

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH  
BOARD HELD ON 30 MAY 2019  
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

**Present:**

Maria Battle	MB	Chair
Charles Janczewski	CJ	Vice Chair
Len Richards	LR	Chief Executive Officer
John Antoniazzi	JA	Independent Member - Estates
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and OD
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member – Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member – Finance
Dawn Ward	DW	Independent Member – Trade Unions

**In attendance:**

Stephen Allen	SA	Chief Officer, Community Health Council
Nigel Davies	ND	Consultant in Obstetrics and Gynaecology
Daniel Crossland	DC	Head of Occupational Therapy
Indu Deglukar	ID	Chair, Senior Medical Staff Committee
Suzanne Hardacre	SH	Lead Nurse, Women and Children Clinical Board
Nicola Foreman	NF	Director of Corporate Governance
Dr Sharon Hopkins	SH	Director of Transformation and Informatics
Meriel Jenney	MJ	Clinical Board Director, Children and Women Clinical Board
Alun Jones	AJ	Deputy CEO, Health Inspectorate Wales
Mark Jones	MJ	Wales Audit Office
Annie Procter	AP	Clinical Board Director, Mental Health Clinical Board
Jason Roberts	JR	Deputy Executive Nurse Director
Geoffrey Simpson	GS	Vice Chair, Stakeholder Reference Group
Jayne Tottle	JT	Nurse Director, Mental Health Clinical Board

**Secretariat:**

Glynis Mulford	GM	Corporate Governance Officer
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**Apologies:**

Ruth Walker	RW	Executive Nurse Director
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**19/05/001 WELCOME AND INTRODUCTIONS****ACTION**

The Chair welcomed everyone to the meeting and confirmed that it was quorate. A special welcome was given to Geoffrey Simpson, Vice Chair of the UHB's Stakeholder Reference Group (SRG) and Jason Roberts, Deputy Executive Nurse Director who was attending on behalf of the Executive Nurse Director.

**19/05/002 Patient Story – Maternity Care: Alexandra's Story**

The Chair welcomed Meriel Jenney, Clinical Board Director; Nigel Davies Consultant in Obstetrics and Gynaecology and Susan Hardacre, Lead Nurse from the Children and Women Clinical Board to the meeting. The Chair confirmed that in light of the findings and recommendations arising from the Cwm Taf Maternity Services Review, published on 30 April 2019, the Children and Women Clinical Board had been asked to attend the Board meeting to provide Members with assurance that those using the UHB's maternity services were being listened to, and their stories used to improve Maternity Care.

In introducing the Children and Women Clinical Board Team, the Chair emphasised the important role that the Board played in relation to ensuring that the UHBs services remained safe and where issues arise lessons learnt. It was noted that a *Safety Valve* process had been introduced to encourage staff to speak up when they did feel the usual process where working and unsafe practice was identified. The Chair confirmed that the UHB would build on this further with the relaunch of the *Speaking up Safely Programme* another alternative way staff can raise concerns. The importance of the UHB being a listening and learning organisation that encouraged and supported staff to speak up and consistently reinforced its values and behaviours was emphasised.

The story of Alexandra, a lady who had an emergency caesarean section some four weeks prior to the Board meeting was read out. It was noted that due to a severe form of placenta adherence Alexandra had experienced a catastrophic haemorrhage. The story demonstrated how a strong multi-disciplinary team approach enabled a professional and timely approach. It also highlighted that the following factors were important to Alexandra and gave her confidence and trust:

- the team remaining calm.
- everyone introducing themselves before going into theatre.
- the team being organised and looking professional.
- questions asked of the clinical team, being answered and there being a debrief after the incident to explain what had happened and the care provided.
- the anaesthetist that cared for Alexandra in theatre going out of his way to see her at her bedside for days after the event.
- being supported to have her baby with her throughout her hospital stay.

Alexandra's story also highlighted:

- the importance of timely communication with relatives, as it had been harder for her husband, who was still struggling with the experience.
- the importance of all doctors introducing themselves and explaining what they were going to do. It was highlighted that ward rounds can be daunting when there are a lot of doctors from different specialties.
- the importance of community midwife support and the need to ensure the needs of the individual are considered when considering the frequency of visits.

