

**Confirmed Minutes of the Board Meeting
Thursday, 30 January 2020 at 1.00pm**

**Cowbridge with Llanbethian Town Council
Town Hall, 21 High Street
Cowbridge, CF71 7AD**

Present:

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Professor Gary Baxter	GB	Independent Member - University
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Akmal Hanuk	AH	Independent Member - Community
Jonathon Gray	JG	Interim Director of Transformation and Informatics
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Interim Vice Chair
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance
Stuart Walker	SW	Executive Medical Director
Dawn Ward	DW	Independent Member – Trade Union

In Attendance:

Stephen Allen	SA	South Glamorgan Community Health Council
Nicola Foreman	NF	Director of Corporate Governance
Geoffrey Simpson	GS	Vice Chair – Stakeholder Reference Group
Jason Roberts	JR	Deputy Executive Nurse Director
Secretariat		
Glynis Mulford	GM	Corporate Governance Officer

Observers:

Aaron Fowler	AF	Interim Head of Corporate Governance
Rhian Thomas	RT	Independent Member - Estates
Jo Brandon	JB	Director of Communications and Engagement

Apologies:

Eileen Brandreth	EB	Independent Member - ICT
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director

UHB 20/01/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting. A special welcome was extended to Jonathon Gray, the new Interim Director of Transformation and Informatics, the newly appointed Independent Member, Rhian Thomas and Geoffrey Simpson, Vice Chair of the Stakeholder Reference Group.	ACTION
UHB 20/01/002	PATIENT STORY – MATERNITY SERVICES The patient story centred around a young woman who had a traumatic pregnancy whilst living in London. During her time in London she was under the Mental Health service who investigated the symptoms she was experiencing. The patient later moved to Cardiff. The story described the difficulty she had in getting a diagnosis of PTSD and the fact that over a period of time she had to be seen by a number of different professionals. However, once she had her diagnosis and acquired access to the Clinical Psychology team within the Child Health service within Cardiff and Vale UHB (the UHB), she had a very positive, and what she described as, a life changing experience. Due to the poor quality of sound the video would be circulated to Board Members.	GM
UHB 20/01/003	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
UHB 20/01/004	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: <ul style="list-style-type: none"> • Independent Member – University declared his interest in relation to item 8.5; and • Independent Member – Third Sector declared her interest in relation to item 7.4. 	
UHB 20/01/005	MINUTES OF THE BOARD MEETING HELD ON 28 NOVEMBER 2019 The Board reviewed the Minutes of the meeting held on 28 November 2019. The Board resolved – that: <ul style="list-style-type: none"> a) the minutes of the meeting held on 28 November 2019 be approved as a true and accurate record. 	

UHB 20/01/006	<p>BOARD ACTION LOG</p> <p>The Board reviewed the Action Log and noted the following:</p> <p>UHB 19/01/005 – Relocation of the Links Centre: The CMH Team had relocated from the Links Centre to Cardiff Royal Infirmary. Plans were in place to move CDAT but due to the needs of the service the plans would no longer deliver. The Assistant Director of Estates would provide a timeline. The Chair confirmed that the Finance Committee had considered a business case for the Links Centre which would be referred to in his Chairs report.</p> <p>The Board Resolved that:</p> <p>(a) the action log and updates upon it be received and noted.</p>	
UHB 20/01/007	<p>REPORT FROM THE CHAIR</p> <p>The Chair introduced his report which provided an update on key meetings attended, and activities and actions that had taken place since the previous Board meeting. The following was highlighted:</p> <ul style="list-style-type: none"> • Assurance was provided to the Board regarding the Chair's actions noted in section D of his report.. Also noted were the works for the Links Centre (see minute: UHB 20/01/006) which needed to be started as soon as possible and had also been approved as a Chairs Action. • The Health Board was engaged in conversations with the Vale of Glamorgan Council who were undertaking a regeneration project in Barry. The Council was interested in further developments with a 'gateway' to Barry. Early discussions were underway to sell the Broad Street Clinic site and the local authority would provide an improved estate on a housing development. Further updates would be provided as the project progressed. • Independent Member – Third Sector said it was important for communications to be in place and provide assurance to the community around the totality of what would be undertaken in area. • Stephen Allen, Community Health Council asked that they be involved early with discussions in order to send out the right message and avoid rumour. <p>The Board resolved that:</p> <p>(a) the Chair's report be noted.</p> <p>(b) the affixing of the Common Seal be endorsed.</p>	

