHS Trust. He advised that the Executive Medical Director (EMD) would take up the role of Interim CEO during the transition phase.</p>	

	<p>The CEO assured the Board that they the transition was being taken very seriously and the Executive Team had discussed the process to plan what the transition would look like over the following four months.</p> <p>The EMD highlighted that a number of actions had been agreed in those discussions and included taking action to reassure staff so that they had the same level of trust in the Executive Team and also to develop the Executive Team to ready itself for a new CEO. introduce The Third action was around how they use their meetings and the change in the leadership programme to ensure they keep things progressing during that time.</p> <p>The Executive Team would also need to re-visit their 'risk appetite' as there was potential for risk within the system during the transition period. Coupled with this was a need to liaise with the Communications Team to ensure that appropriate engagement both internally and externally was maintained.</p> <p>The UHB Chair highlighted the very substantial contribution the CEO had made to the organisation and how he had moved the organisation forward in a very positive direction which had seen the Health Board's Strategy come to fruition as a result of the CEO's leadership.</p> <p>He added that the Health Board had appointed Frank McKenna of Harvey Nash Alumni to help in the search of a new CEO as he felt a global search was required instead.</p> <p><b>The Board resolved that:</b></p> <p>a) The Chief Executive's report be noted.</p>	
<p><b>UHB</b> <b>21/05/009</b></p>	<p><b>Corona Virus Update Report</b></p> <p><b>Quality &amp; Safety:</b> The END advised that there weren't any active areas of hospital acquired COVID but the team continued to undertake investigations.</p> <p><b>Workforce:</b> The DDPC highlighted that the UHB Chair had outlined the teams' focus on well-being which was further detailed within the report. There was sensitivity in the system managing overseas international nurses and doctors with individuals from India still wishing to join. This would be managed appropriately, safely, and within regulations with 5 staff members expected to come the following week.</p> <p>She added that the EDPC had held a group discussion with staff to support individuals with Indian heritage and families to help them in light of the prevailing concerns in India.</p> <p><b>Governance</b> The DCG highlighted that her report could be taken as read.</p> <p><b>Operations:</b></p>	

the Chief Executive Officer (COO) highlighted that the majority of remaining Covid patients were in recovery.

He informed the Board unscheduled care activity which was Non Covid related was returning at a higher rate than seen following the first wave.

The COO stated that the planned care plans continued to develop and commitments within the plan were being met although 15% of activity was being lost due to COVID restrictions.

He added that the acute phase secondary care areas that had been encountered in the second wave was now being experienced in primary care and Mental Health services which was being worked through.

He highlighted that the the team maintained all essential services and remained in a COVID ready position

**Public Health**

The Executive Director of Public Health (EDPH) highlighted that the current rates were low, including in many of areas of previous concern, such as clusters in care homes, workplaces and health care settings.

She added that work remained underway in the community particularly around variants of concern.

She appraised the Board of a Ministerial Statement regarding the challenges of variant and highlighted that there were challenges in many conurbations in parts of England around spread.

The EDPH stated that the expectation was that the Delta variant would become the predominant strain as seen in the second wave with the Kent variant.

It was still unclear what impact the variant would have on mass vaccination efforts but the teams would continue to press on with the vaccination effort and the public messaging of of hands, face, space

The EPDH added that the team had been encouraged to push first dose vaccinations in groups 1-9 and where possible to bring forward second doses.

The END added that a social media campaign, called “leave nobody behind”, had been pushed the previous weekend which, it was hoped, would encourage people to attend who had not previously chosen to be vaccinated or had been contactable.

**The Board resolved that:**

a) The attached COVID-19 Update Report be noted.