Board Members thanked the Clinical Board Director for Children and Women and colleagues for their presentation. As part of the Board discussion that followed and in response to questions raised by Board Members the following points were noted:

- it was confirmed that the Clinical Board had an *Afterbirth Service* that ensured that mothers received appropriate care after a birth and had the opportunity to raise any concerns. It was noted that for most women the *Afterbirth Service* provided an opportunity for them to share their experiences and have a debrief session with a midwife.
- several midwives were trained in 'rewind therapy' to support women to discuss and overcome issues that had occurred during their pregnancy or the birth. It was confirmed that support groups were in place and partnership arrangements, ensured further support was provided through parenting groups.
- National surveys and a local "two minutes of your time" surveys were undertaken, and the results used to inform the way women were treated. In addition, an annual performance review took place with the Welsh Government, the findings of which were reported in the public domain.

The Board was provided with an overview of the findings and recommendations set out in the report of maternity services at Cwm Taf University Health Board. It was noted that:

- concerns had been raised as early as 2017; highlighting the importance of listening and taking timely action.
- the UHB's maternity service was compliant with only 2 areas of the 70 recommendations set out in the report requiring further work.
- the UHB's maternity services were compliant with staffing levels with good recruitment and retention rates. It was confirmed that an active package of support was in place for newly qualified midwives and two of the UHB's midwives had received the RCN Midwife of the Year award.
- The culture within the Clinical Board and at Directorate level was good with a robust and positive culture of reporting of issues and concerns.
- The Chief Operating Officer considered the midwife recruitment

processes were working well

- In response to questions in relation to the culture of reporting, it was explained that incorporated within the DATIX incident reporting system was a structured trigger list. Any cases triggered through the system would be fully discussed and reviewed. Serious incidents were noted to be escalated to the Clinical Board.
- The Chief Executive Officer referred to the executive team being impressed with the enthusiasm demonstrated by maternity staff on patient walkabouts.
- There were pressures on the service as a result of mothers transferring from Cwm Taf UHB. Fortnightly flow meetings were being held and the matter was to be discussed at the Regional Planning Forum.

On behalf of Board, the Chair thanked the team for all their hard work.

**The Board resolved that:**

- a) the Patient Story be noted.
- b) the implementation of the recommendations arising from the Cwm Taf Maternity Services Review would be scrutinised by the Quality, Safety and Experience Committee.

*[The Children and Women Clinical Board team left the meeting]*

**19/05/003 APOLOGIES FOR ABSENCE**

Apologies for absence were NOTED.

**19/05/004 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 including the Thoracic Surgery item.

**19/05/005 MINUTES OF THE BOARD MEETING HELD ON 28 MARCH 2019**

The Board reviewed the Minutes of the meeting held on 28 March 2019, and confirmed them to be a true and accurate record.

**The Board Resolved that:**

- a) the minutes of the meeting held on 28 March 2019 be approved as a true and accurate record.

<p>19/05/006</p>	<p><b>BOARD ACTION LOG</b></p> <p>The Board reviewed the Action Log and noted the following:</p> <ul style="list-style-type: none"> <li>▪ <b>19/03/05 - Quality Safety and Experience Report-:</b> there was a requirement to log all maintenance requests but not all staff were aware of the process. It was confirmed that further guidance would be issued, and improvements made to the mechanisms for providing feedback to staff on maintenance requests. It was also confirmed that prioritisation was a challenge given the age of the UHB's estate and the number of maintenance requests received. The Board agreed that a further update would be received in six months' time.</li> </ul> <p>The Chair requested that the Action Log be fully updated in readiness for the Board meeting scheduled for July, and clear timelines inserted.</p> <p><b>The Board Resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the action log and updates received be noted.</li> <li>(b) The action log be fully updated for each board meeting</li> <li>(c) all completed actions be archived.</li> <li>(d) <b>19/03/05 - Quality Safety and Experience Report:</b> A further update on the approach to the prioritisation and management of maintenance requests be scheduled for six months' time.</li> </ul>	<p>AH/NF</p>
<p>19/05/007</p>	<p><b>REPORT FROM THE CHAIR</b></p> <p>The Chair introduced her report that provided an update on key meetings attended, activities and actions that had taken place since the previous Board meeting.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the Chair's report be noted.</li> <li>(b) the affixing of the Common Seal be endorsed.</li> <li>(c) the reported Chair's Actions and signing of legal documents be endorsed.</li> </ul>	
<p>19/05/008</p>	<p><b>REPORT FROM THE CHIEF EXECUTIVE</b></p> <p>The Chief Executive provided an overview of the content of his report and as part of the discussions that followed:</p> <ul style="list-style-type: none"> <li>▪ the Executive Director of Therapies and Health Science confirmed that the further development of the falls pathway and falls framework was progressing under the auspices of the Community Falls Alliance. It was noted that front line staff, third sector organisations, the Welsh Ambulance NHS Trust and Care and Repair were engaged in the first meeting of the Alliance.</li> <li>▪ the effectiveness of the alliance approach and its use across the Regional Partnership Board footprint would be tested and</li> </ul>	