	(c) the Chair's Actions (including the Links Centre Chairs Action) and the signing of legal documents be approved.	
UHB 20/01/008	<p>REPORT FROM THE CHIEF EXECUTIVE</p> <p>The Chief Executive introduced his report which provided an update on key issues which had arisen since the last meeting. A number of issues raised within the report may also feature in more detail in the Executive Directors reports as part of the Board's business.</p> <p>In regard to item 3 - Precision Medicine in Wales, this would provide an all Wales Genomics service with laboratory facilities on the site of UHW. The upgraded equipment gave the Health Board the ability to be in a position to be able to compete with other genetic laboratories around genome sequencing. The Health Board now had the ability to perform and take part in the Test Directory. This was an important development and highlighted that we were the only service of its kind in Wales.</p> <p>The Chief Executive confirmed his position as SRO for advanced therapies work. He informed members that Car-T Therapy, a programme funded through WHSSC, was a new therapy for patients and he publicised the first patient who was undertaking the therapy in December. The patient was making good progress and another patient was now going through the programme with four other patients identified. Although there was a drop-out rate it demonstrated the expectation that the numbers could increase from the initial 12 expected. It was a developing programme of work and from a clinical perspective there was excitement around the service. There were also opportunities to link with Cardiff University to process our own cells and this was being worked through. The programme was a combined effort with the University and other HBs across Wales.</p> <p>In regard to the WHSSC Joint Committee and approval of the Major Trauma Centre, it was confirmed that work was actively being undertaken to get staffing in place.</p> <p>There was a programme of work around specialised services. £28m of funding for the development of new services had been received and an update on this would be brought to the next meeting.</p> <p>The Chair invited comments and questions:</p> <ul style="list-style-type: none"> Stephen Allen, CHC, stated that he had been in a recent meeting with clinicians regarding Car-T Therapy and was grateful for the clinicians' enthusiasm. As the programme did not fit everyone's criteria it was vital to ensure that 	LR

	<p>expectations were managed.</p> <ul style="list-style-type: none"> Independent Member - Third Sector asked if the FIT service was delivered in partnership with the local authority. In response the Chief Operating Officer (COO) confirmed that it was a joined up approach and the Head of Integrated Care was funded jointly with the UHB. There was signposting and support through the third sector. This was the first year for the new service and a review would be undertaken this winter to understand what the impact would be. It was emphasised that working closely with the third sector was essential with domiciliary services. In regard to the Barry Health and Wellbeing Centre the timeframe to have the ability to describe what Barry Hospital would look like in the longer term was towards the end of March. More detail of the work would be in place by the 25th Anniversary and would provide a more detailed programme of understanding. The work on Aroma café had started in Barry Hospital. This was seen as a positive step forward and would open in May 2020. <p>The Board resolved that:</p> <p>(a) the Chief Executives report be noted.</p>	
UHB 20/01/009	<p>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</p> <p>The Deputy Executive Nurse Director provided the following comments in relation to the Patient Safety, Quality and Experience Report from November – December 2019:</p> <ul style="list-style-type: none"> The Ophthalmology Waiting list had exceeded capacity and identified patients who would come to harm or were at risk. Work had been undertaken to bring down the waiting list with external contractors. There had been a slight reduction in complaints for patients on the waiting list and work had been undertaken with the Surgery Clinical Board to ensure lessons were learned. The service remained under pressure and this was being worked through. In regard to the demand/capacity pressure, the COO confirmed that the work being undertaken was to ensure that we are meeting the needs of patients with greater risk. It was also noted that there were other Health Boards contacting Cardiff and Vale to provide capacity for them. This issue was not resolved and the Health Board would still need to use other sources of capacity to address this going forward. Independent Member – Legal asked that the Quality Safety and Experience Committee place this on its agenda as it would be a useful vehicle to look at the specific issues 	

