

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD ON 28th MARCH 2019
BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH**

Present:

Maria Battle	MB	Chair
Charles Janczewski	CJ	Vice Chair
Sharon Hopkins	SH	Deputy Chief Executive and Director of Transformation and Informatics
Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Martin Driscoll	MD	Director of Workforce and OD
Robert Chadwick	RC	Executive Director of Finance
Susan Elsmore	SE	Independent Member - Local Authority
Akmal Hanuk	AK	Independent Member - Community
Abigail Harris	AH	Director of Planning
Michael Imperato	MI	Independent Member - Legal
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Consultant in Public Health
Sara Moseley	SM	Independent Member - Third Sector
Dr Graham Shortland	GS	Medical Director
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director

In attendance:

Caroline Bird	CB	Deputy Chief Operating Officer
Indu Deglurkar	ID	Cardiothoracic Consultant
Nicole Foreman	NF	Director of Corporate Governance
Dr Sharon Hopkins	SH	Director of Public Health
Chris Lewis	CL	Deputy Finance Director
Joanne Brandon	JB	Director of Communications & Engagement
Rachel Gidman	RG	Assistant Director of OD
Steve Parnell	SP	Assistant Director of Transformation
Katja Empson	KE	Consultant – Emergency Unit
Karen Pardy	KP	General Practitioner
Lisa Dunsford	LD	Director of Operations, PCIC
Mike Usher	MU	Wales Audit Office
Urvisha Perez	UP	Wales Audit Office

Secretariat:

Sheila Elliot	SE	Corporate Governance Team
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Apologies:

Len Richards	LR	Chief Executive
Stephen Allen	SA	Community Health Council
Steve Curry	SC	Chief Operating Officer

Observers:

Mandy Collins	MC	Interim Head of Governance
Jo Brandon	JB	Director of Communications & Engagement
Three Member of the public		

and press.

19/03/050

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and confirmed that it was quorate. A special welcome was given to Mike Usher and Urvisha Perez from the Wales Audit Office, and it was explained that the Board would be discussing the Auditor General's Annual Report and the Structured Assessment report for 2018 later in the meeting.

19/03/051

PRESENTATION ON THE CANTERBURY STUDY TOUR

The Chair welcomed Rachel Gidman, Assistant Director of OD; Steve Parnell, Assistant Director of Transformation; Katja Empson, Consultant in the Emergency Unit; Karen Pardy, General Practitioner and Lisa Dunsford, Director of Operations, PCIC to the meeting. The Board was advised that instead of the usual patient story an overview of the recent study tour to Canterbury, Christchurch in New Zealand had been arranged. Before inviting the presenters to begin on behalf of the Board, the Chair offered condolences to the people of Canterbury following the recent terrorist attack.

As part of the presentation it was explained links with Canterbury had been made as it had a similar population to Cardiff and the Vale and had been working on the integration journey for the last 10 years. It was noted that prior to starting on the integration journey, Canterbury had similar issues to the University Health Board (UHB), including:

- Funding pressures;
- Pressures on primary and community care;
- Clinicians who were disinvested as they didn't feel part of the system; and
- Services that were struggling to meet the needs of its population.

The presentation highlighted that in driving an integrated approach and improvement Canterbury had:

- Established a social movement.
- Focused on the whole system and ensured consistent messaging. It was noted that the language used was key 'we discuss, we decide'.
- Ensured that the 'person' was at the heart of everything they did and do. Canterbury use the character of 'Agnes' to test whether they are doing the right things.
- Driven changes to culture and leadership; taking steps to ensure a high level of trust i.e. 'trust to let everyone do what they need to do'. Clinicians and managers talk about time and not funding.
- Improved information systems to enable the whole system to be

viewed with the use of live data. All staff can review data via the Internet.

- Invested in relationships and taken time to engage fully with those involved in all parts of the system.

In summing up, the Chair advised that the visit had been inspirational, and had highlighted the positive impact an integrated approach had on patients and clinicians. It was also noted that many of the steps already taken by the UHB were mirrored in the Canterbury approach, and so there was learning by both organisations.