<p><b>UHB</b> <b>21/05/010</b></p>	<p><b>Board Assurance Framework</b></p> <p>The DCG reminded the board that in March it was agreed that the risks for the end of the financial year, which feed into the annual report and annual governance statement, would be reviewed.</p> <p>Since March, the Executive team had agreed that the risks going forward for the financial year, would be updated to bring a more COVID focus particularly risks presented by the Covid-19 recovery.</p> <p>The DCG stated that 2 new risks had been added:</p> <ul style="list-style-type: none"> <li>• Impact of COVID-19 on Staff Wellbeing</li> <li>• Impact of COVID-19 on Reducing Health Inequalities</li> </ul> <p>The DCG informed the Board that work on the risk in relation to reducing health inequalities, had deteriorated over the COVID period and the EDPH and her team would be writing this risk up for consideration at the next Board Meeting.</p> <p>The DCG highlighted that her team were due to update the BAF and risk management strategy which would be brought to the Board in July.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The 9 Strategic Risks to the delivery of Strategic Objectives detailed on the Board Assurance Framework (BAF) for May 2021, recognising that a further risk in relation to Reducing Health Inequalities would be presented to the next Board, be approved.</li> <li>b) The continuing progress which had 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> </ol>	<p>NF</p>
<p><b>UHB</b> <b>21/05/011</b></p>	<p><b>Performance Report</b></p> <p>The COO advised that the overall trend was a shift of pressure from Secondary Care &amp; Acute Services into Primary Care and Mental Health Services.</p> <p>He added that this had resulted in difficulties that teams hadn't seen in previous waves, including two applications for list closures in Primary Care. One of which was granted with the appropriate support put in place.</p> <p>Work was ongoing to ensure the right amount of support was given in those areas and the COO highlighted some of the actions in progress, including a session with Primary Care to ensure that the Health Board's recovery plan submission to Welsh Government had Primary Care and Mental Health Services at the forefront.</p>	

	<p>Elective Surgery continued to grow as a result of trying to reinstate services and commitments that had been made in Q1 were being met in by returning to above 70% of pre COVID work.</p> <p>The COO highlighted that the CAHMS service was under significant pressure. Referrals into the service in the pre COVID periods were 150 per month where as in April 2021 they had risen 244 and in May 2021 to 194. He commented that it was predicted that the service would continue to see that pressure indefinitely.</p> <p>The CEO referred to the CAHMS service and highlighted the Health Board's relationship with Canterbury and their experience with the earthquake which although different, generated the same sort of demand particularly with children and mental health services. He identified that in Canterbury this pressure lasted for 5 years. The CEO highlighted that Canterbury had introduced a strong approach with schools in line with their health pathways system. The CEO queried whether the Health Board had explored that as an area to take learning from.</p> <p>The COO responded that he was part of a session with Canterbury where the approach was discussed and added that the data was shared with relevant teams who were very susceptible to the plans, particularly working with education and schools.</p> <p>The EDPH commented on the whole system approach and sought to provide assurance that there was a host of other work being undertaken outside of CAHMS. She acknowledged that the teams were coming out of an extremely difficult year which enhanced the challenges but she stressed that this would need to be veiwed as a system challenge. The EDPH felt it was important to highlight in a Public Board and Regional Partnership Board setting, how things sat in different areas and that work that would be undertaken on housing, vulnerability, poverty, parental and family support would also contribute to good emotional mental health in young people and children.</p> <p><b>The Board resolved that:</b></p> <p>a) The performance report be noted.</p>	
<p><b>Uhb 21/05/0012</b></p>	<p><b>Finance Update</b></p> <p>The Director of Finance (DOF) updated the Board and advised that the report covered the period to 31st March 2021 where the Health Board:</p> <ul style="list-style-type: none"> <li>• Managed within their income allocation resources showing a small surplus of £90,000</li> <li>• Managed within the capital resource of £95 Million with an underspend of £100,000</li> </ul> <p>The DOF advised that this did not take away from the fact that there would be an underlying deficit which was supported last year as part of COVID resources.</p>	