	<p>facing the UHB as the Board needed assurance from QSE to highlight what action was being taken to resolve the issue. The Deputy Executive Nurse Director confirmed that he would liaise with the Executive Nurse Director on this.</p> <ul style="list-style-type: none"> • The Executive Medical Director informed Members that it was recognised that there was a risk associated with long waiting times and that this was regarded as a national problem. This was being taken very seriously and everything was being done to fill the capacity gap and the shortage of clinicians which was also recognised nationally. • The Chief Operating Officer advised that in order to appreciate the context of scale, ophthalmology had the highest volume of specialities within the UHB. Over the last three month period there was a variation of nine concerns where 17k patients were seen in outpatients. The rate of complaints went down but the volume of patients increased. • Independent Member – Third Sector queried whether there were any themes within the concerns raised, or was it a reflection of how busy the Health Board had been. It was acknowledged that there had been a considerable increase in concerns raised and patients waiting for surgery or waiting to be seen in outpatients, but there were no trends or themes seen in a normal month. Staff were busy operationally through the winter which impacted on the ability to respond to concerns in a timely way but the corporate team were working to support the service. Stephen Allen, CHC informed members that they had experienced the same decline but called people to let them know that their concern was being dealt with. • The Executive Medical Director provided an overview on Fractured Neck of Femur work, stating that the 2019 report had been published and the headline sections related to mortality. There had been a significant decrease in time waiting for surgery and in mortality; therefore both measures were within the expected range and on a national average. There were still areas to work on such as patient experience and Multi Disciplinary Team (MTD) support for the frail trauma pathway. There was some initial assurance in the change the Health Board had seen in mortality and waiting for surgery. • Independent Member – Trade Union asked if this was sustainable. The Executive Medical Director stated this was a 'win win' situation as it was a positive cycle of higher safety, improved quality and better staff experience with effective use of our resources. • Executive Director of Therapies and Science highlighted that there had been a reduction in the number of inpatient falls and that there had been significant change over the last year. • In regard to the Assessment Unit, Members were assured that the actions continued to be implemented. There had been a lot of system changes and whilst the department 	<p>JR/RW</p>
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	<p>was very busy, the environment had improved and the CHC had provided positive feedback.</p> <ul style="list-style-type: none"> • Stephen Allen, CHC confirmed that they had revisited the area and patients spoken to had noticed a change in the environment and the way they went through the service, but it was recognised that further work still needed to be undertaken. The report was due within the next couple of days with a number of recommendations and Health Inspectorate Wales input was part of the feedback. • There were six unexpected deaths with people known to Mental Health Services and no trends were identified. A Consultant Nurse had been appointed and was working closely to look at incidents of suicide. • In regard to the National Maternity Review a positive report had been received and work would continue with maternity to progress and sustain improvements. Phase 2 of the programme would review governance arrangements. • Independent Member – Third Sector asked for a Committee to look generally at what was happening to children in the area of neurodevelopment. The COO confirmed that he would look at this offline to ensure that it was brought to the attention of UHB Committees. <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) the content of the report was considered. b) the areas of current concern be noted and agreed that the current actions being taken were sufficient. 	SC
UHB 20/01/010	<p>PERFORMANCE REPORT</p> <p>The COO provided an update on the Performance Report. The following comments were made:</p> <ul style="list-style-type: none"> • Unscheduled Care: The system continued to be under pressure during the winter period and the COO paid tribute to the clinical and operational teams in dealing with pressures. • Cardiff and Vale was showing a degree of resilience not seen in other areas of Wales. Markers were being looked at beyond Wales to understand the context beyond our immediate environment but this was not easy to compare as measures vary. One measure which was consistent related to the four hour transit time target. It was realised that there were not many large centres that dealt with 10k patients per month and there were only 56 across England and Wales. This was looked at and in December the UHB ranked in 7th position. This benchmark would be used going forward. • Planned Care: This was still being impacted by pensionable tax changes. There had been a release from Welsh Government in terms of a way forward. The tax and pension issues had limited clinicians undertaking additional 	

work to reduce waiting times off the waiting list.

