AGENDA ITEM 1.4.

UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH BOARD, HELD ON TUESDAY 14 MAY 2013, AT 9.30am BOARD ROOM UNIVERSITY HOSPITAL, LLANDOUGH

Present:
Maria Battle Chair
Professor Marcus Longley Vice Chair
Adam Cairns 'Chief Executive
Eileen Brandreth Independent Member – Information, Communication Technology
Alice Casey Chief Operating Officer
Stuart Egan Independent Member – Trade Union
Cllr Christopher Elmore Independent Member – Local Authority
Ivar Grey Independent Member - Finance
Sharon Hopkins Director of Public Health (Part of the Meeting)
Fiona Jenkins Director of Therapies and Health Sciences
Saleem Kidwai Independent Member - Community
Margaret McLaughlin Independent Member - Third Sector (Part of the Meeting)
Tracy Myhill Director of Workforce and Organisational Development
Kevin Orford Interim Director of Finance
Brendan Sadka Independent Member - Estates
Graham Shortland Medical Director
Ruth Walker Director of Nursing
Martyn Waygood Independent Member - Legal

In Attendance:
Steve Allen Chief Officer, Cardiff and Vale Community Health Council
Indu Deklurgar Senior Medical Staff Committee
Alison Gerrard Board Secretary
Sian Harrop-Griffiths Deputy Director of Planning
Wendy Herbert Head of Nursing for Children (for Patient Story)
Lesley Jones Chair, Cardiff and Vale Community Health Council
Kathryn Parramore Corporate Business Manager/Secretariat
Rosemarie Whittle Chair, Healthcare Professionals Forum

Apologies:
Paul Hollard Director of Planning/Deputy Chief Executive
Lianne James Chair, Stakeholder Reference Group
Elizabeth Treasure Independent Member - University
UHB 13/086  WELCOME AND INTRODUCTIONS

The Chair opened the meeting and welcomed everyone present. Maria Battle introduced Eileen Brandreth as the newly appointed Independent Member for Information, Communication Technology, Saleem Kidwai, Independent Member for Community and Brendan Sadka, Independent Member for Estates, all of whom were attending the meeting for the first time. Ms Battle also extended a warm welcome to Lesley Jones, the new Chair of Cardiff and Vale Community Health Council (CHC), Indu Deglurkar, the new Senior Medical Staff Committee representative and Sian Harrop-Griffiths, who was attending the meeting upon this occasion on behalf of the Director of Planning.

UHB 13/087  PATIENT STORY

The Chair welcomed Wendy Herbert, Head of Children's Nursing, to the meeting, advising members that the patient story would focus on hearing the voices of children.

Wendy Herbert explained that every year Cardiff and Vale University Health Board (UHB) undertook a specific project in support of Children’s Rights, and that this year work had been commissioned to consider children’s communication. The project had collaborated with a large number of children, engaging with them and allowing them to freely express their needs whilst staying in hospital. The drawings gathered as part of the ‘Right Here Right Now’ exercise had been used in a variety of ways including the production of a supporting booklet that had been widely circulated and a DVD that included individual patient interviews. Some of the artwork was now also formally displayed on the walls of the Children’s Hospital for Wales.

The key learning that came out of the project was to add a page to children’s notes that highlighted ‘what I want you to know about me’. The DVD had been successfully used as a training tool with doctors, nurses and therapeutic staff to improve communication with children and their families.

The DVD was then played to the Board. Following the presentation, the Chair welcomed comments from Members. The following points were raised:

- It was suggested that the DVD be shared widely across the UHB as the messages were equally pertinent to other patient groups.
- The personal note page should also be seen as a best practice initiative and mirrored across departments, to ensure that every patient continued to be placed at the centre of their care.
- Each Clinical Board would need to consider different frameworks for managing patient experience and appropriate communication.

In concluding the discussions, Maria Battle thanked Wendy Herbert for sharing the presentation which had been very moving. She had personally attended the launch event at the Children’s Hospital for Wales and had been touched by the number of children that had been actively involved in the project.
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UHB 13/088 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 13/089 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. No interests were declared.

UHB 13/090 MINUTES OF THE PREVIOUS MEETING OF THE BOARD

The Board RECEIVED and APPROVED the minutes of the Board meeting held on 28 March 2013 as an accurate record.

