

**Confirmed Minutes of the Board Meeting  
Thursday, 26 September 2019 at 1.00pm  
Nant Fawr Rooms 1 &2, Woodlands House, Heath, Cardiff**

**Present:**

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
John Antoniazzi	JA	Independent Member – Estates
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Medical Director
Dawn Ward		Independent Member – Trade Union

**In Attendance:**

Nicola Foreman	NF	Director of Corporate Governance
Geoffrey Simpson	GS	Deputy Chair - SRG
Christopher Lewis	CL	Deputy Director of Finance

**Secretariat**

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

Stephen Allen	SA	Community Health Council
Gary Baxter	GB	Independent Member – University
Robert Chadwick	RC	Executive Director of Finance
Eileen Brandreth	EB	Independent Member - ICT
Indu Deglurkar	ID	Chair, Senior Medical Staff Committee
Susan Elsmore	SE	Independent Member – Local Authority

UHB 19/09/001	WELCOME AND INTRODUCTIONS	ACTION
	The UHB Chair welcomed everyone to the meeting.	
UHB 19/09/002	PATIENT STORY	
	The Executive Nurse Director read out a story related to a student who had moved to Cardiff from England to study and had suffered from a number of medical conditions. The story highlighted a number of themes around communication and support. The following was described:	

	<p>The patient had a number of health issues which had been treated in England. The patient had moved to Cardiff to study and all their health conditions were now being treated for by the Cardiff and Vale University Health Board. The family were very complimentary that there had not been a break in the care when transferred from England. After the procedures the patient had described that on both occasions after procedures they had not felt supported. They had felt that the communication could have been better and the discharge process could have been improved.</p> <p>The first procedure was undertaken at the Cardiac Day Surgery and the patient's mother had travelled a few hours to be with them but had been worried they had not met with anyone on the unit before the procedure. The patient explained that the unfamiliarity with the team had made them feel vulnerable. The patient's mother was not allowed on the ward and they wished that they had been informed of this prior to the procedure. The patient said they fully understood that the ward could be busy and appreciated that care had to be taken due to infection control. After the procedure the patient's mother was allowed on the ward.</p> <p>The same treatment was also experienced in Llandough. The patient's mother explained that she had wanted to provide support to her child and would have preferred if she could have been there for the consultation and to explain the medical issues of the patient. The nurse had advised them of the policy. The patient stated that she was anxious and it would be helpful to have someone with her to help take in the information. The mother was then allowed to sit in on the consultation and spent time with the patient post operatively.</p> <p>The key lesson to learn from this patient story was that students, although adults, were still someone's child.</p> <p>As part of discussions Board members raised the following questions:</p> <p>Had the policy in place at that time now been adapted to reflect what the patient actually wanted? In response it was stated that the policy was currently being reviewed by the Surgical Clinical Board and it would be expected that nursing staff would adapt to individual circumstances and be flexible. This had been conveyed to the nursing staff.</p> <p>In summary, it was stated our strategy was to value our staff and empower them to make decisions in the best interest of the patients. Policies were there to help but there were, and always would be exceptions to the rule.</p>	
<b>UHB 19/09/003</b>	<b>APOLOGIES</b>	

	Apologies for absence were noted.	
<b>UHB 19/09/004</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>Sara Moseley, declared her interest as Director of Mind in relation to agenda items 7.4 and 7.7</li> </ul>	
<b>UHB 19/09/005</b>	<p><b>MINUTES OF THE BOARD MEETING HELD ON 25 JULY AND 29 AUGUST 2019</b></p> <p>The Board reviewed the Minutes of the meeting held on 25 July and 29 August 2019, and noted that the following amendments should be made:</p> <ul style="list-style-type: none"> <li>Stuart Walker Medical Director was present at the Board meeting on 25 July.</li> <li>Page 8 first line bullet point change word from 'reactive' to 'proactive'.</li> <li>Page 9 change word from 'Amplified' to 'Amplify'.</li> </ul> <p><b>The Board resolved – that:</b></p> <ol style="list-style-type: none"> <li>the minutes of the meeting held on 25 July be approved subject to amendments;</li> <li>the minutes of the meeting held on 29 August 2019 be approved as a true and accurate record.</li> </ol>	
<b>UHB 19/09/006</b>	<p><b>BOARD ACTION LOG</b></p> <p>The Board reviewed the Action Log and noted the following:</p> <p><b>19/07/017 – Welsh Language Policy:</b> Independent Member – Third Sector informed the Board that they had reviewed the Welsh Language Policy in the context of Amplify 2025 and a good initial discussion had taken place. There would be further discussions with two Board Champions, Independent Member- Community in relation to equality and Independent Member- University in relation to LGBTQI.</p> <p><b>19/07/013 – IMTP – Process and Priorities:</b> A presentation on the IMTP was undertaken on an annual basis and the Executive Director of Strategic Planning would check when this would be undertaken again. Independent Member- Trade Union requested if she could be involved.</p> <p><b>19/03/059 – Performance Report – Part 1b of the Mental Health Measure:</b> This item was superseded by the paper presented later on the agenda.</p>	<p><b>SM/GB/EB</b></p> <p><b>AH</b></p>