- **Primary Care:** The Mental Health Measure had reported adults and children as a single measure. The volumes of activity to recover the CAMHS position were improving. The 28 day assessment had moved from 8% to 16%. It was expected that in January this would move between 40% - 50% and the current trajectory for February would show compliance. Over the same period between October and January 39% were seen for assessment and this now stood at 61%.
- There was wider discussion on minor and major streams of work and it was explained that major events had led to an increase in attendances at A&E and demand for beds.
- Independent Member – Legal, stated that he had met with the Director of Operations for Children and Women. He highlighted the huge amount of work being undertaken within CAMHS to increase the capacity and confirmed that he was impressed with predictions moving forward and he took assurance from these.
- Stephen Allen, CHC commented on the Out of Hours service. His comments related to patients being triaged by a healthcare professional within an hour and he added that the UHB had continued to miss the response times. It was highlighted that there was a need to have a conversation with the Planned Care team to confirm what they were doing to address the concerns. In response Members were informed that the Health Board could not look across Wales to compare ourselves as the data was insufficient or non-existent. There was an all Wales Out of Hours Group with Welsh Government representation to discuss the needs and understand whether the targets set were realistic. The amber response category was explained and it was confirmed that logistically it was very difficult to meet demand. It was also noted that it was hard for patients to get to the Primary Care Centre (PCC) response as they may not be able to make it to the centre. The action taken from a PCC response this month was to take one slot every hour and release it into the system if not used. In the period from October to December 2019, in home visits, 75% received visits within 77 mins and no one waited more than two hours and similarly with the PCC, 75% received there PCC within six minutes of the hour expiring and this assured the Board that the targets were being missed by a small margin and this would be reviewed.

Finance: The Director of Finance outlined the current position at month 9 and stated that it was a good month. Although there had been an expected reduction around Christmas this was not included in the profile. The UHB

	<p>was adrift by £600k but this would continue to be managed over the next three months. The forecast for the financial plan was to deliver a break even position. The reduction in the underlying deficit was very impressive.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The UHB current performance and the actions being taken to improve performance were considered. b) the verbal update on the Finance Report be noted. 	
UHB 20/01/012	<p>BOARD ASSURANCE FRAMEWORK</p> <p>The Director of Corporate Governance (DCG) outlined the changes to actions RAG'd in red and the six strategic risks to the organisation detailed in the report. The DCG also highlighted the amount of work that had been undertaken and also the work that was ongoing.</p> <p>It was explained that the risks were managed by the Executive Lead and the Strategy and Delivery Committee reviewed one risk at each of the Committee meetings. The Committee did not manage the risk itself but monitored whether the allocated actions had been undertaken in relation to the risk. This conformed to the Terms of Reference of the committee and fell within its role and responsibilities.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the BAF and progress which has been made in relation to the actions and the management and mitigation of the key risks to the achievement of UHB objectives be approved. 	
UHB 20/01/013	<p>PATIENT SAFETY WALKROUNDS</p> <p>The Deputy Executive Nurse Director provided an overview of the report which provided a revised approach that had been discussed at the December Board Development day. There were a number of changes that would help individuals overcome challenges they had experienced on their Patient Safety Walkarounds. The amended couplets were detailed in appendix 1 of the Report and a Standard Operating Procedure had been developed to ensure the Walkarounds were more effective.</p> <p>Stephen Allen, CHC asked how the Walkaround reports were used and how were recommended actions implemented. He also asked for the UHB to provide the public with assurance that the Walkarounds were being carried out and information shared.</p> <p>Independent Member – Third Sector questioned how the actions were captured and followed up and if there was a</p>	