agencies be evaluated.

The Independent Member - ICT, advised that she was pleased that the Chief Executive's report had included details of the use of digital technology and how it was transforming the experience of families using the services of the Neonatal Intensive Care Unit. The view that further examples of how digital technology is being used across the UHB should be reported at Board meetings was noted.

**The Board resolved that:**

- (a) the Chief Executives report be noted.

19/05/009

**THORACIC SURGERY – ASSURANCE OVER THE PROVISION OF THORACIC SURGERY COVER AT THE MAJOR TRAUMA CENTRE**

The Chief Executive introduced the Thoracic Surgery Report confirming that, in November 2018, the UHB gave conditional approval for a single thoracic surgery site to be based at Morriston Hospital, Swansea on the condition that there was safe, on site, thoracic cover for patients in the Major Trauma Centre at UHW. It was noted that:

- The resolutions made by the Board, in November 2018, were based upon the Welsh Health Specialist Services Committee (WHSSC) having given it's commitment to taking forward certain mitigating actions.
- The UHB's Chair had written to the Chair of WHSSC advising of her disappointment that there had been a failure to reach agreement on thoracic surgery at the WHSSC Joint Committee held on 15 May, and concern that the decision on the workforce proposals related thoracic cover to the Major Trauma Centre had been delayed until 28 June 2019.

The Chair of the Senior Medical Staff Committee (SMSC) read out a statement on behalf of the UHB's Senior Medical Staff. This statement:

- reiterated the concerns raised by the SMSC at the November 2018 Board meeting, in relation to the significant clinical risk if safe, on site, thoracic cover for patients in the Major Trauma Centre at UHW was not put in place.
- highlighted the immediate issue of emergency cover of the Major Trauma Centre at Cardiff as of April 2020.
- urged the UHB to withdraw its approval for the Morriston Single Centre, and to not attempt to provide a Major Trauma Service as an important component of the service was inadequately provided for.

The Board considered the letter sent by Stephen Allen, Chief Officer South Glamorgan Community Health Council to the UHB's Chief Executive Officer, dated 19 May 2019. This set out the CHC's concerns and the outcome of assurance work undertaken. It was noted that Members of the CHC's Executive Committee were of the view that assurance given by the WHSSC addressed the issues raised by the CHC, however if safe thoracic cover was not agreed for the Major Trauma Centre this would not have been fully addressed.

- The Chair reiterated the fact that the UHB's approval for a single thoracic surgery site based at Morriston Hospital, Swansea had been on the condition that there was safe, on site, thoracic cover for patients in the Major Trauma Centre at UHW.
- the Independent Member - ICT enquired as to whether it was clear what additional evidence/information WHSSC required. It was noted that the two Medical Directors of Swansea Bay UHB and Cardiff and Vale UHB had agreed a safe model which had clinical consensus including within Cardiff and the Vale. In response, the CEO confirmed that the work undertaken by the Medical Directors was supported and gave a clear position for Cardiff and Vale going forward, but WHSSC wanted to gain an impartial view. It was noted that the UHB's Chair had written to the Chair of WHSSC requesting clarification as to who would be undertaking the work.
- Concerns were raised in relation to the information and evidence gathered by WHSSC not being fully shared with the UHB. There was agreement that the 'closed panel' process was flawed and that WHSSC like all NHS bodies had a duty of candour. It was also agreed that the process adopted by the WHSSC in relation to thoracic surgery needed to be reviewed and lessons learnt in readiness for any future major change proposals.

