

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 1PM ON 25 MAY 2017
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

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| Professor Marcus Longley | Vice Chair |
| Dr Sharon Hopkins | Interim Chief Executive |
| Abigail Harris | Director of Planning |
| Akmal Hanuk | Independent Member – Community |
| Alice Casey | Director Unscheduled Care |
| Eileen Brandreth | Independent Member – ICT |
| Prof Elizabeth Treasure | Independent Member - University |
| Dr Fiona Jenkins | Director of Therapies and Health Sciences |
| Fiona Kinghorn (part) | Interim Director of Public Health |
| Dr Graham Shortland | Medical Director |
| Ivar Grey | Independent Member – Finance |
| John Antoniazzi | Independent Member –Estates |
| Julie Cassley (part) | Interim Director of Workforce and OD |
| Margaret McLaughlin | Independent Member - Third Sector |
| Martyn Waygood | Independent Member - Legal |
| Paula Martyn | Associate Member - Chair, SRG |
| Robert Chadwick | Director of Finance |
| Ruth Walker | Executive Nurse Director |
| Stuart Egan (part) | Independent Member – Trades Unions |
| Cllr Susan Elsmore (part) | Independent Member – Local Authority |

In Attendance:

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|-------------------------|--|
| Alan Brown (part) | Vice Chair, Cardiff and Vale of Glamorgan CHC |
| Alun Jones (part) | Director of Inspection, Regulation and Investigation, HIW |
| Lois Mortimer (part) | Senior Midwife |
| Peter Allen | Aneurin Bevan CHC |
| Peter Welsh | Director of Corporate Governance |
| Stephen Allen | Chief Officer, Cardiff and Vale of Glamorgan CHC |
| Steve Curry | Interim Chief Operating Officer |
| Suzanne Hardacre (part) | Head of Midwifery / Lead Directorate Nurse |
| Secretariat | Julia Harper |

Apologies:

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|----------------|-------------------------------|
| Maria Battle | Chair |
| Indu Deglurkar | Chair, SMSC |
| Sue Bailey | Associate Member - Chair, HPF |

UHB 17/084 PATIENT STORY

Ms Suzanne Hardacre and Lois Mortimer presented a very poignant story of a pregnant lady who fled Albania, and died of sepsis following childbirth at UHW. The pregnant lady fled Albania, possibly via trafficking, when her husband became abusive. She arrived in London in October and moved to

Cardiff in December. With the support of a Cardiff Health Access Midwife she was given ante natal care appointments. When she went into labour, her “friends” refused to attend hospital with her. It was difficult to communicate with her and with only 2 Albanian interpreters in Wales this became very challenging. Her baby daughter was distressed and had to be delivered by c section late January and was transferred to the neonatal unit. Sadly the lady became unwell and deteriorated quickly and she passed away early February.

Ms Hardacre commented that after the event, it was considered that she had been trafficked as strangers had attended the hospital to collect her passport and belongings. Having reviewed the care provided and on reflection, there were some missed opportunities and the Directorate had taken the learning from this event and improved escalation procedures and introduced senior midwifery support out of hours.

Her baby was taken into temporary foster care before relations in the UK were able to take her home. The midwife who delivered the baby had written her a letter to tell her how much her mother had loved her and how happy she had been when she realised her baby had been born safe and sound.

Cllr Elsmore advised she had been given Cabinet responsibility for human trafficking and domestic abuse in Cardiff Council. She was advised that the UHB had very good links with the Council and there was a team of people caring for victims.

The Vice Chair thanked colleagues for attending the Board and sharing this story, on which the Board would reflect. He commented that the Board was proud of the midwifery services provided and acknowledged that the “Midwife of the Year” was working in the service.

UHB 17/085 WELCOME AND INTRODUCTIONS

The Vice Chair, Professor Marcus Longley welcomed everyone to the main part of the meeting, in particular Mr Peter Allen who was attending his first Board meeting to represent Aneurin Bevan Community Health Council.

The Vice Chair invited colleagues to reflect a while on the dreadful events in Manchester and commended colleagues in the emergency services for all their work and applauded the community spirit shown.

UHB 17/086 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 17/087 DECLARATIONS OF INTEREST

The Vice Chair invited Members to declare any interests in the proceedings on the agenda. None were declared.

UHB 17/088 MINUTES OF THE BOARD MEETING HELD ON 30th MARCH 2017

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 30th March 2017.