	<p>She concluded that the Health Board was able to end the year as planned, managing within all resources.</p> <p><b>The Board resolved that:</b></p> <p>a) The current position against specific performance indicators for 2020-2021 be noted.</p>	
<p><b>UHB 21/05/013</b></p>	<p><b>Patient Safety, Quality and Experience Report</b></p> <p>The END stated that this would be the last detailed Patient Safety, Quality and Experience Report outside of the Performance Report that would be brought to future meetings. She added that her team would be taking much of this detail to the QSE Committee moving forward.</p> <p>The END highlighted that the Health Board had seen a significant increase in concerns over the previous few months. The total for the year to date was 3549 which was double the amount compared to the same time the previous year.</p> <p>The focus of complaints had been in relation to visiting queries and the mass vaccination process. The team were focusing on this and were running a 7 day service and continue to respond to complaints at the same level as during Covid times.</p> <p>The END informed the board that her team continued with their implementation of plans to ensure that they have a function that was fit to deliver the framework that they had proposed. An update on this work would be taken to the QSE Committee in June 2021.</p> <p>The EMD highlighted that some sections within the report concerned the Clinical Effectiveness Committee, learning from deaths, NICE and HCW.</p> <p>He commented that the purpose of adding more detailed scrutiny processes was to help the team understand where it was in a number key of areas.</p> <p>Alongside the work being undertaken internally around the teams infrastructure to support the QSE Committee, the national landscape would also undergo a period of change. This would mean that the team would be required to provide a different type of national reporting process into Welsh Government which would be more involved than current arrangements.</p> <p>Independent Member – Legal (IM-L) queried whether any particular issues were identified as a result of the serious incident entries relating to two patients who had died of the serious injuries.</p> <p>The END advised that the incidents concerned elderly patients who had taken warfarin, a form of medication that could exacerbate internal bleeding. This risk of internal bleeding was much higher for patients</p>	



	<p>from that patient group who suffer head injuries from falling, as was the case in the two incidents noted. She also added that fall rates had decreased during the COVID period.</p> <p>The Executive Director of Therapies &amp; Health Sciences (EDTHS) stated that a falls update would be shared at the next QSE Committee meeting so a further discussion on the issue would be had at that meeting.</p> <p>In light of the new infrastructure being put in place to support the QSE Committee, the UHB Chair queried how information would be fed to the Board in regards to deaths across the organisation, their causes and the operational areas they occur in.</p> <p>The EMD advised that this was an area that could be strengthened in the report that the Board receives. Work was being undertaken to determine what the right metrics were and what should be reported at different levels, including the QSE Committee and the Board. In doing so the amount of information received by the Board would be less although the board would receive the minutes from the QSE Committee for additional detail.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The contents of the report were considered.</li> <li>b) The areas of current concern were noted and it was agreed that the current actions being taken were sufficient.</li> </ul>	
<p><b>UHB 21/05/014</b></p>	<p><b>Outcome Of Engagement On Shaping our Future Clinical Services</b></p> <p>The EDSP stated that the report had been brought back for the Boards consideration following the outcome of a recent engagement exercise. A presentaion was then provided by the Programme Lead for Shaping our Future Clinical Services (PL-SOFCS) to highlight the key points from the engagement exercise.</p> <p>Both the EDSP and the PL-SOFCS expressed their gratitude to the Community Health Council (CHC) for providing their support and encouragement and highlighted that the work was the result of a collaborative effort.</p> <p>The PL-SOFCS first highlighted the objectives of the engagement and stated the aim was to educate people on the case for change which was set as one of the key objectives.</p> <p>A 7 week engagement was undertaken which ran from 01/03/21 – 19/04/2021.</p> <p>The PL-SOFCS stated that before going out to engagement the team conducted a number of clinical strategy workshops to obtain feedback from clinicians, from which they gauged real support from the clinicians for a whole pathway approach with principles that were clinically led, with a relationship to COVID recovery and understanding of current challenges. The EDSP stated that despite nervousness on how effective</p>	