In drawing the discussion to a close, the UHB's Chair reminded Members that the Board's approval of the WHSSC's recommendations had been conditional on the following "*if the issues relating to patient safety aligned with the provision of thoracic surgery cover at the major trauma centre were not resolved within 6 months from the date of the meeting, then the Board would withdraw its approval.*" It was confirmed that given the current situation the Board had two options:

- (i) Withdraw its approval as the issues relating to patient safety aligned with the provision of thoracic surgery cover at the Major Trauma Centre have not been resolved within the stated 6 months.
- (ii) Extend the previous resolution by one month pending a decision from WHSSC regarding workforce arrangements on the 28th of June.

**The Board resolved that:**

- (a) a maximum delay of one month be AGREED.
- (b) the model agreed by the Medical Directors be SUPPORTED.
- (c) A special Board meeting be held as soon as possible after the WHSSC meeting at the end of June to discuss the outcome of the WHSSC meeting
- (d) The Chief Executive Officer meet with WHSSC to express the Board's concerns.

NF

LR

19/05/010

**COMMUNITY MENTAL HEALTH SERVICES – IMPLEMENTING A NEW MODEL OF CARE**

The Board was provided with an update on the Vale Locality Mental

Health Team Pilot which commenced on 17 September 2018. The progress and developments made over the previous seven months were outlined. The Clinical Director for the Mental Health Clinical Board presented an overview of the new model of care; highlighting that its implementation required cultural as well as practice changes. The Board was advised that:

- the demand for Mental Health service was outstripping the UHB's capacity to deliver.
- like other Welsh Health Boards, the UHB was struggling to address ongoing estates issues, both in terms of capacity and suitability of environment.
- cultural change was aligned to the need to support staff to ask service users how they can help and what they can do.
- three Community Mental Health Teams (CMHT) from across Cardiff and Vale had merged together to create a Locality Mental Health Team.
- feedback from the *My Say* questionnaire, a service user feedback project, had highlighted that continuity of care was a major issue and service users wanted more say in their care and treatment. This presented a challenge as services were not equipped for this.
- Healthcare Inspectorate Wales found the quality of patient care and engagement with services users to be of a good standard, with staff working well together, although the nursing role sometimes seemed unclear and needed to be recovery focussed.
- the flow of the patient through the system and the CMHT caseload was an issue. Changes in legislation had given rise to additional pressures as unscheduled care patients needed to be seen within four hours.
- the redesigning of crisis pathways had reduced waiting times and partnership working with third sector organisations led to a transfer of 40% of the workload from the NHS.

Board Members acknowledged the importance of cultural change in ensuring that service users were at the centre of care.

- the Independent Member - Third Sector, commented on the fact that often what mattered to service users was not related to NHS care or treatment, and asked how the Clinical Director saw partnerships developing to address the wider needs of individuals. In response, it was confirmed that as a result of partnership work with third sector organisations a holistic view of the needs of service users was taken and social, financial and housing needs addressed.
- the Independent Member - Community, commended the approach of the Clinical Board which demonstrated strong leadership and an approach that put service users at the centre. This view was supported by the Independent Member – Local Government who commented that the approach of the Clinical Board demonstrated the change in culture that the Board wanted to see across the whole system.

**The Board resolved that:**

- (a) the changes to the Part 1 Scheme be SUPPORTED
- (b) progress would be reviewed again in 6 months and an update provided to the Board
- (c) innovation and service-development within five Cardiff based CMHTs towards sustainable Locality Mental Health Teams be SUPPORTED.

SC/NF

19/05/011

**HEALTHCARE INSPECTORATE WALES (HIW) 2018-19 ANNUAL REPORT OF THE UHB**

The Chair welcomed Mr Alun Jones, Deputy Chief Executive, HIW to the meeting and invited him to start his presentation.