UHB 17/089 ACTION LOG FOLLOWING THE LAST MEETING

The Board **RECEIVED** the Action Log from the meeting of 30th March 2017 and **NOTED** the following:

UHB 17/047 Traffic Management and Car Parking – The park and ride service had commenced with over 1000 users in the last week. This had received good media coverage and users had reported a positive experience.

UHB 17/052 Patient Safety, Quality and Experience Report – Dr Hopkins reported discussions on CAMHS had commenced with WHSSC but there was no progress yet to report.

UHB 17/056 Performance Report – Details of the longest waiting times for cancer patients had been provided as requested. This action was complete.

UHB 17/063 Collaborative Leadership Forum – Mr Peter Welsh provided clarity on the reporting arrangements. The Forum did not have decision making powers therefore, each Health Board would receive the Minutes of the Forum. Where decisions were required, separate reports would be provided for the Board. This was now complete.

UHB 17/090 CHAIR'S REPORT

The Board **RECEIVED** the oral report of the Vice Chair. The following points were highlighted:

- 1. Chief Executive** – The new Chief Executive, Mr Len Richards would commence on 19th June.
- 2. Congratulations** to Cllr Susan Elsmore who had been re-elected to Cardiff Council.
- 3. Retirement** – Mr Phil Evans, Associate Member had retired from the Vale Council and thereby his Board position. Arrangements were being made regarding his replacement.
- 4. Independent Members** – Adverts had been placed for 3 new IMs.
- 5. Thanks** – On behalf of the Board the Vice Chair thanked Mrs Alice Casey, formerly the Chief Operating Officer and latterly the Director of Unscheduled Care who was attending her last Board meeting. Mrs

Casey had made a significant contribution to improving performance and had laid the groundwork for new pathways of care.

The Vice Chair also thanked Dr Sharon Hopkins for leading the organisation through a very difficult period whilst recruitment of a new Chief Executive had taken place. Dr Hopkins paid tribute to all colleagues and said it had been a team effort.

6. **Regional Committee** – The first meeting would take place (3 South East Wales Health Boards) in June to enable greater co-operation between the organisations.
7. **Orchard UHL** – The Future Generations Commissioner had launched the Orchard that would be a tangible legacy for the future.
8. **Meetings attended** – The UHB Chair had attended the Cardiff North Primary Care Cluster and reported that that the Group was buzzing with ideas for innovation and service change.
9. **AGM** – The AGM would be held just prior to the next regular meeting of the Board on 27th July.
10. **House Rules** – The Vice Chair invited Members to take a moment and read the “house rules” that should be observed during the meeting.

The Board **NOTED** the oral report of the Chair

UHB 17/091 CHIEF EXECUTIVE’S REPORT

The Board **RECEIVED** the oral report of the Chief Executive. The following points were highlighted:

1. **Cyber attack** – Dr Hopkins thanked staff for working over the weekend in support of the recent cyber attack. Work continued on enhancing security. This would be relayed to the team by Dr Fiona Jenkins.
2. **UEFA Finals** – The UHB was working closely with the police and others and thanks were passed to Angela Stephens and Huw Williams. Staff were being urged to maintain vigilance following the attack in Manchester.
3. **Report from Deloitte’s** – Following Deloitte’s observation at the last Board, a report on governance was expected within the next week and this would be received at the next Board meeting.
Action – Dr Sharon Hopkins
4. **Targeted Intervention** – Dr Hopkins reported that regular discussions were being held with Welsh Government. The only remaining hurdle was finance and the message was to drive savings further and faster.
5. **Social Care Wales** – Mrs Abigail Harris had been appointed to the Board as an Independent Member.
6. **Congratulations** were extended to a number of teams and staff who had been honoured with a variety of awards since the last meeting. All the details were on the UHB website.
7. **Thanks** – Dr Hopkins also thanked Mrs Alice Casey on behalf of the Executive Team and the wider organisation for all her work which was much appreciated.

The Board **NOTED** the oral report of the Chief Executive.

UHB 17/092 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Executive Nurse Director, Mrs Ruth Walker, introduced the report and highlighted:

- 1,000 patient surveys were undertaken each month with 90% and above satisfaction.
- 28,000 responses had been received through the “smiley face” machine – 75% of which were positive.
- Significant number of people reported problems with parking and being late for appointments. Transformation work would go some way to addressing the problems – moving outpatients off site and the use of technology to avoid the need for patients to attend the site. This was also supported by the park and ride scheme.
- Progress had been made with responding to complaints and double last year’s number received a reply within the target time.
- 232 serious incidents remained open. Work was progressing across Clinical Boards to improve the closure position.
- In the Mental Health Clinical Board individual cases of patient falls were being investigated and unique individual patient plans put in place. The result in the last month was a 54% reduction in the number of falls but it was not known if this was sustainable.