Board Members raised the following comments and questions:

- The Deputy Chief Executive/Director of Transformation & Informatics confirmed that the team who visited Canterbury were ensuring that the learning was cascaded and shared across the UHB through conversations, presentations and a series of videos.
- The Independent Member (Third Sector) asked whether consideration had been given to the involvement of the third sector in the provision of community care. In response, Lisa Dunsford, Director of Operations, PCIC confirmed that as part of the visit meetings had been held with volunteer groups. It was noted that in recognition of the value placed on volunteer groups, Canterbury had developed 20 alliances which fitted with the UHB's cluster model.
- The Executive Nurse Director confirmed that important conversations were needed regarding how volunteers were engaged and involved in discussions going forward. In line with this, the Executive Director of Planning confirmed that the Canterbury team had already started conversations with the Regional Partnership Board, as the volunteer arrangements in the two local authorities needed to be considered a part of future arrangements, not just the UHB's.
- The Independent Member (Community) asked how the UHB intended to translate what was learnt from the Canterbury trip into action. In response, the Deputy Chief Executive and Director of Transformation & Informatics confirmed that the learning would inform the seven enabling work streams, established under the Transformation Programme to support the implementation of the UHB's strategy 'Shaping our Future Wellbeing'.

The Board Resolved that:

- (a) the Canterbury visit team be invited to present to the Board again in six months' time to provide an update on progress.

[Rachel Gidman, Assistant Director of OD; Steve Parness, Assistant Director of Transformation; Katja Empson, Consultant in the Emergency Unit; Karen Pardy, General Practitioner and Lisa Dunsford, Director of Operations, PCIC left the meeting]

NF

19/03/052

APOLOGIES FOR ABSENCE

Apologies for absence were noted.

19/03/053

DECLARATIONS OF INTEREST

The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted:

- Charles Janczewski, Vice Chair declared his interest as the Chair of the Quality and Patient Safety Committee of the Welsh Health Specialist Care Committee (WHSSC). The declaration was formally noted. It was agreed that the Vice Chair should participate fully in the Board's discussions and decisions as no WHSSC matters were being presented for approval or decision.
- Eileen Brandreth, Independent Member (ICT) and Gary Baxter Independent Member (University) declared that they had a conflict of interest in respect of the Medicentre item contained in the Chief Executive's report. The declarations were formally noted, and it was agreed that the Independent members would not take part in the Board's discussion or decision in relation to this matter.

19/03/054

MINUTES OF THE BOARD MEETING HELD ON 31 JANUARY 2019

The Board reviewed the Minutes of the meeting held on 31 January 2019, and noted that the following amendments should be made:

- Michael Imperato, Independent Member (Legal) to be noted as being present.
- **Minute 19/01/009: QUALITY SAFETY AND EXPERIENCE REPORT**

Minute to be amended as follows:

Resolved – that:

(b) The Board noted the areas of concern and asked that car parking be discussed in greater depth at a future meeting of the Board.

- **Minute 19/01/015: DISPOSAL 2018 – COLCOT, LANSDOWNE, HAMADRYAD LANE:**

Minute to be amended as follows:

Bullet point 5 - The Board would keep on top of the code of practice. *To be updated to make it clear which Code of Practice was being referred to in the minute.*

Resolved – that:

(d) Engagement should take place with staff, service users and key stakeholders.

The Board Resolved that:

- (a) subject to the amendments noted above being made, the minutes of the meeting held on 31 January 2019 should be APPROVED as being a true and accurate record.

19/03/055

BOARD ACTION LOG

The Board reviewed the Action Log and received the following oral updates:

- **19/01/005 – Relocation of the Links Centre**
The Executive Director of Planning confirmed that the move of the Primary and Community Care Clinical Board to Woodland's House was a key step in the process for the relocation of the Links Centre.
- **19/01/006 – Patient Walk-arounds**
The Executive Nurse Director confirmed that the approach to patient walk-arounds needed refreshing, noting that the focus of Patient Safety and General Walk-arounds were different. It was confirmed that an outline of the revised approach would be taken to the Quality, Safety and Experience Committee in June 2019 for discussion prior to it being brought to the Board for approval.
- **19/01/008 – Apprenticeship Scheme**
The Director of Workforce and OD confirmed that apprentices working across the UHB were being paid the living wage.
- **19/01/017 – LIMS**
The Director of Corporate Governance advised that all actions had been completed

RW

The Board Resolved that:

- (a) 19/01/005 – Relocation of the Links Centre remain on the Board Action Log.
- (b) 19/01/006 – An item on Patient Walk-arounds would be added to the 2019-20 Board Development Programme Agenda
- (c) All completed actions should be archived

19/03/056

CHAIR'S REPORT

The Chair introduced her report . The Board was informed that since the publication of the report a letter had been received from the Minister of Health and Social Services, confirming that following a robust assessment the UHB's Integrated medium Term Plan (IMTP) had been approved in accordance with the requirements of the NHS Wales Planning Framework and the duties set out by section 175(2) of the National Health Service (Wales) Act 2006. The Chair noted that this approval was subject to deliverables that have been agreed by Andrew Goodall, Chief Executive of NHS Wales.