Mr Jones provided the Board with a summary of the inspection and review work undertaken across the UHB and its primary care contractors during 2018-19. It was confirmed that HIW would publish their annual report by the end of June. It was noted that:

- inspection findings for the UHB were generally positive.
- where improvement was required, all services had responded constructively
- engagement from the UHB's leadership team had been positive
- re-inspections had shown improvement in many areas and it was clear that the UHB sees external and internal scrutiny as a positive means of learning and improving
- further work is required in general practices and some hospital settings to ensure that patients are aware of how that can raise a concern about the care they received.
- HIW's inspection of the emergency and assessment unit at University Hospital revealed several issues which were impacting on the safety and dignity of patients.

The Chair thanked Alun Jones for his presentation and gave her thanks to the HIW team for engaging with the UHB's leadership team in such a positive way. It was confirmed that at the Board Development session held in April 2019, the Board had considered the recommendations made in relation to the Emergency Unit and it was noted that the Quality, Safety and Experience Committee would be keeping the matter under review. It was also confirmed that the findings and recommendations arising from visits to Mental Health wards and teams were being monitored by the Quality, Safety and Experience Committee.

The Chief Officer, South Glamorgan CHC confirmed that the CHC's visit workplan was shared with HIW as were the reports of such visits.

**The Board resolved that:**

- (a) The presentation delivered by the Deputy Chief Executive of HIW be noted.

**19/05/012 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT**

The Deputy Executive Nurse Director introduced the Quality, Safety and Experience report and confirmed that in accordance with previous reports to the Board it provided an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs), Never Events, and 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 Serious Incidents (SIs) had decreased and the number reported was not out of kilter with the rest of Wales.
- similar assurance arrangements to those outlined in the presentation delivered by the Children and Women Clinical Board (CB) were in place in the six other CBs. All SIs were monitored through weekly management team meetings where there was clear sight of all incidents. The Executive Nurse Director and where appropriate the Medical Director met with the Clinical Board teams.
- Two Never Events had been reported during the time period covered by the report. In each case a Root Cause Analysis had been undertaken. Considering one of the events a review of the Swab Count Procedure was underway.
- The UHB's Vice Chair, noted his disappointment that a 16-year-old had been referred to Hafan y Coed an adult mental health facility. In response, Board Members were advised that the individual had been extremely unwell at the time and a more appropriate facility could not be secured in or outside of Wales. The Board was advised that very strict procedures were in place to ensure that appropriate safeguarding arrangements were put in place when a young person was admitted on to an adult ward.
- Further to questions raised by Board Members in previous meetings of the Board, it was confirmed that steps were being taken to improve the UHB's benchmarking arrangements.
- Board members had requested year on year profiles and trends be included in future reports.

**The Board 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) Year on year profiles and trends be included in future iterations of the report.

RW

**19/05/013 PERFORMANCE REPORT**

The Deputy Chief Executive/Director of Transformation and Informatics introduced the Performance Report and confirmed that the UHB had shown improvement in performance by achieving compliance with 26 of its 68 performance measures.

An overview of the key aspects of the report was provided and the Chief Operating Officer confirmed that planned trajectories continued to be complied with. Board Members requests for benchmarking data and long-term trends to be reported were acknowledged, and it was confirmed that work was ongoing. As part of Board discussions, it was noted that:

- there were significant fluctuations in demand for Child and Adolescent Mental Health Services (CAMHS) and work was ongoing to enable a better understanding of the reasons for such fluctuations and how they could be better managed.
- the repatriation of CAMHS provided an opportunity to fundamentally review the service model.
- although the four- and 12-hour unscheduled care targets set by Welsh Government had not been met, the UHB's performance was positive when compared to other health boards in Wales.
- partnership working was going from strength to strength and having a positive impact on quality of care and performance.
- the development of an outcomes framework was progressing.
- the UHB's MMR uptake rates were positive in the context of increased outbreaks across Europe.
- The roll out of a Mental Health and Musculoskeletal (MSK) Multi-disciplinary team had commenced with the aim of reducing the call on GP appointments. It was noted that the Executive Director of Therapies and Health Science was leading on the development of this model on an all-Wales basis.
- Finance: Month 1 figures were not encouraging with an overspend of £650,000 with a further £383,000 overspend expected. The UHB's CIP target was also adrift by £3.3m. It was confirmed that focused action had been taken to drive improvement.