The Vice Chair invited comments and the following points were raised:

- It was confirmed that administration of medication issues were not linked to patient identification. However, various methods to improve identification process had been tried including armbands and photographs – although these seemed to annoy patients. The UHB was not complaint with the patient identification alert and if there was a safety link this would be made a priority.
- Concern was expressed that performance had deteriorated in the number of serious incidents that were due for assurance in the agreed timescales. It was hoped that due to staff absence this had just been a blip.
- In terms of swab retention, it was noted that the incidents had occurred outside of the normal theatre environment. Midwifery staff were being provided with additional training to reflect the WHO checklist.
- It was agreed to provide more detail at the next meeting on what was included within the category of complaints “clinical diagnosis” and how the UHB was addressing it.
Action – Mrs Ruth Walker
- It was not known why the UHB had a higher number of patient safety incidents per 10,000 population than other Health Boards and there was no mechanism to determine the reasons for this. The CHC had

identified a similar trend but could not provide a reason. This would be given further consideration.

Action – Mrs Ruth Walker

- The CHC confirmed that their concerns were escalated if remedial action had not been undertaken by the time of a follow up visit. However, in general they were concerned that public toilets were not well signposted and visitors were being directed a long way from the wards to the concourse to use facilities. It was acknowledged that the UHB had fewer bathrooms and toilets than desired and ward facilities therefore had to be kept free for patient use.
- The CHC was also concerned at some of the feedback relating to food at Rookwood. The CHC was assured that their comments had been incorporated into the UHB action plan and the choices at Rookwood had been reviewed and improved.
- It was noted that there had been 2 instances where young people had been admitted to adult mental health wards. It was confirmed that this was related to a lack of space at Ty Lydiard but the patients were able to be transferred quite quickly. Further conversations were being held in relation to the service.

ASSURANCE was provided by:

- The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.
- Comparison with peers across Wales.
- Evidence of the action being taken to address key outcomes that were not meeting the standards required.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

The Board:

- **CONSIDERED** the content of this report
- **NOTED** the assurance in relation to the action being taken to improve the quality, safety and experience of care.

UHB 17/093 TURNING THE CURVE TO TRANSFORMATION UPDATE

The Interim Chief Executive, Dr Sharon Hopkins, presented the report and commented on the challenge to increase the pace and scale of transformation. The UHB had developed a four prong approach to deliver within allocated budgets, deliver transformation at pace, address choice and disinvestment opportunities and find strategic solutions with partners. The programme was still being developed and the governance structure populated, with leadership and accountability vested within the organisation with Executive support.

The Vice Chair invited comments and the following points were raised:

- Asked about the success of pooled budgets to address delayed transfers of care, it was agreed to receive a report at the next meeting.
Action – Mr Steve Curry
- Asked about being able to reduce the number of outpatients by 30%, it was noted that traditional approaches were being challenged and innovative work so far had proved very successful.
- Asked if the work previously undertaken by Newton was still appropriate, it was noted that the exceptional circumstances in theatres had affected efficiency performance and there was a 9% vacancy rate. In addition, due to the ageing estate, 4 theatres had been closed without notice. Despite this, improvements in waiting times had still been achieved.
- The high number of complaints from patients about waiting times and cancelled operations was raised. Short term options were being explored to address this.
- It was noted that external challenge was included at work stream level and this would be discussed further outside the meeting if required.
- The UHB was yet to appoint a Transformation Director.

ASSURANCE was provided by:

- The monthly meetings of the Transformation Board to monitor progress and consider risks and issues arising.
- Transformation programme reported into the Management Executive.

The Board:

- **NOTED** the progress being made to deliver a Transformation Programme that supported sustainable service delivery.