	<p><b>19/03/012 – Winter Resilience Programme:</b> This related to the transformation piece with PCIC Out of Hours and the Lightfoot work. This work was in progress and would be monitored through Strategy and Delivery Committee.</p> <p><b>The Board Resolved that:</b></p> <p>(a) the action log and updates upon it be received and noted.</p>	<p><b>GM</b></p>
<p><b>UHB 19/09/007</b></p>	<p><b>REPORT FROM THE CHAIR</b></p> <p>The Chair introduced his report which provided an update on key meetings attended, activities and actions that had taken place since the previous Board meeting.</p> <p>Independent Member- Third Sector asked if the Round Table meeting convened during the Social Care Conference for Wales with Sam Everington was a strategic fit with some of the work being undertaken in Cardiff and Vale. The Chair responded that this was positive for the work being undertaken in the South Wales cluster with Karen Hardy who was taking a similar approach as part of the Transformation agenda. One of the projects related to social prescribing in primary care with monies received from the transformation fund. The learning from over the next year would be rolled out across the whole patch and was in line with Shaping Our Future Wellbeing.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chair’s report be noted.</p> <p>(b) the affixing of the Common Seal be endorsed.</p> <p>(c) the reported Chair’s Actions and signing of legal documents be endorsed.</p>	
<p><b>UHB 19/09/008</b></p>	<p><b>REPORT FROM THE CHIEF EXECUTIVE</b></p> <p>The Chief Executive provided an overview of the content of his report and provided an update on the following:</p> <p><b>Brexit:</b> A risk assessment and business continuity plan had been undertaken addressing key risks and plans which were in place if there was a no deal. The Executive Director of Strategic Planning chaired the Senior Responsible Officer (SRO) meetings where updates on internal risk assessments were received. There was nothing new to report but the response had been strengthened to ensure stock availability. Updates to the Board would be provided and by 17 October Cardiff and Vale’s status would be clarified.</p> <p>Independent Member – Legal inquired whether we had a</p>	

communication strategy for this. It was confirmed that the Director of Communications sat on the group and was working on the best information available.

Independent Member – Community wanted assurance over contingency plans which were in place. It was confirmed that Shared Services were leading on this area and working very closely with suppliers who had their own continuity plan in place and no significant risks had been highlighted.

In relation to medical supplies the Health Board had stocked up to top stock levels. Welsh Government had provided more resilience to our stock and there was a warehouse for all of Wales which had approximately 12 weeks' worth of supplies. A mechanism was in place if something critical was in short supply and this would be flagged up. Wales would be part of a UK wide distribution chain which came in a national formation process. It was recognised that there were some products with a very short shelf life but new transport arrangements had been put in place to get these items into country. This had been tested.

**Major Trauma Centre:** The Health Board and Welsh Health Specialised Services Committee had developed a business case. A session was due to be held on 23 October to explain how the Major Trauma network Business Case had been developed. The business case would come to the Board meeting in November for approval.

**Welsh Government Letter:** A letter which had been received from Welsh Government had been circulated to Board Members. The letter stated that the Health Board had been de-escalated from Enhanced Monitoring to Routine Arrangements. Credit was given to the Executive team for their leadership and the Clinical Boards and front line staff were commended for the high levels of performance achieved and the work undertaken to progress the current financial position.