	<p>the engagement could be they realised at the time the willingness of people wanting to participate and had reached audiences that they may have never targeted before using traditional methods.</p> <p>The Independent Member-Community (IM-C) queried whether there were any plans to engage with the people who had not had access to this engagement / harder to reach communities i.e. elderly people who were not as digitally enabled or if it was considered to continue in further engagement as there was a clear section within the community that had not been targeted. He also referred back to primary and mental health issues as he was unsure if the survey clearly captured the demographics of people by ethnicity, faith, etc.</p> <p>The EDSP responded that as they had reflected on the terms of service delivery they realised that it wouldn't be an option for everyone as there would remain people who still required access face to face care. This remained an important feature of their care plan and needed to be individualised. She added that there was a lot of work going on with partners around digital inclusion by looking at how the Health Board could link with local authorities and the Wales Co-Operative Centre which was leading on national work around digital inclusion. The EDSP highlighted that in terms of this engagement the team also had the benefit of all the partners who sat on the Stakeholder Reference Group being represented and were able to cascade through those mechanisms.</p> <p>The CEO commented that as a standard part of these engagement events the makeup of the people providing their views should be recorded to prompt further engagement work if it was recognised that, for example, the seldom heard groups were not engaged with effectively, as this was not clearly demonstrated within the report.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The content of the Shaping Our Future Clinical Services Public Engagement be noted.</li> <li>b) The views of the South Glamorgan Community Health Council submitted directly by the CHC were considered.</li> <li>c) The use of the engagement feedback to inform the implementation of the Shaping Our Future Clinical services programme be approved.</li> </ul>	
<p><b>UHB 21/05/015</b></p>	<p><b>Outcome Of Engagement On Regional Model For Vascular Surgery</b></p> <p>The EDSP stated that the team had been working in the South Wales region to develop a South East Wales regional model for establishing a network for vascular services based on a hub and spoke model. This would see C&amp;V and UHW providing the hub for vascular surgery with spokes at Llandough for rehabilitation and in Aneurin Bevan and Cwm Taf Morgannwg.</p>	

	<p>The EDSP added that as this was a change to the way current services were being delivered they had entered into an 8 week engagement period in February 2021 and were now bringing back the outcomes from the engagement exercise.</p> <p>The EDSP informed the Board that the 3 community Health Councils worked well together and they had received good support from the CHC. She also gave her thanks to the clinicians who attended the evening sessions where they were able to set out the case for change in relation to this service.</p> <p>The EDSP highlighted that all the CHC's acknowledged that this was a good engagement exercise and the outcome supported the direction of travel and also that a further engagement exercise would not be required</p> <p>The PL-SOFCS added that although the numbers were relatively low in terms of responses the reach was quite broad and the team were able to target a number of specialist interest groups to ensure they were able to get the message out though to those teams.</p> <p>She highlighted that the Health Board was one of the last Health Boards to develop a network for these types of services, commenting that the services would not be sustainable in the long term if a model of care was not developed for patients and for it to be equitable for patients wherever they live.</p> <p>The CEO-CHC commented that they had responded formally to the Health board with the caveat in place that the CHC did not feel further engagement or public consultation was required.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The content of the Reorganisation of localised vascular services into a 'Hub and Spoke' model Vascular Network for the South East Wales Region: A Report on Engagement 2021 be noted.</li> <li>b) The views of the Community Health Councils submitted directly by the CHC were considered.</li> <li>c) The use of the engagement feedback to inform the Board be approved.</li> </ol>	
<p><b>UHB 21/05/016</b></p>	<p><b>Endoscopy Expansion Business Justification Case</b></p> <p>The EDSP stated that this was quite an important Business Justification Case for the expansion of the endoscopy unit at University Hospital Llandough (UHL).</p> <p>It was prioritised the previous year as part of the Capital Programme as one of the business cases to be progressed whilst recognising across the Health Board capacity had not been keeping up with demand.</p> <p>The EDSP advised that in terms of revenue implications expanding would influence workforce implications and she highlighted that whilst</p>	