UHB 17/094 OUTCOME FROM ENGAGEMENT ON MENTAL HEALTH SERVICES FOR OLDER PEOPLE AND REHABILITATION SERVICES

The Director of Planning, Mrs Abigail Harris advised the Board that proposals were being brought back for decision following an extended period of engagement. Despite a rising number of people developing dementia, it was believed that the UHB would be able to manage with fewer beds by investing in community services and caring for people in their own homes. In brief there were 3 parts to the proposal:

1. Relocate wards East 14 and 16 UHL to the Llanfair Unit – reducing beds from 32 to 16
2. Relocate 2 dementia wards from Iorwerth Jones Unit to vacated wards East 14 and 16 at UHL
3. Relocate adult mental health rehabilitation from Iorwerth Jones to Llanfair Unit

Nothing new sprang from the further engagement work but families had asked for assurances that patients would continue to be treated by the same teams of staff. Travel and parking concerns were also raised again.

The Chair invited comments:

- A letter had been received from the Community Health Council and a number of caveats were being considered by the Clinical Board. The CHC confirmed that it was now broadly supportive but would take a moment to consider the financials before formally agreeing the proposal.
- Llanfair would be refurbished before any transfers took place.
- The timetable was to move before winter.
- It was hoped the engagement with carers would continue during transition and after the move.
- Co-locating patients with a multi disciplinary team and a community mental health team meant that patients would no longer need a hospital admission to have a full assessment of their needs and receive a care package.

ASSURANCE was provided by:

- Acting in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Services.

The Board:

- **NOTED** the outcome of the engagement work on the proposed service changes.
- **AGREED** the proposed way forward on the identified service changes.
- **NOTED** the planned approach to implementation.

UHB 17/095 FINANCE REPORT AS AT 31st MARCH 2017

The Director of Finance, Mr Robert Chadwick advised that the report had previously been presented to the Finance Committee.

The Chair invited comments and the following points were raised:

Asked why income for research and development had fallen, Dr Shortland commented that more scrutiny was being placed on how money was spent. An unusual situation had developed in that it could be more financially lucrative to undertake large scale postal research than participate in important clinical trials and as such, the UHB may need to amend its R&D strategy.

Concern was expressed that the level of savings identified as being required was unachievable. Trade Unions were concerned about pay rates for staff following years of zero or minimal pay rises and there were reports that some staff had to resort to the use of food banks. The three year pay deal would end in December and this may impact the year end figure.

LIMITED ASSURANCE was provided by:

- The work that had been undertaken to improve the year end position.

- The month 12 position was better than the forecast deficit agreed with Welsh Government.
- Scrutiny of actual and forecast performance through the UHB's Finance Committee.

The Board:

- **NOTED** the draft year end financial deficit of £29.243m was £1.720m below the previous forecast of £30.963m but still £7.243m above the unapproved £22m operational plan;
- **NOTED** that the final position was still provisional as it was subject to external audit review;
- **NOTED** that the UHB would fail its statutory duty in respect of its Revenue Resource Limit.
- **NOTED** that the UHB met its statutory duty to remain within its Capital Resource Limit.
- **NOTED** the recurrent shortfall in the delivery of the £26m savings programme.

UHB 17/096 PERFORMANCE REPORT

Dr Sharon Hopkins, Interim Chief Executive invited questions and comments on the report:

- The CHC raised the challenge of meeting the stroke targets and was concerned at the proposals to reduce the number of beds in the stroke rehabilitation centre. It was explained that this was linked to reducing the length of stay. A business case to extend 7 days working for consultants and therapies had been approved and was being taken forward.
- Concerns were raised about the significant increase in the number of referrals into the local primary mental health support service in recent months. An additional resource would be used in the short term to address the rise in demand and to determine if patients could be referred to other non-formal NHS services.
- Asked about mitigation of the risk of implementing the single cancer pathway, it was noted that performance would worsen when the two pathways were combined, but this was the right thing to do.
- It had been a significant achievement and the first time since 2013 that the UHB had met the urgent and non urgent suspected cancer targets. It was doubted that this could be sustained, but demonstrated that it could be done.
- The CHC requested separate dialogue and offered any help on the out of hours service as the UHB was consistently failing to deliver on key targets. Performance had improved in March with the appointment of a second GP.
- The increasing number of patients being seen by the memory team was welcomed.

- The number of delayed transfers of care had started to rise again. This was mainly as a result of patient choice and placement availability. The choice policy had been refreshed and a weekly meeting was being held to discuss complex discharges.
- It was noted that “medically optimised” (almost ready to go home) was becoming an issue for the UHB.

REASONABLE ASSURANCE was provided by:

- the fact that the UHB was making progress in delivering its Operational Delivery Plan for 2016/17 by achieving compliance with 23 of its 58 performance measures.