UHB 13/091 ACTION LOG REVIEW

The Board RECEIVED the Action Log from the meeting of 28 March and NOTED the following:

- UHB 13/047 - the Chair confirmed that Marcus Longley and Eileen Brandreth had agreed to act as the Independent Members on the Organising for Excellence Programme Board.

- UHB 13/050 – almost all of the Clinical Boards had now completed their Equality Impact Assessments (EQIA). Kevin Orford and Margaret McLaughlin had been to Nottingham to share best practice with regard to improving the EQIA process.

- UHB 13/052 – the Director of Public Health advised that the pilot work was progressing well and there was widespread clinical support for the Lifestyle Risk Factor Policy. The Minister and Chief Medical Officer had expressed a desire for the initiative to be rolled out across Wales once completed.

- UHB 13/054 – the Chief Operating Officer confirmed that ward managers would be attending the workshop to consider discharge planning; a progress update would be provided to the next meeting of the Board. **Action: A Casey**

- UHB 13/055 – Healthcare Acquired Infection performance would continue to be monitored by the Quality, Safety and Experience Committee.

- UHB 13/061 – the Director of Nursing confirmed that the UHB Equality Advisor would be involved in the workshop to consider improving access for patients with Learning Disabilities.

- UHB 13/061 – the Chair advised that following a meeting with the Director of Planning and Assistant Director Capital and Assets Management, it had been
agreed that the remit of the Capital Sub Group would include operational issues and would be chaired by Brendan Sadka.

UHB 13/092 CHAIR’S REPORT

The Board RECEIVED the oral report of the Chair.

The following points were highlighted.

- The Vice Chair had attended a Ministerial meeting on the 13 May 2013 where it had been noted that 2013/14 would be the most difficult financial year that the UHB had faced to date. The two key Ministerial priorities were Unscheduled Care and Referral to Treatment Times as performance in both of these areas still needed urgent resolution.

- The Chair had attended a meeting of Western Vale Community Councillors at Colwinston to consider how the Western Vale area could be better included in engagement with the South Wales Programme. This meeting had also been attended by the CHC and Assembly Members.

- The Integrated Health and Social Care Board (IHSCB) had commissioned the Kings Fund to consider improving integration between health and social care. This work would be led by the Vice Chair and also be included for discussion as part of the agenda for the Board Development session on the 4 June 2013. Minutes from the IHSCB would be published with Board papers in future.

The Board:

- NOTED the oral report of the Chair.

UHB 13/093 CHIEF EXECUTIVE’S REPORT

The Board RECEIVED the verbal report of the Chief Executive.

Adam Cairns was delighted to inform the Board that Tracy Myhill had recently received the Wales Director of the Year, (Public Sector Wales) award from the Institute of Directors, which was well deserved.

The Chief Executive then highlighted the following:

- The NHS Wales Staff Survey results had been published and would be circulated for information. A lot of the findings correlated with the feedback from the Picture the Future Exercise; the UHB recognised that there was still a lot of work to do to improve and address concerns raised by staff. Adam Cairns outlined some of the initiatives that were being taken forward which included improving staff recognition, ‘Food for Thought’ lunches and the establishment of a ‘Communications Council’ which would be attended by the Chief Executive and members of the Executive Team.
• The Organisational Values would be used to support both the recruitment and staff performance appraisal processes. A toolkit for managers was currently being developed together with a change management template.
• The Leading Improvements for Patient Safety (LIPS) initiative which looked at actively involving staff in patient safety was due to commence shortly.
• The Clinical Board (CB) structure had been finalised and all Directors appointed with the exception of Mental Health, where there were plans underway to address this. Recruitment of the Heads of Operational Delivery had also completed with recruitment of the Heads of Nursing underway. The CBs would be operational from 20 May, and would be looking at the most appropriate methods to allow full clinical engagement. A ‘pulse check’ initiative would be trialled within each CB to enable staff experience to be captured; a management competency index was being developed to enable the CBs to further improve team performance. The Chief Executive was confident that the real will and focus shown by staff would result in a succession of achievements being reported to the Board in future.
• The Chief Executive and Vice Chair had recently attended the opening of a new hospital based gynaecological suite that enabled operations to be provided within a non-theatre, office based environment. The clinical team had used initiative to develop a world class facility that had improved the patient experience and delivered a more productive and higher quality service