	<p>there was an indication of what the cost implications would be the team were still working through the business case.</p> <p>The COO stated that the case in terms of the demand capacity gap was well made for the business case and that the recurrent demand made a good case for the need of additional capacity.</p> <p>The COO highlighted that even with all types of additionality in place i.e. insourcing, there would still be a recurrent demand capacity gap of 4700 endoscopies needed to be done in the year 2022/23, reducing to 3500 in the following year and then 4100 in the year after that. The COO stated that this included the expected growth and demand from Bowel Screening Wales and from surveillance work expected to happen.</p> <p>The END expressed her support for the Business Case and confirmed that it was an example of positive forward planning that demonstrated learning within the organisation.</p> <p>The UHB Chair queried the 2 additional theatres and whether they would be able to sufficiently staff the theatres.</p> <p>The EDSP stated that this was part of the wider business case that links to the service case. She added that part of the national programme was to ensure that training was in place to produce more endoscopists.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the content of the attached BJC be noted.</li> <li>b) the submission of the Business Justification Case to seek approval from Welsh Government for the capital funding identified, be supported, whilst the UHB finalise the revenue costs required to operate the facility.</li> </ul>	
<p><b>UHB 21/05/017</b></p>	<p><b>Board Development Programme for 2021/2022</b></p> <p>The DGC advised that the Programme was shaped to support Board members in delivering the annual plan over the following 12 months and also included work to develop the Health Board's work on the 9 Protected Characteristics under the Equality Act 2010 but has also incorporated the 9 protected characteristics.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the attached Board Development Programme for 2021/2022 was reviewed and approved.</li> </ul>	
<p><b>UHB 21/05/018</b></p>	<p><b>Standing Orders &amp; SFIs</b></p> <p>The DCG advised that the report and attachments detailed the annual updates that the Health Board receive from Welsh Government for Model Standing Orders and Standard Financial Instructions which were</p>	

	<p>implemented on an all Wales basis. She highlighted that the last full review of these was in February 2019 with some changes made during the COVID period in May 2020.</p> <p>She highlighted that the changes made had been attached in the appendix.</p> <p><b>The Board resolved that:</b></p> <p>a) the updated Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions for CVUHB be noted and approved.</p>	
<p><b>UHB 21/05/019</b></p>	<p><b>Nurse Staffing Act – Mental Health Nurse Staffing Levels</b></p> <p>The END advised that her paper was the Annual Report for 2021 and deomstrated the complexity of some of the issues the Health Board had encountered whilst maintaining compliance with the Act and responding to the pandemic.</p> <p>The END highlighted that Board Members had the opportunity to discuss and scrutinse this in detail at the previous Board development session.</p> <p><b>The Board resolved that:</b></p> <p>a) the Annual Assurance Report on Compliance with the Nurse Staffing Act Levels (Wales) Act Report for 2020-2021 be approved.</p>	
<p><b>UHB 21/05/020</b></p>	<p><b>Broad Street Clinic</b></p> <p>The EDSP stated that this was a good opportunity for the Board. She reminded the Board that the Vale of Glamorgan Council (VoGC) had approached the UHB with a proposal for the regeneration of a gateway, designed to improve the entrance to the town centre, which included redevelopment of the Gladstone Bridge Compound site (currently in VoGC ownership) and the Broad Street Clinic site.</p> <p>The proposal was to develop two landmark buildings delivering new affordable residential apartments and replacement of Broad Street Clinic subject to statutory consents and funding.</p> <p>The EDSP stated that she had been invited to conversations regarding whether the UHB would be interested in being part of the development to enable the Local Authority to purchase the land where the clinic sits if declared surplus to requirements. Whilst the re-provision of Broad Street Clinic was not considered a priority for the UHB at this time, the opportunity to have a new facility within the development would be of significant benefit to the patients within the area</p> <p>The EDSP highlighted that Broad street clinic was currently not fit for purpose and she was bringing the matter to the Board to seek endorsement for the proposal. This would mean that the site would be</p>	