**The Board resolved that:**

- (a) The Board considered the UHBs performance and actions been taken to improve performance.

**19/05/014 TRANSFORMATION REPORT - DEVELOPING CLEAR BENEFITS & MEASURES**

The Deputy Chief Executive/Director of Transformation and Informatics introduced the report, confirming that transformation work was aligned to key operational issues. It was noted that the report provided a summary of progress with each of the five programmes and supporting projects. As part of discussions it was confirmed that:

- To date the focus had been on scoping the enablers setting the programmes of work, building the content of each and starting active work.
- Benefits and outcomes had been identified for each programme and supporting projects. Work continued to refine these to ensure measurable benefits and outcomes.
- The five key programmes would be visualised in the information room at Woodland house to highlight progress and benefit realisation.
- Independent Members had attended a workshop on the Health Pathways which they had found helpful.

**The Board resolved that:**

- (a) the contents of the Transformation Programme report be noted.

*[Independent Member – Local Authority left the meeting at 15.50]*

**19/05/015 BOARD ASSURANCE FRAMEWORK**

The Director of Corporate Governance introduced the report on the Board Assurance Framework (BAF) and confirmed that:

- the key risks arising from Corporate and Clinical Board Risk Registers would be presented to the Board alongside the BAF at the July 2019 meeting.

**The Board Resolved that:**

- 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.

**THE WINTER PLAN**

The Chief Operating Officer provided an overview of the Winter Plan, confirming that it provided a review of last winter and set out the plans for the coming winter. It was noted that during the winter of 2018-19 performance had improved and the Welsh Government recognised that the UHB appreciated the importance of early planning for Winter.

The Chair confirmed that she would write to staff on behalf of the Board to thank them for their efforts in preparing for and coping with winter pressures.

**19/05/016 The Board resolved that:**

- the report be noted together with the learning points from the winter of 2018-19.
- the recommendations for the development of next year's plan be endorsed

**19/05/017 THE WALES AUDIT OFFICE ISA 260 REPORT FOR 2018/19**

Mark Jones, Wales Audit Office provided an overview of the Wales Audit Office ISA 260 Report for 2018-19, and confirmed that the Auditor General:

- intended to issue an unqualified audit opinion on the 2018-19 financial statements, regarding them being true, fair and properly prepared.
- intended to issue a qualified opinion on regularity because the UHB has breached its revenue resource-limit for the three-year period 2016-17 to 201819.
- was due to sign the Audit Certificate and Report on 11 June 2019.
- intended to issue a substantive report (as opposed to a 'nil' report) that explained the statutory financial duties applicable for 2018-19 and the duties that the UHB had breached.

The Board's attention was also drawn to:

- the two breaches for 2018-19. The £65.968 million revenue overspend and the lack of an integrated medium-term plan (IMTP) for 2018-19 to 2020-21 that the Welsh Government had approved.
- the summary of corrections made to the draft financial statements provided at Appendix 3 to the report.

It was confirmed that following the audit certification by the Auditor General a separate report would be issued in readiness for submission to the Audit and Assurance Committee meeting scheduled for September 2019.

**The Board resolved that:**

- (a) The Wales Audit Office ISA 260 Report for 2018-19 be noted.

**19/05/018 YEAR END STATEMENTS: ANNUAL ACCOUNTABILITY REPORT, ANNUAL ACCOUNTS AND HEAD OF INTERNAL AUDIT OPINION**

The Chair of the Audit and Assurance Committee advised the Board that the Accountability Report and supporting accounting and governance documents had been reviewed by the Audit Committee at its special meeting held earlier that day and advised the Board that the Committee was satisfied that:

- the financial statements had been prepared with legislative requirements and the Treasury Financial Reporting Manual.
- the accounts directions issued by Welsh Ministers had been observed.
- judgements and estimates made were responsible and prudent and applicable accounting standards have been followed and disclosed and any material departures explained.
- the Annual Accountability report for 2018/19 met legislative

requirements as set out in the Treasury Financial Reporting Manual and the 2018/19 Manual of Accounts for NHS Wales issued by Welsh Government.