It was noted that in his letter the Minister had recognised the progress the

UHB had made over the past twelve months. Moving from an organisation with an annual plan and in targeted intervention to one with an approved full IMTP.

The Chair reminded the Board that this was Graham Shortland, Executive Medical Director's last Board meeting before he retired. It was noted that Graham Shortland had been the UHB's Executive Medical Director for nine years and a consultant for many more years prior to that. The Chair asked the Board to join her in thanking Graham Shortland for the huge contribution he had made to the Board and the work of the UHB.

In response Graham Shortland stated that working for the UHB had been a huge privilege, pleasure, fun, and an intellectual challenge. He noted that there had been many successes during his tenure but added that there was still much more to do

The Board Resolved that:

- (a) the Chair's report be NOTED
- (b) the affixing of the Common Seal be ENDORSED
- (c) the reported Chair's Actions and signing of legal documents be ENDORSED.

19/03/057

CHIEF EXECUTIVE'S REPORT

The Deputy Chief Executive/ Director of Transformation and Informatics introduced the Chief Executive's Report in his absence and thanked the Board and all UHB staff for their contribution to the development of an approved IMTP. In summing up the content of the Chief Executive's report the Deputy Chief Executive and Director of Transformation and Informatics:

- Confirmed that interviews for a new Medical Director had taken place and that an announcement would be made the following week.
- Provided an overview of the matters discussed at the most recent meetings of the Welsh Health Specialists Services Committee, Emergency Ambulance Services Committee and the NHS Shared Services Committee.
- Outlined the work of the Cardiff Medicentre and confirmed that subject to the Board being content a three-year extension to the Joint Venture Partnership agreement would be signed prior to 31 March 2019. It was noted that a strategic review of the Medicentre Joint Venture Partnership will be undertaken during the 2019-2022 period to assess the continued long-term benefit of this investment to the partners. *Gary Baxter, Independent Member (University) and Eileen Brandreth, Independent Member (ICT) reminded the Board of their earlier declarations. It was confirmed that they should stay for the discussion but not take part in any discussions of decision making.*
- confirmed that the Health Education and Improvement's (HEIW's)

review of paediatric surgery had been positive and noted that the team that visits had commented on the positive culture.

The Board Resolved that:

- (a) the Chief Executive's report be NOTED.
- (b) the three-year extension to the Joint Venture Partnership in relation to the Medicentre be APPROVED.

19/03/058

QUALITY, SAFETY AND EXPERIENCE REPORT

The Executive Nurse Director introduced the Quality, Safety and Experience report and confirmed that the report provided an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. In discussing the report, it was noted that:

- The number of reported serious incidents (SIs) had reduced significantly as a result of revised Guidance on the reporting of Pressure Damage, issued in December 2018. Reviews of reported pressure damage incidents had not highlighted practice concerns.
- There had been a marked decrease in concerns reported in January and February 2019. A lot of time and effort had been put in to encouraging patients and their families to raise a concern and where necessary a complaint. The Executive Nurse Director emphasised the importance of concerns and complaints being treated as a gift, as they were an opportunity to learn and improve.
- Patient falls continue to be a frequently reported patient safety incident. Most falls continue to result in no significant injury to patients and there appears to be a downward trend in terms of what requires to be reported as a SI.
- One Regulation 28 report relating to an incident that occurred in 2015 on a Mental Health Services for Older People's ward, had been issued since the last report to the Board. It was noted that the case had been reported to the Board previously.
- Eight wards had recently been affected by Norovirus. The Executive Nurse Director assured the Board that appropriate steps were in place to reduce the number of patients admitted with Norovirus. It was noted that increased audits and strengthened cleaning schedules had helped to reduce the spread of such infections. The Board was advised that reminders in relation to the cleaning of equipment had been issued where necessary.
- There had been complaints in relation to the timeliness of maintenance. The Executive Director of Planning confirmed that a mechanism for monitoring the volume of maintenance requests and the timeliness with which they had been dealt with was in place. It was confirmed that if a maintenance request had been properly logged on the system it could be easily tracked. The Chair enquired as to whether maintenance requests were prioritised. In response the Executive Director of Planning confirmed that

maintenance requests were prioritised based on risk.

The Chair noted that some of the Patient Safety Visits undertaken by Board Members had highlighted that delays in maintenance requests being addressed impacted on staff morale. The Executive Nurse Director confirmed that similar issues had been picked up by Healthcare Inspectorate Wales.

The Vice Chair noted that there appeared to be a gap in relation to the follow-up of maintenance concerns highlighted by internal audits/inspections. In response, the Executive Nurse Director confirmed that issues highlighted, for example by Patient Safety Visits, were escalated to Clinical Boards, but acknowledged that tolerance levels were currently too low particularly at the University Hospital for Wales.