Independent Member – Third Sector asked how clinicians were now feeling in relation to the thoracic surgery process and outcome. The CEO stated that there was a positive mood amongst staff. A 24 hour Team Leader at a senior consultant level had been included within business case. The size of the polytrauma ward had been a compromise but the clinical staff were on board. There was support for critical care beds at the level required. It was confirmed that what had been submitted from an emergency theatre list had been approved.

Independent Member – Community raised concern in regard to the Trauma Centre and psychiatry services. The Executive Director for Therapies and Health Sciences informed Members that she had undertaken discussions with the lead

	<p>and confirmed that this issue would be addressed.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chief Executives report be noted.</p>	
<p><b>UHB 19/09/009</b></p>	<p><b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</b></p> <p>The Executive Nurse Director confirmed that there were good performance rates in relation to complaints and compliance was at 88% of response times in 30 days. During July and August there had been a significant increase in the number of complaints but no trends or themes had been identified. A number of retrospective Serious Incidents (SIs) had been reported proactively. Work was being undertaken at the request of the Welsh Risk Pool to review the negligent claims. If anything was found untoward these claims were addressed quickly. The Assistant Director of Patient Experience was asked to look at an all Wales approach to ensure continuity.</p> <p>The Executive Medical Director, Executive Director of Therapies and Health Sciences and the Executive Nurse Director was looking at critical care work and was reviewing the data with fracture neck and femur and vascular surgery.</p> <p>HIW had visited the Stroke Rehabilitation Centre in Llandough Hospital and the feedback had been very positive, particularly around staff and the quality of care they provided. There was one urgent request for immediate assurance relating to the checking of a resus trolley.</p> <p>The Executive Nurse Director answered questions raised by Independent Members prior to the Board meeting:</p> <p>The Chair raised a question whether the Board could have assurance that the incidents were being closely monitored by the Quality, Safety and Experience (QSE) Committee and that lessons were learnt? In response it was confirmed that SIs in mental health were separated on request at the July Board meeting.</p> <p>Independent Member – Local Authority asked what could be done in future to prevent unexpected deaths and what mitigating actions were in place? In addition to this a question was raised about how the Health Board were working with the local authority? The Board was assured that the October extraordinary QSE Committee concentrated on themes and trends that emerge from SIs over the year and that mental health deaths were due to be a theme at this meeting in October. The Clinical Boards had been asked to present with lessons learned and the actions put in place. It was emphasised that all actions and incidents were investigated.</p> <p>Independent Member – Local Authority asked what was the</p>	

quality of listening to our mental health patients in our system? It was explained there were a number of feedback mechanisms in place such as bespoke surveys and listening to patient stories. These were undertaken in the community as well as the hospital setting. Other approaches taken were volunteers sitting with patients who encouraged them to say what they were feeling and capture feedback. Voluntary Cymru was a small group of volunteers who put together activities in a mental health ward based environment. Activity nurses held meetings and had protected time where patients were able to talk about their experience. A small group of mental health volunteers who had experienced substance misuse were part of our Spread and Scale Academy and were working in a small project alongside those using the services and provided feedback.

Independent Member – Legal asked if any trends could be seen at Board as they were viewed in isolation. The Chair said trends across each Clinical Board would be helpful to see in the report but the cause for concern related to unexpected deaths in mental health.

Independent Member – Trade Union asked about the progress made regarding the implementation of the mental health model? The Chief Operating Officer said the model was progressing well and explained that this would be a locality based model and decentralising the mental health services. The first major development was in the Barry services where three mental health teams had been brought together into a single hub. There were early indicators to share with the Board at a later date which suggested access for patients had improved through this model and through a trusted assessor approach where individuals no longer had to go through a sequence of assessments.

Independent Member Local Authority asked how we were working with local authority partners? In response it was stated that our local authority partners integrated into our community mental health teams. There were environmental issues with the Links Centre and it was acknowledged that the teams worked better when they were co-located. It was further stated that in terms of continuing healthcare packages and learning from joint working over a range of services including the winter plan, there was evidence of an integrated approach with the Local Authority such as executive to executive meetings between the health board and local authority.

Independent Member – Trade Union acknowledged the ongoing discussions around the condition of the estate and the challenges this raised and asked how the Board could be assured that this did not undermine the progression of the integration. It was confirmed that there were good examples

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of integration such as Barry Mental Health Teams. The work on the Links Centre would be completed in October. In both of the Public Service Boards joint asset management was being discussed as they recognised the Health Board and Local Authorities faced aging estates. The review of Cardiff and Vale UHB buildings would be progressed through the Estates Strategy.