The Chair thanked the Chief Executive for his hard work to date in taking the organisation forward and welcomed comments from Members. The following points were raised:

• The results of the staff survey would be taken to the Local Partnership Forum (LPF) for full discussion with Trade Union representatives. Although not all staff had chosen to take part, the response was statistically significant and the results could therefore be acted upon. The LPF would work with CBs to test line management competency.
• It was suggested that initiatives that had arisen from feedback should be published so that staff could see where engagement resulted in a positive outcome. CBs would be encouraged to take this forward as part of their remit.
• Independent Members should be given the opportunity to be more directly involved in staff recognition events with Executive colleagues.
  **Action: T Myhill**
• Now that Independent Member recruitment had been finalised, a schedule of Patient Safety Walkrounds for the year was being finalised to ensure that momentum was not lost.

The Board:

• **NOTED** the verbal report of the Chief Executive.

**UHB 13/094 REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS**

The Board **RECEIVED** the report of the Board Secretary on the revised Standing Orders and Standing Financial Instructions.
Alison Gerrard advised that the small number of additional changes that had been made to the original NHS Wales model documentation had been considered by the Audit Committee. The revised Standing Orders also included the changes to the Committee structure agreed at the Board in January 2013.

The Board:

- **APPROVED** the changes set out in the Standing Orders, Scheme of Delegation and Reservation of Powers and Standing Financial Instructions and the adoption and implementation of both documents within the UHB.
- **APPROVED** the delegation of authority to Committee Chairs for any immaterial/administrative amendments to Committee Terms of Reference.

**UHB 13/095  CHAIR'S URGENT ACTION TAKEN ON BEHALF OF THE BOARD**

The Board **RECEIVED** the report on Chair's Urgent Actions taken on behalf of the Board.

The Board:

- **RATIFIED** the urgent action undertaken by the Chair on behalf of the Board.

**UHB 13/096  PATIENT EXPERIENCE REPORT**

The Board **RECEIVED** the report of the Director of Nursing on Patient Experience.

Ruth Walker highlighted key themes that had been actioned:

- A contract variation had been secured for an additional 400 blankets. An evaluation of the use of both a blanket and counterpane had been undertaken and the new linen contract included both items as standard. Staff had also been reminded that they needed to be proactive, asking patients whether they were warm enough.
- Work was progressing to develop a proposal for the use of internal and external volunteers to assist with patient feeding.
- Checking and monitoring of call bells had been put in place.
- The use of online surveys was being widely promoted.

The Chair welcomed comments from members. The following points were raised:

- Volunteering arrangements to support patient feeding had been stood down, but it was recognised that this needed to be reviewed. The role of families and carers needed further consideration alongside empowering the sister charge nurses to make decisions to assist with feeding on an individual patient basis. Discussions were also taking place with Trade Union colleagues to clarify the role of nurses and volunteers. The Director of Nursing would provide a timeframe for completing this work at the next Board meeting.

  **Action:** R Walker
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- The use of graphical data was sometimes confusing; this would be reviewed for future reports. The Independent Member for Information Communication Technology (ICT) offered her assistance in using technology to improve data collection. The Community Health Council also had knowledge and thinking that they were able to share.
  **Action: R Walker/E Brandreth**
- There was concern that the UHB was not able to benchmark patient experience performance with other Health Boards across Wales. The Director of Nursing agreed to ask the Chief Executive NHS Wales for a set of common questions to be developed in order for this to become possible.
  **Action: R Walker**
- There needed to be a whole systems approach to the use of clinical ICT that looked at standards of performance, significant variation and how this information was presented to both the Board and members of the public. The IT Plan was being aligned to ‘Organising for Excellence’ considering appropriate data sets including primary care. It was agreed that the Medical Director would liaise with Independent Member colleagues to consider the best approach.
  **Action: G Shortland/E Brandreth/B Sadka**

The Board:

- **NOTED** the systematic start that had been made to gaining patient feedback about their experience.
- **NOTED** the further work required to extend the methods into primary and community care, to patients with communication difficulties and to seldom heard groups.
- **CONSIDERED** the developing programme of work, the format of reporting, the identification of themes and delivery of improvement actions.