The Executive Director of Planning advised that many of the maintenance issues related to the age of the UHW and confirmed that a Programme Director had been appointed to work on the proposal for a new hospital on the UHW site.

- Maintenance issues needed to be closely monitored and escalated to a Committee of the Board. In response it was confirmed that the Strategy and Development Committee received reports, but Management Executive would discuss and agree how reporting could be improved.
- The Chief Operating Officer and his Deputy had taken important steps to enable space to be released for holistic maintenance. The Vice Chair noted the importance of remembering that maintenance issues were not just confined to the UHB's hospital sites.

AH

Independent Members enquired as to how the UHB compared with its peers in relation to infection rates and infection control management. The Executive Nurse Director confirmed that her team were looking to benchmark with other Welsh organisations, and with Canterbury. It was noted that benchmarking information was not readily available but that the Executive Nurse Director would explore approaches and options.

RW

It was Resolved – that:

- (a) The Quality, Safety and Experience report be NOTED.
- (b) The areas of current concern be NOTED and AGREED that the current actions being taken were sufficient.
- (c) Management Executive agree how to improve the management and reporting of maintenance issues.
- (d) The Executive Nurse Director should explore approaches and options for benchmarking the UHB's performance in relation to infection control.

The Deputy Chief Executive/Director of Transformation introduced the Performance Report and confirmed that the UHB was compliant with 27 of its 68 performance measures and making satisfactory progress towards delivering a further 18. It was noted that while the UHB was not meeting all nationally set targets it was making progress against agreed trajectories. It was noted that:

- Re-admission rates for chronic conditions had reduced.
- The proportion of patients admitted, discharged or transferred within 4 hours rose in February to 82%, a 7% improvement on last February, but below both Welsh Governments target of 95% and the UHB's IMTP trajectory of 88%.
- The UHB's mortality figures compare well with those of other Welsh health boards. Hip fracture, myocardial infarction and stroke are three higher volume, higher impact conditions, which are subject to national audit, and for which the UHB continues to progress improvement programmes. The UHB needs to continually work to improve the pathways for individual conditions, such as myocardial infarction, but some progress is being made.

The Executive Medical Director confirmed that there needed to be a focus on length of stay and quality of care and noted that a report on fractured neck of femur care would be going to the Quality, Safety and Experience Committee.

- The Child and Adolescent Mental Health Services (CAHMS) secondary care service would transfer to the UHB from Cwm Taf at the start of the Financial Year. Performance against national targets was expected to worsen slightly during the first few months while the new arrangements bed in, but then improve.

The Independent Member (ICT) advised that while she accepted that waiting times for CAMHS had improved dramatically, it was concerning that service performance decreased from 94% in November 2018 to 75% in January 2019. It was agreed that a 'deep dive' would be completed and reported to the Strategy and Development Committee.

The Deputy Chief Operating Officer confirmed that she was aware of the waiting time situation and confirmed that a Legacy Statement was being prepared in readiness for the transfer of services from Cwm Taf UHB. It was noted that following the transfer there would be an opportunity to put a new service model in place.

The Chair asked that a baseline assessment be undertaken, and a report brought back to the Board in 6-months' time.

The Vice Chair asked for an explanation of the Adult Mental Health Measure compliance rates. It was agreed that the Deputy Chief Operating Officer would investigate the matter and report back to Board.

- The proportion of medical staff undertaking performance appraisal in the previous 12 months reduced from 80% at the end of quarter

SC

CB

2 to 68% at the end of quarter 3. It was confirmed that the consultant appraisal rate was 86% and that this was not unreasonable as transient doctors, i.e. those in post for less than six months would not be appraised, and neither would staff absent due to maternity or sickness. It was confirmed that the Medical Workforce Group monitored the appraisal process.

The Chair requested that a narrative detailing the Appraisal process and performance be included in the Performance report prepared for the May Board Meeting.

GS/SH

The Board Resolved – that:

- (a) The UHB's current level of performance and the actions being taken where the level of performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale be NOTED.
- (b) A CAMHS 'deep dive' be completed and reported to the Strategy and Development Committee.
- (c) The Deputy Chief Operating Officer investigate Adult Mental Health Measure compliance rates and report back to Board.
- (d) A narrative detailing the Appraisal process and performance be included in the Performance Report prepared for the May Board Meeting.