The Executive Director of Public Health highlighted the set of arenas of work ongoing between the Health Board, Local Authorities and Third Sector and provided examples of prevention and early intervention of mental health.

The Chair suggested that a deep dive would be appropriate in relation to themes and trends after the October QSE Committee had taken place.

The Chair stated that whilst he was encouraged to note a robust improvement plan was in place in relation to the Assessment Unit from the HIW visit, it was difficult to see the expected outcomes from the actions proposed. How and when would the Board be assured that the required standard of care had been achieved? Members were assured the plan was robust with dates and times in place. The action plan was also reviewed at the QSE Committee. It was envisaged that significant improvements would be seen by not having patients in the area and with the implementation of TACU and Surgical Assessment Units. It was acknowledged that more work was needed on Length of Stay and discharge processes in the Medicine Clinical Board.

Independent Member – Finance asked what was the patient experience in the MEAU in Llandough as informal feedback stated it was poor? It was confirmed that from time to time patients waited in seated areas awaiting assessment in Llandough but not for the same length of times as in the Assessment Unit. The escalation process in Llandough was good in identifying patients. It was acknowledged that this was an area to monitor through the winter period.

Independent Member – Community stated that he was not assured with the survey mechanism in place, the data and its robustness. Was an independent survey or patient experience survey an option? The Executive Nurse Director stated that a number of surveys including telephone surveys were used. Patients were not open whilst in hospital and therefore retrospective surveys were undertaken. More formal surveys were sent out to the patients and surveys could be completed online. There were Ipads placed in areas to fill in as patients finished their care. Bespoke surveys were also undertaken and kiosks had been placed in primary care settings to capture the user's experience. There were also a number of planned listening events. One hundred and twenty

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	<p>pharmacy volunteers had been recruited who would be involved in gathering feedback retrospectively and in real time using a number of these methods.</p> <p><b>The Board resolved that:</b></p> <p>a) the content of this report was considered.</p> <p>b) the areas of current concern be noted and agreed that the current actions being taken were sufficient.</p>	
<p><b>UHB 19/09/010</b></p>	<p><b>PERFORMANCE REPORT</b></p> <p>The Chief Operating Officer provided an update on the Performance Report. The following comments were made in relation to questions raised by Independent Members prior to the Board meeting:</p> <p><b>Cancer:</b> There had been an increase of 20% in demand for cancer services during this year and the Health Board had encountered some capacity issues across some specialties. Work had been undertaken with clinical teams in terms of making improvements at a tumour site level and a process level.</p> <p>The Chair asked what the key indicator was to show the back log had been brought down? It was stated this had reduced from 50 patients who were breaching 62 days to 13 patients currently. This was being fed into the headline performance. June showed 74% performance for 62 day compliance and the July performance was 80%. August showed that they would be reporting at 84-85%. It was indicated that September performance would be at a higher position with sustained improvement. In going forward the Board was assured the backlog was reducing and the key indicator showed that there was good access for patients. The reason the performance tailed off before improvements were seen was because patients were treated in most need first.</p> <p>In terms of capacity this was more challenging with non-resource dependent issues and resource dependent issues. Non resource issues related to securing skills that were needed to undertake work, for example, 40% of urology capacity was lost due to unplanned leave. A post had been advertised and indications showed that in the second round of interviews someone would be appointed. There were various diagnostic roles to be appointed to that were key in a single cancer pathway. Several risks highlighted related to the ability in recruiting the right skills, the effect on pensions and tax changes that were impacting on the ability for consultants to provide extra work and that the demand profile changes that could recur.</p> <p><b>Mental Health - part 1B:</b> There had been significant demand increases and at the end of last year primary care mental</p>	

health referrals rose by 1,400 patients. This had reduced but stayed higher than expected. There were small changes in the Health Boards capacity which provided difficulties with a gap between numbers leaving and joining. Part 1a, the 28 day assessment, was back on track performing at 93%. The key going forward was continuing to provide capacity and there was a need to fundamentally change the Health Boards approach to reduce demand.