On behalf of the Audit and Assurance Committee, the Committee Chair recommend that the Board formally adopt the Annual Accounts for 2018/19 and the Annual Accountability report.

**The Board resolved that:**

- a) the reported financial performance contained within the Annual Accounts be NOTED
- b) it be NOTED that the UHB has breached its statutory financial duties in respect of revenue expenditure
- c) the Wales Audit Office ISA 260 Report for 2018/19 which includes the letter of representation be AGREED and ENDORSED
- d) the Head of Internal Audit Opinion and Annual Report for 2018/19 be AGREED and ENDORSED
- e) the UHB's response to the audit enquiries of those charged with governance and management be AGREED and ENDORSED
- f) the Annual Accountability Report for 2018/19 including the Annual Accounts and financial statements be APPROVED.

**19/05/019 NURSE STAFFING ACT**

The Deputy Executive Director of Nursing presented the report and highlighted that:

- nurse staffing levels were being reviewed for a third time under section 25(A).
- The Clinical Boards and Executive Nurse Director had agreed establishments that they considered would meet all reasonable requirements with the exception of Mental Health Clinical Board.
- The UHB was looking at the infrastructure to identify how it could ensure compliance with Section 25, in the care we commission both inside and outside of Wales.
- The obstetrics service was coping with issues relating to the growing workload at the time of reporting to Board. Work to change the service model was ongoing and should help alleviate pressures.

**The Board resolved that**

- a) the nurse staffing levels in line with the Nurse Staffing (Wales) Act (2016) be approved.

**19/05/020 CAPITAL PLAN FOR 2019/20**

The Executive Director of Planning provided the Board with a summary of the key elements of the Capital Plan for 2019/20. The report included

updates on the current status of each of the key projects within the programme, a detailed schedule of projects, and highlighted key risks to the programme and matters that may require escalation. It was noted that:

- there had been some slippage in relation to the move of services from Rookwood, as some of the services had taken longer to relocate but steps to speed the move had been taken.
- the park and ride service would be introduced at Llandough Hospital in July 2019. It was noted that a few issues were being finalised with Cardiff Council.
- The Strategic Outline Programme had been endorsed for Shaping our Future Wellbeing and was the first such programme in Wales.

The Executive Director of Planning took the Board through the:

- Outline Business Case (OBC) for the Maelfa Wellbeing Hub, advising that Board approval was needed prior to its submission to Welsh Government for approval of capital funding from the Primary Care Pipeline Fund.
- Business Justification Case for the Cystic Fibrosis, advising that Board approval was needed before its submission to Welsh Government for approval of All Wales Capital funding.
- Strategic Outline Case for the Academic Avenue advising that Board approval was needed before its submission to Welsh Government for All Wales Capital funding to allow the development of the OBC. It was confirmed that UHW Infrastructure Programme Board had been established to oversee the project.

As part of discussions Board Members asked:

- Whether the Academic Avenue project had been factored into the plans for UHW site. In response, it was confirmed that an early piece of work would be undertaken to develop a plan for the UHW site, and that advice would be sought on whether to undertake a new hospital build, a phased build or complete build.
- questions regarding the relationship between the Academic Avenue Project and the Major Trauma Centre (MTC) being built on the site. It was confirmed that further business cases would be brought to the Board over time.
- whether the timelines for completion of the projects was feasible give the time it took to develop business cases and commission the work. It was confirmed that the fact that modular buildings, for example theatres could be built off site helped with the timelines.

**The Board resolved that:**

- a) the Capital Plan be NOTED
- b) the Wellbeing Hub OBC be APPROVED for submission to Welsh Government for approval of capital funding from the Primary Care Pipeline Fund.

c) the Cystic Fibrosis BJC be APPROVED for submission to Welsh Government for approval of All Wales Capital funding.

d) the Academic Avenue SOC be APPROVED for submission to Welsh Government for All Wales capital funding to allow the development of the OBC.

**19/05/021 BOARD PLAN OF BUSINESS 2019/20**

The Director of Corporate Governance presented the Board's Plan of Business for 2019/20.