19/03/060

BOARD ASSURANCE FRAMEWORK 2018/19

The Director of Corporate Governance introduced the Board Assurance Framework and confirmed that the following risks that the Board agreed as being the main risks to the achievement of the UHB's Objectives had been reviewed:

1. Workforce
2. Financial Sustainability
3. Sustainable Primary and Community Care
4. Safety and Regulatory Compliance
5. Sustainable Culture Change
6. Capital Assets (including Estates, IT and Medical Equipment)

The Director of Corporate Governance also noted that the risk of a 'no deal Brexit' could also have an impact on the delivery of the UHB's Objectives and a detailed Business Continuity Plan was in place.

The key changes to risk ratings were confirmed as being:

- Financial Sustainability net risk increased from 10 to 20 due to the savings gap;
- Workforce net risk decreased from 20 – 12 due to the steady stream of Band 5 nurse recruitment taking place plus additional controls been added.
- Leading Sustainable Culture Change net risk decreased from 12

– 8 due to the work now taking place in this area.

The Vice Chair commented that the approach was working well and was helping the Board and its Committees to focus on the key risk areas.

The Independent Member (Third Sector) asked if there was a link between the cultural risk and performance reporting. In response, the Director of Corporate Governance advised that the Staff Survey results would test such a relationship as performance on key staff measure should be seen to improve if the Cultural Risk was being appropriately managed and mitigated.

The Deputy Chief Executive/Director of Transformation & Informatics confirmed that the Board Assurance Framework was developing well but noted that further work was needed to embed the approach and the processes that underpin it.

The Chair asked if Clinical Board Risk Registers were in place. The Director of Corporate Governance confirmed that while risk registers were in place but there was little consistency and many of the risks were too operational. It was confirmed that a paper on Risk Management would be brought to the July Board Meeting.

NF

The Board Resolved – that:

- (a) the BAF be APPROVED and the progress made in relation to the actions, management and mitigation of the key risks to the achievement of objectives NOTED.

19/03/061

CANCER PERFORMANCE

The Deputy Chief Operating Officer introduced the Cancer Performance Report, noting that highlighted current challenges and the actions being taken to meet the 62-day Urgent suspected cancer (USC) performance trajectory outlined in the Health Board's 2019-22 Integrated Medium-Term Plan (IMTP).

The Deputy Chief Operating Officer confirmed that:

- In January 2019 compliance against the target was 86% with a total of 12 breaches.
- Urology and Upper and Lower GI combined remain the biggest challenges for the Health Board; 60% of the total breaches.
- The next highest breach volumes are in breast and lung.
- To consistently achieve 93% and then 95% compliance, the UHB needs to reduce breaches to an average of 6-7 and then to no more than 4-5.

It was confirmed that in the short term, the improvement actions fell broadly into two categories – firstly tumour site specific actions and secondly strengthening tracking arrangements. Medium term, in line with

implementation of the Single Cancer Pathway, the Health Board's improvement approach is to agree and implement standardised optimal pathways.

The Executive Medical Director advised that to improve cancer outcomes a more operational approach was needed. It was noted that the transfer of Cancer Services, from 1 April 2019, to a 'hosting' arrangement under the Children & Women's Clinical Board presented an opportune time to review how Cancer Services and Clinical Boards work more closely together to track, expedite and coordinate patients through their pathways. It was confirmed that a review would take place in 6-months' time.

The Vice Chair thanked the Deputy Director of Operations and her team for their commitment and hard work. The Chair confirmed that the whole Board shared the Vice Chair's views.

The Board Resolved – that:

- (a) The actions being taken to improve performance and to achieve the Health Board's trajectory, as set out in its Integrated Medium-Term Plan be NOTED.

19/03/062

CLUSTER INFORMATION GOVERNANCE (IG) FRAMEWORK

The Deputy Chief Executive/Director of Transformation & Informatics introduced the Cluster IG Framework Report that provided the Board with an update on the work to ensure IG arrangements were in place and appropriate to allow for effective cluster-based working.

It was confirmed that the IG Framework:

- ensures the required documentation is in place for individual practices within the cluster, the UHB, and clinical system suppliers to allow the appropriate sharing of information, in line with legislation including the Common Law Duty of Confidentiality, GDPR (2016) and the DPA (2018) and in keeping with the Caldicott principles.
- had been co-developed with input from the PCIC Clinical Board, Information Governance dept, Cluster Community Directors (via CD Forum), the Bro Taf Local Medical Committee (LMC).
- would be monitored by a soon to be established Committee of the Board that will supersede the Information and Information Governance Committee.

The Director of Therapies and Health Science confirmed that such an approach was welcome and asked whether it had been shared with other clinical boards. The Deputy Chief Executive/Director of Transformation & Informatics confirmed that she would check.

The Board Resolved – that:

- (a) the framework developed to facilitate effective cluster working and information sharing between practices, the Health Board and with partner organisations be NOTED.