There had been significant investment in Primary Care's first point of contact services. Currently the Health Board were providing 2000 GP slots through a multidisciplinary team. It was envisaged to see less demand coming through the primary care 28 day assessment. Due to increased volumes they could no longer report manually. The changes meant this would be achieved through PARIS. This produced its own challenges and it was explained work was being undertaken with Welsh Government and the Delivery Unit to resolve this. It was considered a definition issue and further explained how variances in data could occur and how the validation process could influence the figures.

**Mental Health Part 2:** This was also a definitions issue and related to patients with care and treatment (CT) plans. It was described, when speaking to staff, that they considered that they were fully compliant. Members were assured that the Delivery Unit had undertaken three CMHT reviews over the last year and at each review it was identified that every patient who needed a CT plan had one in place. This would need to feed through on the PARIS system. A workshop was undertaken with the Cardiff and Vale Team and the Welsh Government on 16 September and the information was validated on 19 September. The lessons learnt were that the Cardiff and Vale Teams were erring on the side of caution by including more patients not required in the cohort. The DU were knowledgeable and ensured that Cardiff and Vale would be compliant.

Independent Member – Third Sector commented in relation to Part 2 of the measure and that the DU would be looking at a number of CT plans. One of the reviews from the DU reported that the CT plans that were in place were poor and not completed in conjunction with the individual and therefore not meaningful for their progress. In addition, they were not embedded in the culture and the way teams were working. What did this mean for individuals who were coming to Cardiff and Vale services unwell as it was important to ensure the figures were helpful around compliance and quality and outcomes? In response, it was stated that significant work was ongoing on how care and treatment plans could be co-produced and improved in relation to quality and seen as a mechanism for the treatment plan. What emerged from the piece of work was how well this was undertaken by a member

of the team. The work to improve quality was ongoing.

The Chief Operating Officer suggested that since we were close to completion of the transition, that we receive assurance from the Delivery Unit by ensuring the correct definitions were being used. Thereafter, to review the performance against the revised position and consider whether there were gaps compared to where we needed to be.

The Executive Medical Director stated he would like to link the patient safety and performance discussion about the metrics used. The clinical view shared that the metrics used to measure our performance in mental health did not reflect the metrics of genuine clinical risk. The quality element for the CT plan was key but also our threshold for entry into service, our processes for risk assessment for individuals in severe crisis would not be reflected in the figures presented. The key principle to adopt was to trust our clinical staff to identify the best ways to deal with the risk we faced whilst acknowledging we must be seen to be performing against our performance targets.

The CEO stated the indicators looked at had to include what we were regulated on and additional indicators could be added to get across the complexities encountered in areas where there was concern for a period of time.

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The CEO suggested that as there was good discussion around Mental Health that it should be brought back to the next Board meeting and centre on the mental health issues discussed and work our way through how this could be applied in this particular setting.

The Chief Operating Officer informed Members that Part 3 and 4 measures were compliant.

The Chair raised a question on the new eye care measures with performance against the measure at 58.6% - why were we adrift of this target and how did we compare to our peers? In response it was stated these were new measures for follow up patients for ophthalmology where higher risk patients were placed in categories. The new baseline measures started at 51% and had moved to 58%. The overall Wales average position was approximately 63% and to improve the position in the first instance would be through the validation process. Of importance was the reform of the pathway for outpatients and moving outpatient's follow-up out of a hospital setting into the community. Work was being procured to establish the first six centres across our three localities.

Independent Member – Local Authority asked if there was more that needed to be done in outpatient follow up. It was

	<p>confirmed that there was more to be done in outpatient follow up through validation and pathway reform.</p> <p>Independent Member – Finance raised a question in regard to the stroke unit performance being 45 minutes QIM at 11% and why was this? It was explained that this was expressed as a percentage as there were very low volume patients. The target was an improvement target. There was improvement work being undertaken with medical staff by raising awareness of timely intervention. Another piece of work was being undertaken by the Clinical Board Director of Nursing by realigning consultant availability with stroke at the front door across our stroke services. All stroke patients eligible for thrombolysis received treatment.</p> <p><b>Finance:</b> Members were informed the Finance Committee received a presentation of the actions in place to deliver a break even position by the end of the year but this was not without risk. There were plans in place to get to a good position with actions being taken at Clinical Board level and through taking advantage of corporate opportunities by minimising our risks in order to deliver a balanced position. This would be reported to Welsh Government</p> <p><b>The Board resolved that:</b></p> <p>a) the UHB’s current level of performance and the actions being taken where the level of performance was either below the expected standard or progress had not been made sufficiently quickly to ensure delivery by the requisite timescale was discussed.</p>	
<p><b>UHB 19/09/011</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER</b></p> <p>The Director of Corporate Governance confirmed that the Board Assurance Framework provided members with the six key risks to the organisation. There was ongoing work in relation to risk management across the organisation. Risks registers were in place in all Clinical Boards but a piece of work was ongoing to ensure consistency in terms of scoring and how the risk registers were being developed and managed.</p> <p><b>The Board resolved that:</b></p> <p>a) the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives be approved.</p>	
<p><b>UHB 19/09/012</b></p>	<p><b>PRIMARY CARE MILESTONES AND DELIVERY AGAINST THEM</b></p> <p>The Chief Operating Officer presented a general overview and update on the Primary Care Milestones report stating the</p>	