	<p>deemed surplus to requirements by the UHB which would allow the Health Board to enter into agreement with the local authority.</p> <p>Director of Social Services, Vale of Glamorgan Council (DSS-VOGC) commented that this would be a fantastic opportunity for both parties and highlighted that it was situated near the extra care unit which they could also expand upon when redeveloping the site.</p> <p>The CEO-CHC queried the timescales for the project as it was not detailed and if there was a hiatus in service during the transition period, how would this be communicated to the members of the public using the Broad Street clinic.</p> <p>The EDSP replied that plans were currently in early stages of development and no definitive timescales would be available until plans had formalised.</p> <p>She highlighted that the phasing of plans would mean there would be no delay in services and that along with the local authority the Health Board would fulfil its obligation to be fully engaged with the people who use the services so that they are kept assured that they are not losing the facilities and that they are instead being provided in a different way.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The partnership working with the Vale of Glamorgan Council in relation to the Barry Town Centre Regeneration Project be supported.</li> <li>b) The declaration of Broad Street Clinic site as surplus, subject to formal agreements between both parties on the re-provision of the clinic in the Gladstone Bridge development be approved.</li> <li>c) The investment of the capital receipt associated with the disposal of the Broad Street Clinic site for the 'fit out' of the new clinic provided as part of the proposed development be approved.</li> </ol>	
<p><b>UHB 21/05/2021</b></p>	<p><b>Board Committee Minutes</b></p> <p>The Committee / Governance Group Minutes were received as follows:</p> <ol style="list-style-type: none"> <li>1. COVID-19 Board Governance Group Minutes – 11<sup>th</sup> February 2021 &amp; 11<sup>th</sup> March 2021</li> <li>2. Audit &amp; Assurance Committee – 9<sup>th</sup> February 2021</li> <li>3. Finance Committee – 24<sup>th</sup> February &amp; 24<sup>th</sup> March 2021</li> <li>4. Quality Safety &amp; Experience – 16<sup>th</sup> February 2021</li> <li>5. Strategy and Delivery Committee – 9<sup>th</sup> March 2021</li> <li>6. Mental Health Committee – 19<sup>th</sup> January 2021</li> <li>7. Stakeholder Reference Group – 26<sup>th</sup> January 2021</li> <li>8. Health &amp; Safety Committee – 5<sup>th</sup> January 2021</li> <li>9. Emergency Ambulance Services Committee – 10<sup>th</sup> November 2020</li> <li>10. Local Partnership Forum – 10<sup>th</sup> February 2021</li> <li>11. WHSSC Joint Committee Briefing – 11<sup>th</sup> May 2021</li> </ol>	