**UHB 13/097 PERFORMANCE REPORT**

The Deputy Director of Planning presented the report on behalf of the Director of Planning/Deputy Chief Executive.

Sian Harrop-Griffiths advised that the Welsh Government (WG) were currently developing a new approach and revised performance measures for Tier 1 and Tier 2 priority areas. As there were a number of separate reports on the agenda relating to key areas of performance these were not

The Board considered the report in detail and noted the following:

- There was a need to further improve the reporting of primary care performance within the report; the Director of Primary Community and Intermediate Care was currently developing a robust set of primary care performance indicators, which would need to inform the main report.
  **Action: P Hollard**
- Members were advised that whilst the UHB is in line with other Welsh Health Boards, it was still not achieving the 4 hour waiting time target for unscheduled care. All Health Boards were required to submit an action plan to WG by the 4 June 2013, outlining how the target will be achieved. The Chief Operating Board:

- **NOTED** the systematic start that had been made to gaining patient feedback about their experience.
- **NOTED** the further work required to extend the methods into primary and community care, to patients with communication difficulties and to seldom heard groups.
- **CONSIDERED** the developing programme of work, the format of reporting, the identification of themes and delivery of improvement actions.
Officer informed the Board that the work to refurbish the Emergency Unit (EU) was progressing well; patient flow had improved from 1 May, but it was too soon to quantify whether this was as a direct result of a change in working practice. Modelling to provide assurance to the Board that this performance was sustainable would be undertaken.

**Action: A Casey**

- The final Urgent Suspected Cancer waiting time performance was 86%. There was a Ministerial requirement that the target would be met by June. The Medical Director and Chief Operating Officer were working together to improve performance; a separate report detailing actions was included on the agenda under item 4.7
- The UHB had the only improved orthopaedic waiting time in Wales; the non orthopaedic Referral to Treatment performance had deteriorated significantly in line with the rest of Wales.
- Clinical Boards would be addressing Healthcare Acquired Infection (HCAI) performance through individual targeted work programmes. There needed to be further cultural change to improve hand hygiene practices and support for infection control teams to challenge doctors where necessary. The Medical Director advised that infection control modules were being introduced as part of the undergraduate curriculum for junior doctors but all clinicians needed to be fully engaged in this agenda. The HCAI performance needed to be benchmarked with English organisations as well as those across Wales.
- Access to stroke beds had improved and patients were now being admitted to the stroke ward in a timely manner.
- Work was underway in partnership with Social Services colleagues to better manage patients' discharge to appropriate settings. The Minister would be meeting collectively with health and social care organisations within Cardiff and Vale to address ongoing issues with Delayed Transfers of Care.

The Board:

- **CONSIDERED** UHB current performance and the actions being taken to improve performance.

*Margaret McLaughlin left the meeting*

**UHB 13/098 FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2013**

The Board **RECEIVED** the report of the Interim Director of Finance.

Kevin Orford advised that this was the first time that the UHB had achieved revenue financial balance without the aid of brokerage. The Annual Accounts had been submitted to the External Auditors and would be submitted to the Audit Committee and Board on 4 June 2013 for formal approval. There were no significant queries anticipated at this stage.

The Chief Executive acknowledged the leadership demonstrated by the Interim Director of Finance in managing the financial outcome. He had provided a sense of clarity and focus and gained the confidence of the WG. The Chair supported this, adding that Mr Orford had totally changed the way in which financial
information was presented to the Board and had empowered teams to deliver the financial objectives.

Kevin Orford then updated the Board with progress with the financial plans, advising that a rigorous assurance process had been undertaken to mitigate risks and align financial plans with workforce plans. Appropriate consultation with staff representatives was taking place and every CB had undertaken an EQIA. Risk registers were being updated in light of these assessments. The key issues would be considered by Kevin Orford, Ivar Grey and Brendan Sadka. Detailed discussions to consider the phasing of the £33m non recurrent costs over the next three years would be held with WG and at Joint Executive Team level. The Three Year Plan would also be considered as part of the Board Development Session on 4 June 2013.

The Board:

- **NOTED** the provisional year end financial position of the UHB
- **NOTED** the achievement of both statutory financial duties of staying within the Revenue and Capital Resource Limits
- **NOTED** that the UHB also achieved its other financial targets relating to Public Sector Payment Compliance and year-end cash balances.