19/03/063

WINTER RESILIENCE PROGRAMME

The Deputy Chief Executive/Director of Transformation & Informatics introduced the Winter Resilience Programme Paper that outlined the work led by the Medicine Clinical Board (MCB) and involving frontline teams. It was highlighted that the work was very much in line with the findings of the Canterbury tour as it was informed by data presented in 'Signals from Noise' ('SfN').

The agreed principles and objectives of the Programme were noted as being to:

- Reduce length of stay,
- Reduce occupancy,
- Improve the daily discharge profile and
- Improve 'recovery' post-Christmas period.

It was confirmed that three work streams were established focused on:

- Bed and capacity management
- Admission avoidance and early supported discharge
- 'SAFER' ward processes.

The Winter Resilience Programme successfully delivered reductions in length of stay and bed occupancy (including a reduction in medical outliers on surgical wards); and improvements in the daily discharge profile and 'recovery' in the post-Christmas period. Plans are now being developed for a longer term, cross Clinical Board piece of work, with support from 'SfN' analysis, which will incorporate seasonal resilience, and move towards affecting more transformation change.

The Deputy Chief Operating Officer confirmed that the work taken forward as part of the Programme had been invaluable and had helped teams and individual clinicians to respond to events more quickly and effectively. In response to questions from Independent Members it was confirmed that the system uses data already collected by the UHB.

The importance of the system being able to interface fully with the UHB's quality systems was highlighted by the Executive Nurse Director.

The Chair confirmed that the daily reports produced as part of the project had helped to highlight hotspots and issues. The Chair asked the Board to support the work as it was a key part of the transformation journey.

It was noted that the UHB had been in contact with the Regional Partnership Board (RPB) regarding the information being used to inform the work. The Vice Chair confirmed that the system had been received enthusiastically by the RPB who want to engage in the work to improve

flow.

The Board Resolved – that:

- (a) the MCB Winter Resilience Programme be SUPPORTED and its success NOTED.

19/03/064

ANNUAL REVIEW OF STANDING ORDERS

The Director of Corporate Governance introduced the report and advised the Board that Standing Order (SO) 11, as set out in the 2015 version of UHB's Standing Orders (SOs) and Reservation and Delegation of Powers, states that SOs shall be reviewed annually by the Audit Committee, which shall report any proposed amendments to the Board for consideration. It was noted that the UHB's Standing Orders had not been reviewed since 2015 despite this requirement.

The Director of Corporate Governance outlined the amendments made, taking the Board through the key changes outlined in the report and the tracked changes made to the SOs.

The Board Resolved – that:

- (a) the proposed amendments to Standing Orders be AGREED and ADOPTED.
- (b) once reviewed and agreed by the relevant Committee or Advisory Group, the Terms of Reference of each of the Board's Committees and Advisory Groups would be included in Schedule 3 and 4 of the Standing Orders.
- (c) the Scheme of Reservation and Delegation will be brought to the Board for approval at a future date.

19/03/065

COMMITTEE TERMS OF REFERENCE AND WORK PLANS FOR 2019-20

The Director of Corporate Governance introduced the report and confirmed that in line with the UHB's SOs, a full and considered review of the coverage and terms of reference of the Board's committees has been undertaken. Recommendations for the establishment of a series of committees for the 201-20 financial year were considered.

The Board reviewed the draft work programmes for the 2019-20 financial year developed by the Director of Corporate Governance and noted that they had been developed in consultation with the members and executive leads for each of the committees.

It was agreed that the Director of Corporate Governance would meet with the Director of Therapies and Health Science to agree which committee would have oversight of medical devices.

The Board Resolved – that:

NF/FJ

- (a) the following committees of the Board be established for the 2019-20 financial year:
 - Audit and Assurance Committee;
 - Charitable Funds Committee;
 - Finance Committee;
 - Health and Safety Committee;
 - Information Governance and Technology Committee; and
 - Mental Health Capacity and Legislation Committee;
 - Quality, Safety and Experience Committee;
 - Remuneration and Terms of Service Committee; and
 - Strategy and Delivery Committee
- (b) the revised committee terms of reference, provided, in the Appendix to the paper be APPROVED
- (c) the the revised Terms of Reference of the Health and Safety Committee and Information Governance and Technology Committee Governance Committee would be considered by the Board in May 2019.
- (d) the 2019-20 committee work programmes be APPROVED,
- (e) the 2019-20 work programmes of the Health and Safety Committee and Information Governance and Technology Committee Governance Committee be considered at the May 2019 Board Meeting.