	<p>Health Board had been called to the Public Accounts Committee in relation to the Primary Care Out of Hours service. This had been considered at the Strategy and Delivery Committee and there would be a fuller presentation in January. In the Public Accounts Committee report there were a number of recommendations and Cardiff and Vale Health Board had been referred to as an exemplar in terms of how the Health Board were driving access performance, The Chief Operating Officer stated that he would like to recognise the team for the work which had been undertaken to achieve this.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the requirements for reporting against delivery milestones and other Primary Care standards and measures to Welsh Government be noted.</li> <li>b) the paper on Urgent Primary Care/OOHs which had been considered by the Strategy and Delivery Committee on 3 September be noted.</li> <li>c) the proposal for quarterly reports to be considered by the Strategy and Delivery Committee be approved. Reports would be provided for the Board on an annual basis, or if there were exceptions in relation to delivery.</li> <li>d) the Chief Operating Officer arrange for the Primary Care Team to present to the Management Executives on future priorities for primary care. This would include delivery milestones and access standards and that he would also arrange for this to be presented to the Strategy and Delivery Committee (likely to be in November) be noted.</li> </ul>	<p>SC</p> <p>SC</p> <p>SC</p>
<p>UHB 19/09/013</p>	<p><b>CAMHS – RESPONSE TO MIND OVER MATTER REPORT INCLUDING DELIVERY UNIT REPORT AND ACTION PLAN</b></p> <p>The Chief Operating Officer provided an overview of the report and answered questions raised by the Independent Members prior to the Board meeting:</p> <p>The CAMH Service was repatriated to Cardiff and Vale Health Board from Cwm Taf in April. The Board had been made aware of the extreme increases in demand on the CAMH service and on a number of occasions reported on further capacity input to meet the demand. It was realised that putting in more capacity was not the answer but changing the model was being considered. Two reviews had been undertaken. The Delivery Unit Review related to Primary Care and the Specialist Care Review was commissioned by the Health Board to provide guidance on the services. A way forward had been realised through the actions the team had outlined. The sharp decrease and increase in performance was because they were dealing with patients in turn by managing the patient and not the target. The sequential access route to the service was explained and how in two steps they should arrive at the correct service for the patient.</p>	

	<p>In summary, progress was seen in regard to the backlogs of patients being treated. In regards to recruitment, out of 60 people in the combined service, there were 11 vacancies outstanding. A number of posts had been recruited to with currently only two vacancies outstanding. Good work was being undertaken to right size the service with definite improvements seen. In terms of delivering a comprehensive integrated service going forward this would be a process and would work with specialist and Primary Care teams to integrate the service into the Health and Care System.</p> <p>Independent Member, Trade Union, asked on the staffing mix and if it was visionary enough and fit for the future? Was there a way of knowing the referral to assessment target and could this be addressed at the November meeting. In response it was confirmed the Welsh Government would track the DU plan. The plan also went to Clinical Boards QSE sub committee and would be tracked by the Strategy and Delivery Committee who had oversight of the plan and forms part of the Executive Performance Reviews.</p> <p>In terms of future proofing the service there was a need to concentrate on new ways of working. There was a need to move upstream and a significant amount of work needed to be undertaken at different cluster levels. This was on the wellbeing agenda for young people to remain resilient in the community. The Health Board would have to provide more and use different skills and the future was to get ahead and support young people in various events of their life to avoid them coming into the service.</p> <p>Independent Member – ICT asked if the performance measures on CAMHS could be analysed in the December QSE meeting.</p> <p>The Director of Therapies and Health Sciences asked if the Board would consider if children of armed forces could be given priority to the CAMH Service.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>a) the findings and recommendations of the PCAMHS and SCAMHS external reviews be noted</li> <li>b) the action plan presented in response to the PCAMHS recommendations be noted</li> <li>c) the broader service redesign intentions of the CAMH service which will support service improvement and sustainability be endorsed</li> </ol>	<p>SC</p> <p>SC</p> <p>SC</p>
<p><b>UHB 19/09/014</b></p>	<p><b>WINTER PLAN</b></p> <p>The Chief Operating Officer provided an update on the position of the winter plan. The following comments were</p>	