*Sharon Hopkins left the meeting*

**UHB 13/099 LEARNING FROM FRANCIS, MEASURING MORTALITY AND HARM; SEEKING FURTHER ASSURANCE**

The Board **RECEIVED** the report of the Medical Director on measuring mortality and harm.

Graham Shortland advised that following the initial meeting with the Chief Medical Officer (CMO), the detailed report had been drafted and was included to provide Board Members with the opportunity to comment on the work undertaken to date. Any feedback from members would be used to inform the final response.

A second meeting with the CMO was scheduled to take place on 23 May; a further report outlining the difficulties experienced with clinical coding would be submitted to the June meeting of the Quality, Safety and Experience Committee. **Action: G Shortland**

Members were advised that the CKHS resource to manage the coding backlog had been maximised and the known employment issues were now reaching a conclusion. He assured the Board that the staff levels would be right sized to meet clinical coding requirements. The increased coding input had resulted in decreased RAMI scores; but this needed further improvement to ensure that the UHB was in line with peers across Wales.

The Chair thanked the Medical Director for his comprehensive report and invited comments from Members; the following points were raised.

- Stroke mortality data continued to be reviewed monthly and shared with WG.
• The recommendations from Dr Johansen for improving care for patients with Fractured Neck of Femur would be shared with colleagues through the Healthcare Systems Managers Board.
  
  **Action: G Shortland**

• The monthly monitoring of mortality data would need to feed into the new mortality and harm review process. There was a need to ensure that the UHB was able to identify where pressures had a direct impact on outcome and identify outliers for performance review.
  
  **Action: G Shortland**

• There was also a need to explain how RAMI data is collected and to consider how best to present this to the public in a meaningful way. The Community Health Council offered to lend support in considering how this could be achieved.
  
  **Action: G Shortland**

The Board:

• **NOTED** the progress being made in terms of productivity and prioritising activity to be coded.

• **NOTED** the actions taken to secure additional capacity for coding and ensure improved quality data.

• **NOTED** the assurances with regard to continuing review of RAMI and measures in place to measure harm and mortality

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**UHB 13/100 MANAGING OPERATIONAL RISK AND PATIENT SAFETY DURING THE EMERGENCY UNIT REFURBISHMENT PROGRAMME**

The Board **RECEIVED** the report of the Chief Operating Officer that provided assurance on the operational and patient safety risks associated with the work being undertaken as part of the EU refurbishment at the University Hospital of Wales (UHW).

Alice Casey advised that the revised layout had resulted in an improved patient flow. The programme of work was due to complete in early January and all Clinical Boards were working collaboratively to support the new working practices.

The closure of the patient corridor meant that patients were being maintained on Ambulances under the care of paramedics and received in order of clinical priority. Daily discussions were being held with the Welsh Ambulance Services Trust (WAST) to manage difficulties as they arose.

The Chair thanked the Chief Operating Officer for her report, advising colleagues that she had recently visited EU and had been pleased to note the improved morale of staff as the work had commenced. Maria Battle welcomed comments from members; the following points were raised.

• The Community Health Council commended the way that staff were working through the changes and requested a copy of the evidence gathered to date regarding ambulance availability following the removal of the EU corridor.
  
  **Action: A Casey**
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- The impact of a Senior Nurse in receiving and managing calls from the bed bureau would be evaluated.

The Board:

- **NOTED** the refurbishment programme;
- **CONSIDERED** the actions being taken to mitigate the identified risk.

**UHB 13/101 IMPROVING ENDOSCOPY SERVICES**

The Board **RECEIVED** the report of the Chief Operating Officer on improving endoscopy services.

Alice Casey assured the Board that actions were in place to deliver the required improvements and highlighted the range of actions being undertaken within gastroenterology and endoscopy services. A comprehensive service review would be undertaken, resulting in a full report to the Board in September.

**Action: A Casey**

The Chief Executive reminded colleagues of the Ministerial requirement to meet the targets by the end of June 2013. Adam Cairns requested that the Medical Director and the Chief Operating Officer urgently assess the level of interim capacity required and to provide him with an appropriate financial model to ensure that this could be implemented as soon as possible.

**Action: G Shortland/A Casey**

The Board:

- **NOTED** the actions already in hand and those planned to improve access to endoscopy services.