19/03/066

REPORT OF THE DIRECTOR OF CORPORATE GOVERNANCE

The Director of Corporate Governance confirmed that the report was a new standing item on the Board agenda and had been introduced due to the volume and range of governance issues that needed to come to the Board for consideration.

Compliance with Standing Orders

The Board was advised that a part of the annual review of SOs a full audit of compliance with the UHB's SOs was also undertaken. This highlighted several areas where further work is needed to ensure full compliance. A summary of the areas of non-compliance was provided.

Annual Plan of Board Business

Board Members were advised that the Annual Plan of Board Business was under development and would be brought to the Board for approval in May 2019.

Welsh Health Circulars

The Board noted that 36 WHCs have been issued since 1 April 2018 and that steps were being taken to evaluate the UHB's compliance with these

Consultations

The Board was provided with a summary of the matters being consulted upon by the Welsh Government that are related to the health board's

agenda.

The Board Resolved – that:

- (a) areas of non-compliance with Standing Orders be NOTED and the proposed improvement actions and deadlines ADOPTED.
- (b) the Annual Plan of Board Business be DISCUSSED at the Board Development Session scheduled for April 2019.
- (c) Welsh Government consultations would be CONSIDERED further by the Directorate of Corporate Governance.

19/03/067

**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH:
MOVING FORWARDS: MOVE MORE, MORE OFTEN**

The Director of Public Health introduced her report that was supported by and the story of a patient and their weight loss experience. The Board was advised that:

- Systematic and coordinated action at strategic, operational and patient level was required if the UHB was to reverse trends in physical activity and inactivity levels.
- The Report set out a vision for Cardiff and the Vale of Glamorgan that has the underlying message for all to ‘sit less, move more and more often’.
- Significant and sustained improvement in five main areas was needed:
 - Design and develop places and spaces (including new and existing facilities) that support our staff and our communities to be active
 - Accelerate improvements to infrastructure to support active travel
 - Support staff to choose active travel and to be active during working hours
 - Train and support staff to promote physical activity with colleagues, patients and visitors
 - Provide community wide and one to one interventions with local partners and services

It was noted that the Report would be presented through stories of 6 characters and evidence-based sections (walking and cycling; places and spaces; play; and physical activity and social interaction) illustrated through infographics and video case studies.

The Board Resolved – that:

- (a) Annual Report, including the impacts on health and well-being of physical inactivity, and the potential benefits of acting across our places and spaces, across active travel mechanisms and with our communities and our staff be NOTED.
- (b) Members would ROLE MODEL and champion the way

- (c) current and future initiatives and interventions across the UHB would be supported by the Board.

19/03/068

THE UHB's RESEARCH AND DEVELOPMENT (R&D)– STRATEGY IMPLEMENTATION PLAN

The Executive Medical Director introduced the report noting that good progress had been made over the last 12-months. An overview of the revised financial and performance management arrangements related to R&D were outlined. It was confirmed that the new performance structure for the Clinical Boards consisted of performance reports every quarter and face to face reviews (R&D Director and Medical Director) in March and September of each year with the production of an annual UHB performance report for Executives in June of each year.

The Executive Medical Director advised that overall recruitment to R&D projects had improved in 2017/18 despite the decrease in budget. Despite there being a fall in patients entering interventional studies, the UHB still enters 46% of all patients into interventional studies in Wales.

The Vice Chair noted that it was disappointing to see a fall in investment in R&D but understood the issues underlying this. In response, the Executive Medical Director advised that the new financing system would free up time for the preparation of funding bids.

The Independent Member (Finance) asked what value can be attributed to R&D. The Executive Medical Director confirmed that substantial amounts of money could be secured for commercial research projects.

The Independent Member (University) advised the Board that an excellent R&D day had recently been held that provided the opportunity to showcase the depth and breadth of R&D taking place across the UHB. He stated that he would encourage the Board to take part in the next workshop or at least get a summary back of the day.

The Chair confirmed that she would consider how R&D could be featured more proactively in the Board's Annual Work Plan. The Director of Corporate Governance was asked to arrange a session on R&D for the Board.

NF

The Board Resolved – that:

- (a) the Research and Development Implementation Plan be APPROVED.
- (b) Steps be taken to strengthen the Board's links with the R&D agenda.

19/03/069

AUDIT COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Audit Committee held in December 2018 be

RATIFIED.

19/03/070

MENTAL HEALTH LEGISLATION COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Mental Health Legislation Committee held in October 2018 be RATIFIED.

19/03/071

QUALITY, SAFETY & EXPERIENCE COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Quality, Safety & Experience Committee held in December 2018 be RATIFIED.