**The Board resolved that:**

- a) the Board's Plan of Business for 2019/20 be APPROVED
- b) to NOTE that that the Plan would continue to be populated with timescales for the delivery of Strategies, Annual Reports and Board Champion Reports

**19/05/022 MEMBERSHIP OF COMMITTEE AND BOARD CHAMPION**

The Director of Corporate Governance presented the review of the Committee Membership and Board Champion roles.

**The Board resolved that:**

- a) The Membership of the Committees of the Board and specifically approved the changes detailed within the last column of appendix 1.
- b) Approved the proposed Board Leads and Champions set out in appendix 2.

**19/05/023 TERMS OF REFERENCE AND WORKPLAN FOR THE HEALTH AND SAFETY COMMITTEE**

The Board reviewed the Terms of Reference for the Health and Safety Committee and associated work plan for 2019/20 that were attached to the report. It was noted that the Terms of Reference and Work Plan for the successor to the IG and T Committee would be presented at the July Board.

**The Board resolved that:**

- a) the revised Terms of Reference and associated work plan for 2019/20 of the Health and Safety Committee be approved.

**19/05/024 THE DIRECTOR OF CORPORATE GOVERNANCE REPORT**

The Director of Corporate Governance presented the report, providing an overview of the key points set out therein.

**The Board resolved that:**

	<p>(a) the update provided by the Director of Corporate Governance be NOTED.</p> <p>(b) the consultations and the need for the UHB to formally respond would be considered further by the Management Executive in future and then a recommendation made to the Board.</p>	NF
19/05/025	<p><b>AUDIT AND ASSURANCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Audit and Assurance Committee held in February 2019 be RATIFIED.</p>	
19/05/026	<p><b>QUALITY, SAFETY AND EXPERIENCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Quality, Safety and Experience Committee held in February 2019 be RATIFIED.</p>	
19/05/027	<p><b>FINANCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Finance Committee held in March 2019 RATIFIED.</p>	
19/05/028	<p><b>STRATEGY AND DELIVERY COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Strategy and Delivery Committee held in March 2019 be RATIFIED.</p>	
19/05/029	<p><b>HEALTH AND SAFETY COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Health and Safety Committee held in January 2019 be RATIFIED.</p>	
19/05/030	<p><b>STAKEHOLDER REFERENCE GROUP</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Stakeholder Reference Group held in January 2019 be RATIFIED.</p>	
19/05/031	<p><b>LOCAL PARTNERSHIP FORUM</b></p>	

**The Board resolved that:**

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

**19/05/032 AUDIT COMMITTEE REPORT TO BOARD**

**The Board resolved that:**

- a) the report of the Chair of the Audit and Assurance Committee be NOTED.

**19/05/033 QUALITY, SAFETY AND EXPERIENCE COMMITTEE REPORT TO BOARD**

**The Board resolved that:**

- a) the report of the Chair of the Quality, Safety and Experience Committee be NOTED.

**19/05/034 FINANCE COMMITTEE REPORT TO BOARD**

**The Board resolved that:**

- a) the report of the Chair of the Finance Committee be NOTED.

**19/05/035 STRATEGY AND DELIVERY COMMITTEE REPORT TO BOARD**

**The Board resolved that:**

- a) The report from of the Chair of the Strategy and Delivery Committee be NOTED.

**19/05/036 HEALTH AND SAFETY COMMITTEE REPORT TO THE BOARD**

**The Board resolved that:**

- a) The report of the Chair of the Health and Safety Committee be NOTED.

**19/05/037 STAKEHOLDER REFERENCE GROUP REPORT TO BOARD**

**The Board resolved that:**

- a) The report of the Chair of the Stakeholder Reference Group be NOTED.

**19/05/038 LOCAL PARTNERSHIP FORUM REPORT TO BOARD**

**The Board resolved that:**

- a) the report of the Chair of the Local Partnership Board be

NOTED.

**19/05/039 AGENDA OF THE PRIVATE BOARD MEETING**

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

- The Healthcare Inspectorate Wales Report
- The Vascular Surgery Review
- The Wales Audit Office's Letter of Representation

**19/05/040 ANY OTHER URGENT BUSINESS**

No other business items were raised.

**19/05/041 DATE OF THE NEXT MEETING OF THE BOARD:**

Thursday 25 July 2019, 1.00pm Woodlands House, Heath, Cardiff CF14 4TT.