	<p>made:</p> <p>Over the summer an integrated plan had been amalgamated with a number of partners. There were three points of note regarding additional measures to help cope with pressures over winter. A significant piece of work had been undertaken on improving the unscheduled care system. The Strategy and Delivery Committee were shown pathways using data. There were a number of schemes around particular pathways and frailty. This work was ongoing and should lead the Health Board into a better position year on year. The measures taken fell into two categories, firstly, how the Health Board would mitigate the demand on our services through working upstream and having senior decision makers in place and secondly ensuring there was the capacity to meet the demand. This would include bed equipment capacity in the community.</p> <p><b>The Board resolved that:</b></p> <p>a) the collaborative work with partner organisations to develop the Winter Plan and support the Cardiff and Vale Integrated Winter Preparedness and Resilience plan be noted.</p>	
<p><b>UHB 19/09/015</b></p>	<p><b>SEXUAL ASSAULT REFERRAL CENTRE</b></p> <p>The Executive Director of Strategic Planning informed Members that this was a key stage in a piece of work triggered by concern that the sexual assault services were not delivering the right kind of services for our citizens. An intensive piece of work had been undertaken with input from the NHS Wales Health Collaborative in terms of project management support.</p> <p>Independent Member – Trade Union asked whether there was any infrastructure behind the services for staff and did we have any support mechanisms for staff wellbeing going forward. It was confirmed that this was a key part of the conversation. It was further explained that they had sought assurance around some of the provider organisations who sat outside the health service and looked at how we provided support and resilience across the system as it developed. It was confirmed that we had strong clinical leadership for our staff.</p> <p><b>The Board resolved that:</b></p> <p>a) the overarching model and recommendations be approved</p> <p>b) the costs associated with the implementation of phase 1 only be approved</p> <p>c) work to commence on phase 2 and 3 be approved</p>	

<p><b>UHB 19/09/016</b></p>	<p><b>STRATEGIC CLINICAL SERVICES PLAN</b></p> <p>The Executive Director for Planning stated the plan was in draft stage and had been endorsed by the Board. Attached to the report was an engagement proposal which outlined the timeframe and engagement process. It was asked if the plan could be reviewed by Management Executives in regard to the conversation with the South Glamorgan Community Health Council as they were concerned that this was being undertaken in the run up to Christmas over an eight week period. Also, in light of the engagement with Barry Hospital Health and Wellbeing Centre and the frailty pathway model conversation in the Vale of Glamorgan. It was requested that the informal engagement continue until after Christmas. The Board was asked to adjust the formal engagement process timetable and continue with continuous engagement as part of normal business.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the draft Strategic Clinical Services Plan for production by Medical Illustration and subsequent wider engagement as per the draft engagement plan with staff, general public and stakeholders between 4<sup>th</sup> November and 31<sup>st</sup> December 2019 be approved.</li> <li>b) Executive Directors to reconsider dates of the formal process and when this would begin.</li> </ul>	<p><b>AH</b></p> <p><b>AH</b></p>
<p><b>UHB 19/09/017</b></p>	<p><b>ANNUAL MEDICAL EDUCATION REPORT</b></p> <p>The Executive Medical Director introduced Ben Hope-Gill, Director for Medical Education who presented the report and answered questions raised by Independent Members relating to post graduate risk areas. The following comments were made:</p> <p>It was explained that paediatric trainees and surgery trainees were being reallocated to the Health Board next month and HEIW and the Specialist Advisory Committee had put in place safeguards which had been implemented to ensure there was a good training environment and experience.</p> <p>In regards to obstetrics and gynaecology the Chair asked what was being done about this? In response it was stated that the labour ward and acute gynaecology was a highly pressured clinical area and the Health board therefore had difficulties in recruiting middle grade to this specialty. Because of the nature of recruits there was a high level of flexible working which had an effect on the level of supervision for junior trainees. As the ward was busy the modular teams had to hold onto decisions they would like an answer to more quickly. This was a regular item on the agenda and the Health Board was looking to appoint non trainee grade doctors to fill the</p>	