The Board:

- **CONSIDERED** 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.

UHB 17/097 INCREASED CONCERNS IN OPHTHALMOLOGY

The Executive Nurse Director, Mrs Ruth Walker had nothing to add to the report and so the Chair invited comments:

- Big3 work on the ophthalmology pathway continued, a one stop cataract clinic had been developed and weekend waiting list initiative clinics were taking place to mitigate the long waiting times.
- The waiting times resulted from capacity problems. Work was underway to consider how patients could be prioritised not by how long they had waited but by the amount of harm that could be caused to them by waiting longer.
- It was noted that modernising the service would require some cultural change.
- Work to improve communications between the hospital and community setting was underway.
- The UHB was the first to introduce nurse injectors – whilst not there yet, good progress was being made.

ASSURANCE was provided by:

- The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.
- Comparison with peers across Wales.
- Evidence of the action being taken to address key outcomes that were not meeting the standards required.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

The Board:

- **CONSIDERED** the content of this report.
- **NOTED** the assurance in relation to the action being taken to improve the quality, safety and experience of care.

**UHB 17/098 UHB INTEGRATED MEDIUM TERM PLAN 2017/18
UPDATE**

The Director of Planning, Mrs Abigail Harris had nothing to add to the report.

ASSURANCE on the continuing development of the UHB 2017/18 Integrated Medium Term Plan (IMTP) was provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meeting.
- Quarterly review of clinical and service board delivery against IMTP key milestones.

The Board:

- **NOTED** the progress of the development of the 2017/18 Integrated Medium Term Plan.

**UHB 17/099 DEVELOPMENT OF SPECIALIST NEURO AND
SPINAL REHABILITATION AND CLINICAL
GERONTOLOGY SERVICES – FULL BUSINESS CASE**

The Director of Planning, Mrs Abigail Harris presented the report and the engagement that had taken place some time ago and commented that more capital than originally anticipated was now required. The CHC commented that the Rookwood consultation had been undertaken before Hafan y Coed, yet that unit had already been built whilst patients were still being treated in a very poor environment at Rookwood.

ASSURANCE was provided by:

- Completion of the FBC in accordance with WG Business Case Guidance:
- The FBC had been submitted and supported by Capital Management Group and the Business Case Approval Group.
- The UHB was also seeking support from the Welsh Health Specialised Services Committee (WHSSC)

The Board:

- **APPROVED** the Specialist Neuro and Spinal Rehabilitation and Clinical Gerontology Services – Full Business Case and
- **AGREED** that the old equality impact assessment would be updated by way of an equality and health impact assessment.

Action – Mrs Abigail Harris

UHB 17/100 CAPITAL PROGRAMME APPROVAL PLAN

The Director of Planning, Mrs Abigail Harris advised that the Plan was brought annually to the Board. It was often necessary to re-prioritise spending at short notice due to the poor fabric of the estate.

The Chair invited comments:

- Concerns were expressed that only £500k was available for backlog IM&T, particularly given the recent cyber attack. Some systems were particularly vulnerable and a further attack could result in the shutting down of a system which was not an appropriate response.
- It was suggested that Board Members would find it helpful to receive an updated depreciation plan and this would be discussed further outside the meeting.
- It was queried whether £78k was sufficient to address the issue with lifts and it was noted that the contractor believed that some lifts could be refurbished rather than replaced, extending their life by 10-15 years. It was noted that there were issues with the lift buttons and the length of time that people had to wait, particularly in B block and this would be investigated in the interim.

Action – Mrs Abigail Harris

ASSURANCE was provided by:

- Capital Management Group

The Board:

- **APPROVED** the Capital Programme 2017/18
- **APPROVED** delegation of responsibility to Capital Management Group for adjustments to the Capital Programme 2017/18

UHB 17/101 CHAIR'S ACTION TAKEN ON BEHALF OF THE BOARD

ASSURANCE was provided by adherence to UHB Standing Orders. The Board **RATIFIED** the action taken by the Chair.

UHB 17/102 HEALTH AND CARE STANDARDS AUDIT

The Executive Nurse Director, Mrs Ruth Walker presented the report and advised that these were the standards against which HIW monitored the UHB. Over 95 wards and departments had participated in the audit and the overall themes were summarised within the report. Sleep, pain and oral care had all improved since last year and this year the findings in relation to fluid balance would be examined in more detail as this was an area of CHC concern. Some Members expressed the need to see this improve as a matter of urgency. In terms of noise levels, staff were encourage to wear appropriate

shoes and to move work stations away from patients. However, the main reason for noise was confused patients and little could be done without access to side rooms. It was also hoped that progress would be made against the health promotion standard.