	<p>system in place for this to be done. There needed to be a culture around fulfilment, follow-up and integrity and the UHB needed to find a way to report publicly on important issues. It was reiterated that there was a need for Independent Members to see for themselves whether issues had been actioned.</p> <p>The Chief Executive confirmed that the Walkarounds provided staff with access to Independent Members and he went through routes where judgements had to be made. All of the issues raised went to the Patient Safety team who inputted the information onto a database and passed them onto the relevant Clinical Boards. Part of the process was to help/coach the departments on how to resolve their own problems.</p> <p>Independent Member – University stated that this went beyond the clinical service meeting the obligation of the organisation as there was a need for onward transmission and use of information. It may be helpful for Independent Members who were scheduled for Walkarounds to have sight of previous safety reports. This would provide a sense of progress in some areas, and may be helpful in improving the work.</p> <p>There was wider discussion relating to implementing technology to ensure information was central and available and also the potential for Walkaround data to be brought to the QSE committee.</p> <p>The Chair asked the Board to approve the report with the caveat that the suggestions be considered.</p> <p><i>Sara Moseley left the meeting 2.50pm</i></p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the revised approach to WRs be approved with a view to commencing the new arrangements from 1st April 2020 with the caveat that the suggestions raised be considered. 	JR/RW
UHB 20/01/014	<p>WALES AUDIT OFFICE STRUCTURED ASSESSMENT</p> <p>NB: This agenda item was discussed at the start of the meeting to accommodate the diaries of the Welsh Audit Office officers.</p> <p>Mark Jones Wales Audit Office (WAO) provided the following comments on the WAO Structured Assessment Report which sets out the Annual Structured review which was considered by the Audit Committee in December:</p>	

- The key message in the report reflected well on the Health Boards (HBs) progress made from 2017/2018.
- There had been a broader focus on the HBs arrangements and the review had followed up on previous years' recommendations. The structure of the report was set around these recommendations.
- The HB had significantly improved how it addressed the recommendations and a better process was in place that identified a higher number of recommendations that were linked and completed in good time.
- Improved areas in past 12 months were around the IMTP, risk management and elements of workforce planning.
- In regard to committee frequency and independent members' attendance, it was considered that this area could be strengthened.
- It was suggested that performance reporting into the Board and its committees and the delivery of the IMTP should be considered by Board on a quarterly basis but there needed to be more exposure with Clinical Boards.
- It had been identified that a number of policies were out of date. The National Fraud Initiative data matching had been followed through but could be strengthened further.

The following comments were made:

- The Chair thanked the WAO for the report stating that the assessment was balanced and a fair reflection of the progress the Health Board had made. It demonstrated progress made on a few key areas, particularly the governance arrangements and risk assessment. Membership of Committees had been addressed and came into effect on 1 January 2020. Part of the recommendations introduced included close monitoring of the IMTP at the Strategy and Delivery Committee.
- Independent Member Third Sector: Asked what area of the recommendations should be focused on and prioritised at Board level. In response WAO considered that Consultant Job planning was an important area and also ensuring that there was sufficient coverage of IMs in attendance at meetings.
- Independent Member – Trade Union: commented that a few audits had been rescheduled or postponed and what were the WAO recommendations around this area? In response it was stated that the WAO could be more robust in particular circumstances, for Committees to provide support and for the Update Report from WAO office to provide clearer timelines.

The Board resolved that:

- a) the report on the Structured Assessment be noted.