	<p>middle tier gap.</p> <p>Work had been undertaken to improve the induction process and training had been provided to foster confidence in trainees in relation to making decisions in a speciality they were not familiar with. There were plans for extended resident hours to obtain an obstetrics list which should provide an excellent training experience. There were pressures related to staffing and some of the efforts in terms of oversea trainees had not worked out as planned.</p> <p>The Chair questioned whether we were at risk of losing trainees in psychiatry, it was stated there was the potential but no immediate risk for losing trainees had been identified.</p> <p>In terms of critical care, there were issues highlighted in the GMC survey that reflected broader issues in the department. Many of the solutions proposed were part of the generic critical care work which was being focused on in a slightly different way. It was suggested to bring back critical care work to the Quality, Safety and Experience Committee.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the Report and significant development of simulation training be noted</li> <li>b) the priority areas for Undergraduate and Postgraduate Medical Education 2019/2020 be agreed</li> </ul>	<b>SW</b>
<b>UHB 19/09/018</b>	<p><b>DIGITAL HEALTH AND INFORMATION COMMITTEE TERMS OF REFERENCE</b></p> <p>The Director of Corporate Governance introduced the report and confirmed this was a newly formed Committee of the Board which held its first meeting in August where the Terms of Reference had been approved.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the Terms of Reference for the newly established Digital and Health Intelligence Committee be approved.</li> </ul>	
<b>UHB 19/09/019</b>	<p><b>QUALITY, SAFETY AND EXPERIENCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Quality, Safety and Experience Committee held in June 2019 be ratified</li> </ul>	
<b>UHB 19/09/020</b>	<p><b>FINANCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p>	

	<p>a) the minutes of the Finance Committee held in July 2019 ratified</p>	
UHB 19/09/021	<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 June 2019 be ratified</p>	
UHB 19/09/022	<p><b>CHARITABLE FUNDS COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Charitable Funds Committee held in June 2019 be ratified</p>	
UHB 19/09/023	<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 July 2019 be ratified</p>	
UHB 19/09/024	<p><b>LOCAL PARTNERSHIP FORUM</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Local Partnership Forum held in June 2019 be ratified</p>	
UHB 19/09/025	<p><b>EMERGENCY AMBULANCE SERVICES COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <p>a) the minutes of the Emergency Ambulance Services Committee in March and May 2019 be noted</p>	
UHB 19/09/026	<p><b>ITEMS FOR NOTING AND INFORMATION</b></p> <p><b>NHS WALES COLLABORATIVE LEADERSHIP FORUM MINUTES</b></p> <p><b>The Board resolved that:</b></p> <p>a) The minutes of the NHS Wales Collaborative Leadership Forum be noted</p>	
UHB 19/09/027	<p><b>QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p>	

	<p>b) The report of the Chair of the Quality, Safety and Experience Committee be noted</p>	
UHB 19/09/028	<p><b>FINANCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Finance Committee be noted.</p>	
UHB 19/09/029	<p><b>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
UHB 19/09/030	<p><b>CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Charitable Funds Committee be noted.</p>	
UHB 19/09/031	<p><b>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Stakeholder Reference Group be noted.</p>	
UHB 19/09/032	<p><b>LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Local Partnership Board be noted.</p> <p><b>ANY OTHER BUSINESS</b></p> <p>The Chair confirmed that the Board met in private at which the Board discussed a Clinical Negligence claim.</p> <p>The Chair informed Members that John Antoniazzi, Independent Member, Estates would relinquish his responsibilities with effect from 31 October 2019. He was thanked for his valued contribution to the Board and wished him the best for the future.</p>	

<b>UHB 19/09/033</b>	<b>Date, Time &amp; Venue of Next Board Meeting:</b>  Thursday 28 November 2019, 1.00pm, Barry Memorial Arts Centre, Gladstone Road, Barry CF62 8NA	