**UHB 13/102 STROKE DELIVERY PLAN**

The Board **RECEIVED** the report of the Director of Therapies and Health Sciences that updated on work to implement the WG ‘Together for Health – Stroke Delivery Plan’. (SDP)

Fiona Jenkins advised that the Stroke care pathway was complex and relied on multiple partners for delivery. The Local Stroke Delivery Group would take ownership of the SDP and report performance through the UHB operational performance management structure. The planned patient transfer was now due to take place on 23 May 2013.

The Chair welcomed comments from members. The following points were raised:

- The involvement of carers needed to be maintained in both research work and development of plans.
- Plans to reconfigure the service included the expansion of the unit at University Hospital Llandough (UHL) and a revised model of care; this would
include patients transferring to UHL following a 3 day stay at the acute unit in UHW.

- An early supported discharge scheme would achieve better flow and improve access to available beds at UHW.
- Rehabilitation was benchmarked through 1,000 Lives + initiatives that measured performance across Wales.
- The regional unit situated within West Wing did not provide medical cover. As patients transferred to rehabilitation earlier in the pathway, this would need to be available and discussions were underway to consider how best this could be provided. The feasibility of transferring the regional unit to UHL and strengthening medical cover provided by the Hospital at Night team was currently being considered. This could also be further supported through a nurse practitioner model of care which could be established within 3-4 weeks.

- The Board:
  
  - NOTED the actions being undertaken to provide assurance regarding stroke mortality rate and Tier 1 performance;
  - NOTED the Stroke Delivery Plan 2013-14, including the requirement to publish the report on the UHB website.

UHB 13/103 CORPORATE RISK REGISTER

The Board RECEIVED the report of the Board Secretary on the Corporate Risk Register.

Alison Gerrard advised that whilst the Risk Register reflected all of the risks that were being discussed across the organisation it was not possible to provide assurance that these were being appropriately captured. There was now a need for the organisation to move from a risk reporting culture to one of risk management.

Mrs Gerrard clarified the Executive Risk Management Group would scrutinise risks and also ensure that Clinical Boards took ownership of individual risks and managed these appropriately.

Members noted the following:

- Although Information Governance was not included within the report of most significant risks, it was included as an organisational risk on the main register. This would need to be re-evaluated as part of the strengthened arrangements. 
  Action: G Shortland

- The Cardiff Royal Infirmary Report would be circulated to Members once completed
  Action: P Hollard.

The Board:

- NOTED the establishment of an Executive Risk Management Group to provide greater assurance that risks were being appropriately identified and managed
• NOTED the contents of the Corporate Risk Register; and
• CONSIDERED whether further assurance was required to identify that risks were being appropriately managed.

UHB 13/104 COMMITTEE REPORTS

The Board RECEIVED and NOTED the following:

• Chair's Briefing: Audit Committee
• Chair's Briefing: Quality, Safety and Experience Committee
• Chair's Briefing: Mental Health Act Monitoring Committee

UHB 13/105 DATE OF NEXT MEETING

The next Board meeting was scheduled to take place on Tuesday 2 July 2013, Venue: University Hospital Llandough

Signed: ..............................................................

Date: ..............................................................
UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH BOARD, HELD ON WEDNESDAY 22 MAY 2013, AT 11.00am IN THE CORPORATE MEETING ROOM, UHB HEADQUARTERS, WHITCHURCH HOSPITAL

Present:
Maria Battle Chair
Professor Marcus Longley Vice Chair
Adam Cairns Chief Executive
Alice Casey Chief Operating Officer
Stuart Egan Independent Member - Trade Union
Cllr Christopher Elmore Independent Member - Local Authority (Part of the Meeting)
Ivar Grey Independent Member - Finance
Paul Hollard Director of Planning/Deputy Chief Executive
Fiona Jenkins Director of Therapies and Health Sciences
Margaret McLaughlin Independent Member - Third Sector
Tracy Myhill Director of Workforce and Organisational Development
Kevin Orford Interim Director of Finance
Brendan Sadka Independent Member - Estates
Elizabeth Treasure Independent Member - University
Ruth Walker Director of Nursing
Martyn Waygood Independent Member - Legal

In Attendance:
Steve Allen Chief Officer, Cardiff and Vale Community Health Council
Alison Gerrard Board Secretary
Lesley Jones Chair, Cardiff and Vale Community Health Council
Kathryn Parramore Corporate Business Manager/Secretariat
Rosemarie Whittle Chair, Healthcare Professionals Forum

Apologies:
Eileen Brandreth Independent Member - Information, Communication Technology
Indu Deklurgar Senior Medical Staff Committee
Sharon Hopkins Director of Public Health
Lianne James Chair, Stakeholder Reference Group
Saleem Kidwai Independent Member - Community
Graham Shortland Medical Director
AGENDA ITEM 1.4b.