<p>UHB 20/01/015</p>	<p>WALES AUDIT OFFICE ANNUAL AUDIT REPORT</p> <p>Mark Jones, WAO provided a summary on the Annual Audit Report relating to what had already been considered at Board and Committee. This included the Structured Assessment and Annual Accounts which showed the UHB's financial position was improving. The recommendations were presented at the Audit and Assurance Committee in September 2019.</p> <p>The Board resolved that:</p> <p>a) the Wales Audit Office Annual Audit Report be noted</p>	
<p>UHB 20/01/016</p>	<p>RECOGNISING AND RESPONDING TO THE CLIMATE EMERGENCY</p> <p>The Executive Director of Strategic Planning provided an update on the report, Recognising and Responding to the Climate Emergency. A great deal of work had been conducted around this agenda item and the team had looked at other organisations' programmes across the UK. There was a need for a sharper focus in light of the challenges placed on this area and the sense of urgency required. The Board was asked to formally recognise the Climate Emergency and to support the ongoing work. An action plan would be brought back to a future meeting and it was also recommended that a communications piece be circulated to highlight the good work undertaken by the UHB in this area.</p> <p>The Board resolved:</p> <p>a) that the UHB recognise the climate emergency and the need to respond urgently with ambitious action and that the approach detailed in the Report be supported;</p> <p>b) the existing examples of work programmes to reduce our greenhouse gas emissions be noted; and</p> <p>c) to support work to set out detailed additional actions as part of our response, including scoping new, more ambitious targets for decarbonisation for the UHB.</p>	<p>AH</p> <p>AH/JB</p>
<p>UHB 20/01/017</p>	<p>MEETING THE NEW BIODIVERSITY DUTY</p> <p>The Executive Director of Planning provided an update on the report, Meeting the New Biodiversity Duty. In 2016 the Welsh Government introduced new duties to further promote biodiversity and the Health Board has a responsibility to respond to the duty. The action plan provided a sense of what we were doing and was ambitious in terms of goals that were being set. The plan will be submitted to Welsh Government.</p> <p>The Board resolved that:</p>	

	<p>a) the first biodiversity report and action plan, noting the proposal to refine and re-publish the plan during 2020/21 be approved; and</p> <p>b) the proposed governance mechanism be approved.</p>	
UHB 20/01/018	<p>INTEGRATED MEDIUM TERM PLAN</p> <p>The Executive Director of Planning provided an update on the Integrated Medium Term Plan (IMTP). The Health Board was required under the NHS Wales Finance Act to produce a three year plan to Welsh Government. The plan needed to be refreshed to include a greater level of detail in the first year of the plan and to consider the actions for the next three year cycle. The draft document had been shared at the Board Development session in December and with Welsh Government colleagues. Feedback had been reflected in the document.</p> <p>The team endeavoured to keep the document short and drew out the key priorities and actions over the next three years. A Planning Guidance Framework was published in the autumn and there was a need to articulate the UHB's plans over the next three years to realise the ambitions set out in our 10 year strategy and the Shaping Our Future Wellbeing Strategy. There was a need to ensure the IMTP was integrated in service plans, finance plans and workforce plans.</p> <p>A separate workforce plan was annexed to the overall plan and provided plans demonstrated how the Future Generations Act was being implemented into the hospital setting, the primary care base and the mental health care plan.</p> <p>Published alongside the IMTP were the cluster plans which would be finalised in a few months. The Clinical Board plans would be published on the UHB website.</p> <p>The finance plan sets out a balanced position and was an approved financial plan subject to an improved position on our savings programme. The plans had been influenced and coloured by the previous years' plan and set a figure of 3.5% for the Continuous Improvement Programme (CIP) which presented limited resources for internal investments. We arrived at this position as a result of not achieving our financial goals in previous years. Our ambition was to reduce the underlying financial deficit and there was a need for a higher CIP with a limited amount of investment to achieve this. This was an approved plan to improve our position on our savings programme but it was acknowledged that it still presented a challenge.</p> <p>In terms of the process, the expectation was to provide a final plan by March 2020.</p>	