	<p><b>The Board resolved that:</b></p> <p>a) The minutes outlined within the meeting be ratified.</p>	
<p><b>UHB</b> <b>21/05/022</b></p>	<p><b>Corporate Risk Register</b></p> <p>The DCG stated that there are currently twenty four risks that were scored at 15 and above on the risk register.</p> <p>She highlighted that work as ongoing in this area and that more Clinical Boards were engaging and subsequently more risks were coming in. The team were continuing to review the process to ensure that risks that were presented to the Board had been appropriately reviewed and scored</p> <p><b>The Board resolved that:</b></p> <p>a) The Corporate Risk Register and the work which was now progressing be noted.</p>	
<p><b>UHB</b> <b>21/05/023</b></p>	<p><b>Chairs Report</b></p> <p>The following Chair's reports were received:</p> <p>1. Finance Committee – 24<sup>th</sup> March &amp; 28<sup>th</sup> April 2021 Independent Member – Capital and Estates (IM-CE) informed the Board that the main focus of the Committee over the last few months had been on reviewing the financial performance and position at the end of the financial year and reflecting upon the additional COVID expenditure, adverse impact of COVID on costs savings programme and provisional year end revenue.</p> <p>She highlighted that within the Committee they had started to do deep dive into the data and assumptions that feed into the Committee when interpreting the information. The intention was, when appropriate, that any deep dives that are applicable for wider board awareness would be taken to a Board Development Session.</p> <p>2. Audit &amp; Assurance Committee – 6<sup>th</sup> April 2021 &amp; 13<sup>th</sup> May 2021 Independent Member – Finance (IM-F) commented on the workshop that had been held in May and the huge amount of work undertaken to look at the End Of Year account requirements. He also reassured the Board that Audit Wales, Internal Audit, and Finance knew that there were no “red lines” and that they were in a good position for the Special Audit Meeting scheduled for 10/06/2021 to make appropriate recommendation's to the Board following that meeting.</p> <p>3. Quality Safety &amp; Experience – 13<sup>th</sup> April 2021 No further points were highlighted</p> <p>4. Strategy &amp; Delivery Committee – 11<sup>th</sup> May 2021 IM-L highlighted that the Pharmaceutical Needs Assessment was discussed at the last Strategy and Delivery Committee meeting which NHS Regulations now require Health Boards to undertake. He informed the Board that this was used to inform applications from pharmacies to</p>	MI

	<p>provide new services and he felt it was an important item for discussion and would need to come back to the S&amp;D committee and Board in September.</p> <p>He also highlighted a presentation received from the COO on recovery planning and the strategic underpinning of how backlogs were being tackled</p> <p>5. Mental Health Committee – 20<sup>th</sup> April 2021 Independent Member – Third Sector (IM-TS) highlighted that the Committee had discussed the issue of Children and Adolescence Mental Health and reinforced the need for compliance data on children and young people to come to the Committee and for clarity to be gained to avoid any confusion on reporting requirements.</p> <p>6. Emergency Ambulance Services Committee – 9<sup>th</sup> March 2021 No further points were highlighted</p> <p>7. Health &amp; Safety Committee – 30<sup>th</sup> March 2021 IM-C highlighted the key area discussed was fire safety training as training targets were below expectations.</p> <p>8. Stakeholder Reference Group – 23<sup>rd</sup> March 2021 The CSRG advised that the group had been receiving excellent presentations from members of the Health Board that had informed positive question and feedback sessions.</p> <p>9. Local Partnership Forum – 22<sup>nd</sup> April 2021 No further points were highlighted</p> <p>10. NWSSPC Assurance Report - 18 March 2021 No further points were highlighted</p> <p><b>The Board resolved that:</b></p> <p>a) The Committee Chair reports outlined within the meeting be noted.</p>	
<p><b>UHB</b> <b>21/05/024</b></p>	<p><b>Any Other Business</b></p> <p>No other business was discussed</p>	
<p><b>UHB</b> <b>21/05/025</b></p>	<p><b>Review of the meeting</b></p> <p>The UHB Chair asked if attendees were satisfied with the business discussions and the format of the meeting, and all members indicated that they were happy with the meeting, the updates provided and the meeting format.</p> <p>The CEO stated that the meeting held was a very good one with lots of points of discussion but highlighted the volume of papers that the Board received. They asked that for papers to be more succinct and to reduce the number of papers being received.</p>	



<p><b>UHB</b> <b>21/05/026</b></p>	<p><b>Date and time of next meeting:</b></p> <p><b>Special Meeting</b> Thursday, 10<sup>th</sup> June 2021 at 14:30 via MS Teams To discuss the sign off the Annual Accounts 2020-2021</p> <p><b>Special Meeting</b> Thursday, 24<sup>th</sup> June 2021 at 14:30 via MS Teams To Consider the Annual Operating Plan</p> <p><b>Public Board</b> Thursday, 29<sup>th</sup> March 2021 at 1.00pm MS Teams</p>	
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