UHB 13/119 WELCOME AND INTRODUCTIONS

The Chair opened the meeting and welcomed everyone present. Maria Battle advised that all Health Boards were meeting at the same time to consider the South Wales Programme Consultation proposal.

UHB 13/120 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 13/121 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. No interests were declared.

UHB 13/122 SOUTH WALES PROGRAMME CONSULTATION

The Board RECEIVED the report on the South Wales Programme Consultation

The Director of Planning advised the Board that report outlined the significant amount of work that had been undertaken by the South Wales Programme Board to evaluate the possible service options. Paul Hollard thanked Community Health Council (CHC) colleagues for their support with local consultation and engagement to date and advised Members that regular meetings would continue to take place as work progressed.

Mr Hollard explained that the Director General for Health and Social Services had written to all Health Board Chairs seeking written assurance that each Health Board was satisfied with the service change proposals for their locality; core responses to these questions were included within the report and would provide the basis for a formal reply.

Members noted that the Consultation Framework document outlined all of the activities that were being undertaken to support engagement and consultation across South Wales.

The Chair thanked the Director of Planning for his report and invited comments from Members. The following points were noted:

- It was suggested that the use of the term ‘manpower’ should be replaced with ‘workforce’
- The CHC were happy to support the consultation process but noted that the proposal did not identify services that may need to be transferred out once a preferred service model was agreed. There would be a need for further engagement and consultation once this impact was known. The Director of Planning assured Mrs Jones that proposals continued to be debated at a much broader level with Chief Officers at regular regional meetings.
- The high risk of being able to recruit sufficient doctors outlined within option three would be considered together with
The Board:

- **AGREED** the consultation document for the South Wales Programme
- **AGREED** the consultation framework for the South Wales Programme
- **AGREED** the establishment of a South Wales Trauma Network
- **AGREED** the launch of the consultation period on the 23 May 2013 until the 19 July 2013.

**UHB 13/123 DATE OF NEXT MEETING**

The next Board meeting was scheduled to take place on Tuesday 2 July 2013, Venue: University Hospital Llandough

Signed: ..............................................................

Date: ..............................................................
UNCONFIRMED MINUTES OF A MEETING OF THE BOARD ON 4 JUNE 2013 IN THE MEETING ROOM, CORPORATE HEADQUARTERS, WHITCHURCH

Present

Maria Battle Chair
Marcus Longley Vice Chair
Adam Cairns Chief Executive
Ivar Grey Independent Member – Finance
Stuart Egan Independent Member – Trade Union
Brendan Sadka Independent Member - Capital
Elizabeth Treasure Independent Member - University
Kevin Orford Interim Executive Director of Finance (up to and including 4 June 2013)
Paul Hollard Director of Planning
Tracy Myhill Director of Workforce and Organisational Development/Deputy Chief Executive
Fiona Jenkins Director of Therapies and Health Sciences
Alice Casey Chief Operating Officer
Cllr Chris Elmore Independent Member – Local Authority
Saleem Kidwai Independent Member – Community
Margaret McLaughlin Independent Member – Third Sector
Martyn Waygood Independent Member – Legal
Graham Shortland Medical Director

In attendance
Alison Gerrard Board Secretary
Charlotte Moar Director of Finance (to take up executive responsibility on 5 June 2013)
James Johns Head of Internal Audit
Alison Butler External Audit Client Manager – Wales Audit Office (WAO)
John Herniman External Audit Engagement Partner, WAO

Apologies:
Sharon Hopkins Director of Public Health
Ruth Walker Director of Nursing
Indu Deglurkar Senior Medical Staff Committee
Lianne James Chair, Stakeholder Reference Group
Rosemarie Whittle Chair, Healthcare Professionals Forum
Steve Allen Chief Officer, Cardiff and Vale Community Health Council
The Chair welcomed all present to the meeting which had been convened specifically to agree the UHB Annual Accounts for 2012/13. A special welcome was extended to Charlotte Moar who had joined the UHB to take up the post of Executive Director of Finance following the departure of Kevin Orford, the Interim Executive Director of Finance. The official transfer of executive responsibility would take place following the signing of the Accounts.