	<p>The Chair said that he would like to see more consideration of the work of the third sector and local authority in the IMTP.</p> <p>Executives would be working hard to ensure that other plans were in place that sits beneath the IMTP and the Independent Members would be assured that these plans would be monitored by exercising scrutiny, challenge and support to ensure that the plans were kept on track.</p> <p>The Board resolved that:</p> <p>a) the Integrated Medium Term Plan for 2020 to 2023 be approved</p>	AH
UHB 20/01/019	<p>NEW BLOCK (ACADEMIC AVENUE) AT UHW - STRATEGIC OUTLINE CASE</p> <p>The Executive Director of Planning took the Board through the Programme Business Case for Academic Avenue. The Board was informed that there was still a need for ongoing developments on the UHW site before the new hospital could be built. The Estates team had been working very hard with other departments to extend Academic Avenue. This development was designed to be completed in a phased way. The report set out the phasing and options that had been considered.</p> <p>In regard to the UHW2, it was not known, as yet, whether current developments would be part of the UHW2 building programme as the design had not been developed.</p> <p>Stephen Allen, CHC commented that there was a need for discussions to start concerning where the new hospital would be built in order to have a clear steer on what would be acceptable to the public. In response it was stated that at the end of February the Health Board would be meeting with Welsh Government to begin scoping and review what would be retained in a business case.</p> <p>The Chair asked whether there was an opportunity for the development to include new enhanced theatre facilities for the demand capacity balance that was being sought to put an end to waiting times. In response it was stated the theatres were run efficiently and this gave us greater opportunity to close the capacity gaps. In terms of the National Care Programme there was greater focus on design pathways to meet the demand and to ensure that patients would benefit from a prudent and value based approach.</p> <p>The Chief Executive commented that the Health Board faced challenges to get UHW2 established as a project. There was a need to move elective work on to the UHL site and other</p>	

	<p>services faced significant challenges that need to be addressed within the 10 years.</p> <p>The Board resolved that:</p> <p>a) submission of the PBC to Welsh Government for All Wales capital funding to allow the development of the OBCs be approved.</p>	
UHB 20/01/020	<p>RESEARCH AND DEVELOPMENT STRATEGY</p> <p>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 which related to Research and Development was provided.</p> <p>The Board resolved that:</p> <p>a) this year's CVUHB R&D Strategy be approved.</p>	
UHB 20/01/021	<p>AUDIT AND ASSURANCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) the minutes of the Audit and Assurance Committee held in December 2019 be ratified.</p>	
UHB 20/01/022	<p>FINANCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) the minutes of the Finance Committee held in October and November 2019 be ratified.</p>	
UHB 20/01/023	<p>HEALTH AND SAFETY</p> <p>The Board resolved that:</p> <p>a) the minutes of the Health and Safety Committee held in October 2019 and January 2020 be ratified.</p>	
UHB 20/01/024	<p>STRATEGY AND DELIVERY COMMITTEE</p> <p>The Board resolved that:</p> <p>a) the minutes of the Strategy and Delivery Committee held in October 2019 be ratified.</p>	
UHB 20/01/025	<p>LOCAL PARTNERSHIP FORUM</p> <p>The Board resolved that:</p>	

	a) the minutes of the Local Partnership Forum held in October 2019 be ratified.	
UHB 20/01/026	STAKEHOLDER REFERENCE GROUP The Board resolved that: a) the minutes of the Stakeholder Reference Group held in September 2019 be ratified.	
UHB 20/01/027	AUDIT AND ASSURANCE COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report from of the Chair of the Audit and Assurance Committee be noted.	
UHB 20/01/028	CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report from of the Chair of the Charitable Funds Committee be noted.	
UHB 20/01/029	DIGITAL HEALTH INTELLIGENCE COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report from the Chair of the Digital Health Intelligence Committee be noted.	
UHB 20/01/030	FINANCE COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report of the Chair of the Finance Committee be noted.	
UHB 20/01/031	HEALTH AND SAFETY COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report of the Chair of the Health and Safety Committee be noted.	
UHB 20/01/032	QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD	

	The Board resolved that: <ul style="list-style-type: none"> a) The report of the Chair of the Quality, Safety and Experience Committee be noted. 	
UHB 20/01/033	STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The report from of the Chair of the Strategy and Delivery Committee be noted. 	
UHB 20/01/034	LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The report of the Chair of the Local Partnership Board be noted. 	
UHB 20/01/035	NHS WALES SHARES SERVICES PARTNERSHIP COMMITTEE <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The report of the NHS Wales Shared Services Partnership Committee be noted. 	
UHB 20/01/036	STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The report of the Chair of the Stakeholder Reference Group be noted. 	
UHB 20/01/037	Date, Time & Venue of Next Board Meeting: <p>Friday, 27 March 2020 at 1.00pm Cardiff County Hall, CF10 4UW</p>	