19/03/072

FINANCE COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Finance Committee held in January 2019 be RATIFIED

19/03/073

STRATEGY & DELIVERY COMMITTEE

The Board Resolved – that:

- (a) The Board ratified the minutes of the Strategy & Delivery Committee held in January 2019

19/03/074

CHARITABLE FUNDS COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Charitable Funds Committee held in December 2018 be RATIFIED.

19/03/075

STAKEHOLDER REFERENCE GROUP

The Board Resolved – that:

- (a) the minutes of the Stakeholder Reference Group held in January 2019 be RATIFIED.

19/03/076

LOCAL PARTNERSHIP FORUM

Resolved – that:

- (b) the minutes of the Local Partnership Forum held in February 2019 be RATIFIED.

19/03/077

WALES AUDIT OFFICE STRUCTURED ASSESSMENT 2018

The Director of Corporate Governance introduced the Structured Assessment Report and confirmed that it had been considered by the Audit Committee when it met in February 2019.

Mike Usher, Wales Audit Office provided the Board with an overview of the Structured Assessment approach, findings and recommendations. It was confirmed that progress would be monitored by the Audit Committee.

The Board Resolved – that:

- (a) The 2018 Structured Assessment Report be NOTED and the UHB's responses to the recommendations made RATIFIED.

19/03/078

WALES AUDIT OFFICE ANNUAL REPORT 2018

The Director of Corporate Governance introduced the report and handed over to Mike Usher, Wales Audit Office to provide a summary of its content. It was confirmed that the Annual Report was the Wales Audit Offices' public facing document and would be published on the WAO's website.

The Board noted that:

- The Auditor General had issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 accounts of the UHB.
- A qualified audit opinion on the regularity of the financial transactions within the financial statements of the UHB had been issued in view of its failure to meet its statutory financial duties.
- Some governance arrangements had improved with the commencement of the new Director of Corporate Governance but WAO had concerns about risk management and some other basic governance processes which still needed to be improved.
- The Auditor General's wider programme of work shows the UHB is responding to change, but more work is needed, and it has been slow in addressing some of the recommendations made previously.

The Board Resolved – that:

- (a) The Auditor General's Annual Report be NOTED.

19/03/079

PUBLIC ACCOUNTS COMMITTEE CLOSURE REPORT

The Closure Report was presented by the Director of Corporate Governance, who confirmed that it had been received by the Audit Committee in February 2019 where approval for closure was provided.

The Board noted that the action plan contained 26 actions which were all considered to be complete by the Audit Committee and therefore provides the Board with the assurances it requires to note the report as signed off and complete.

The importance of the actions within the action plan being sustained going forward was discussed. It was agreed that an assurance report from the Director of Corporate Governance would be received on an annual basis to confirm that the UHB is still compliant

NF

The Board Resolved – that:

- (a) the action plan in relation to UHB's Contractual Relationships with RKC Associates Ltd and its Owner and its closure approved by the Audit Committee on 26th February 2019 be NOTED.
- (b) an assurance report from the Director of Corporate Governance be RECEIVED on an annual basis to ensure ongoing compliance and sustainability of actions in the future.

19/03/080

AUDIT COMMITTEE REPORT TO BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of Audit Committee be NOTED

19/03/081

MENTAL HEALTH LEGISLATION COMMITTEE REPORT TO BOARD

The Board Resolved that

- (a) the verbal update provided by the Chair of the Mental Health Legislation Committee be NOTED.

19/03/082

QUALITY, SAFETY AND EXPERIENCE COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the verbal update provided by the Chair of the Quality; Safety & Experience Committee be NOTED.

19/03/083

FINANCE COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the verbal update provided by the Chair of the Finance Committee be NOTED.

19/03/084

STRATEGY & DELIVERY COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of the Strategy & Delivery Committee be NOTED.

19/03/085

CHARITABLE FUNDS COMMITTEE REPORT TO BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of the Charitable Funds Committee be NOTED.

19/03/086

HEALTH & SAFETY COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the verbal update provided by the Chair of the Health & Safety Committee be NOTED.

19/03/087

LOCAL PARTNERSHIP FORUM REPORT TO BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of the Local Partnership Board be NOTED.

19/03/088

AGENDA OF THE PRIVATE BOARD MEETING

In terms of openness, the items to be discussed at the Private meeting was confirmed as being:

- Costs and Savings of Woodlands House
- New Dialysis Unit Name
- Out of Hours/Hospital at Night

19/03/089

ANY OTHER URGENT BUSINESS

There was no other business to raise

19/03/090

DATE OF THE NEXT MEETING OF THE BOARD

Thursday, 25 July 2019, 1.00pm
Ground Floor, Room Nant Fawr 1 & 2, Woodlands House