There were no declarations of interest.

Kevin Orford informed the Board that, immediately prior to the meeting, the Audit Committee had met to consider the 2012/13 Annual Accounts and associated documentation. He gave details of specific issues that had been highlighted in this discussion and confirmed that the Audit Committee had agreed to recommend to the Board approval of the Accounts, Remuneration Report, Governance Statement and Letter of Representation subject to the Wales Audit Office (WAO) satisfactorily completing their review of the outstanding matter relating to consignment stock. The WAO had advised that they still needed to receive assurance that they had been provided with accurate and reliable information to support the financial information provided. If the matter was not resolved prior to the conclusion of the meeting the accounts would be approved, subject to a satisfactory conclusion being reached, and authority given to the Chair, Chief Executive and Director of Finance to sign the accounts of behalf of the whole board. The WAO has previously raised concerns regarding the management of stock and it had been agreed at the earlier meeting that Charlotte Moar and Alice Casey would ensure that appropriate action is taken to resolve the matter. The Audit Committee will seek assurance during 2013/14 that the ongoing issues have been resolved. On this basis the Board

- **NOTED** the work undertaken by the Audit Committee in reviewing the accounts and associated statements.
- **ENDORSED** the recommendations of the Audit Committee
- **AGREED to APPROVE** the 2012/13 Financial Accounts, Remuneration Report, Governance Statement and Letter of Representation, subject to a satisfactory conclusion being reached, and give authority for the Chair, Chief Executive and Executive Director of Finance to sign the accounts on their behalf.*

Board members **NOTED** that, following due process, the accounts and associated documentation would be placed in the public domain.
AGENDA ITEM 1.4c

UHB: 13/127 WALES AUDIT OFFICE AUDIT OF FINANCIAL STATEMENTS REPORT - ISA 206

The Board RECEIVED and NOTED the draft WAO Audit of Financial Statements Report – ISA 260 table by John Herniman. He reiterated the comments made by the Interim Director of Finance and explained that WAO and Finance staff had been working very hard to resolve all issues raised but the concerns regarding consignment stock were still to be finalised. This was the second year in succession that the WAO have had difficulties in obtaining accurate and reliable information to support consignment stock. The WAO team had worked with Finance staff to try to resolve the issue during the year but they were still not clear of the rationale for holding own stock and consignment stock. The queries being raised were not likely to result in adjustments outside of the quantitative levels which are judged to be material. It was thought that the final opinion was not likely to be qualified but this could not be confirmed at this stage.

In response to the Internal Audit reports relating to the Cardiff Royal Infirmary (CRI) redevelopment and the Integrated Stroke Unit capital schemes, which had both provided no assurance, the WAO would consider arrangements for capital expenditure as part of the future Structured Assessment. It was not expected that these would show any issues regarding accounting practice but there was the potential for some concerns to be raised regarding value for money.

UHB: 13/128 ANNUAL REPORT OF THE AUDIT COMMITTEE

The Board RECEIVED and NOTED the Annual Report of the Audit Committee. Mr Grey, Chair of the Audit Committee, confirmed that the Committee had agreed its annual report for 2012/13 subject to some final amendments regarding the receipt of the Draft Report of the Quality and Safety Committee and noting the situation regarding the approval of the Annual Accounts.

The Chair thanked Ivar Grey for the work undertaken by the Audit Committee during the year.

UHB: 13/129 URGENT BUSINESS

There was no urgent business

UHB: 13/130 DATE OF NEXT MEETING

The next Board meeting was scheduled to take place at 9.30am on Tuesday 2 July 2013 in the University Hospital Llandough

Signed  ........................................

Date  .................................
*Note: Following the satisfactory conclusion of the outstanding item by the Wales Audit Office the accounts were signed by the Chair, Chief Executive and Director of Finance on behalf of the Board on 10 June 2013. No amendments were required to the Draft Accounts or Letter of Representation received at the Board meeting.