ASSURANCE was provided by:

- Current status and improvement plans were being reported through the Quality, Safety and Experience Committee
- Development of an action plan for improvement and monitoring progress with the actions would be followed through the Clinical Standards and Innovation Group and reported to the Nursing and Midwifery Board.

The Board:

- **NOTED** the content of this report and the level of compliance achieved across the 19 Health and Care Standards relevant to the audit (6 Health and Care Standards themes)
- **NOTED** the areas for improvement identified within the summary of recommendations provided in *Appendix 2* and supported implementation of the action required to deliver improvement.

UHB 17/103

HIW ANNUAL REPORT ON THE UHB 2016-2017

Mr Alun Jones, Director of Inspection, Regulation and Investigation, Health Inspectorate Wales presented the third Annual Report and commented that the production of a single report enabled HIW to take stock and identify themes. HIW noted that the quality of documentation and estate maintenance remained an issue whilst medicines management had improved since last year. There had been positive recent unannounced inspections of wards C6 and C7 at UHW as well as a follow up visit to UHL. The improved management culture in the emergency unit was also commended. In terms of community dental services, whilst findings were in the main positive, there were some issues with decontamination and sterilisation (documentation of maintenance and cleaning). Mr Jones also referred to the general Welsh findings around learning disabilities and acknowledged the UHB's difficulties as it was not the service provider.

The Chair invited comments and the following points were raised:

- Asked why HIW had health and safety concerns about the environmental design of the new Hafan y Coed Unit, it was confirmed that an investigator had identified a potential ligature point although the required design standard had been met.
- It was important to strengthen the UHB's own inspection processes with regard to checking the decontamination documentation of private contractors.
- The Quality, Safety and Experience Committee received all HIW reports and action plans in their public meeting.

- It was noted that HIW carried out inspections based on the Health Care Standards for Wales. However, as the standards were vague, it was hard to benchmark findings across wards or hospitals.
- HIW remained concerned about positive patient identification risks. Whilst aware this was regularly discussed at the Quality, Safety and Experience Committee, no way forward had yet been agreed.
- HIW commended the UHB's engagement with the inspection agenda and its commitment to putting things right and this gave confidence to the inspectors.

UHB 17/104 CORPORATE RISK AND ASSURANCE FRAMEWORK UPDATE

The Director of Corporate Governance, Mr Peter Welsh provided an update on how the risk register would be taken forward in future following the recent workshop. The proposals had been shared with all Wales Board Secretaries who were interested in aligning with it.

ASSURANCE was provided by:

- Mitigation of the risks was being closely monitored by the appropriate Committee of the Board.

The Board:

- **AGREED** the proposals for review and renewal of the Risk Management Process.
 - **DID NOT AGREE** to suspend use of the CRAF in its current format, to enable development of the new CRAF/reporting system.
 - **AGREED** that the CRAF was still required at every meeting whilst the new system was being developed.
 - **AGREED** to receive a circulated CRAF after the meeting.
- Action – Mr Peter Welsh**

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 17/105 MINUTES FROM OTHER BOARDS / COMMITTEES

The Board **RECEIVED** the following Minutes and the Chair invited any comments:

- 1. Quality Safety and Experience Committee – February**
The Chair highlighted ongoing concerns about the lack of decant wards in order to manage infection outbreaks. In addition, strong support was given to the leading improvement in patient safety (LIPS) work.
- 2. Audit Committee – April**
- 3. People Performance and Planning Committee – March**

PPP was disappointed that the efficiency gains in theatres had been reversed. It was noted that this had also been raised earlier at the meeting.

4. Local Partnership Forum – February

The LPF felt it had lost its way somewhat so had held a time out to clarify its scope and purpose.

5. Stakeholder Reference Group – March

Early consultation on UHB matters was welcomed by the SRG.

6. Finance Committee – March

7. Charitable Funds Committee – March x 2

Mr Waygood, Chair of the Committee advised that the Pennies from Heaven scheme was to be rebranded and re-launched. In addition he advised that wifi had been extended to St David's and The Barry Hospitals as well as some parts of UHW.

8. Health Professionals' Forum – April

9. Welsh Health Specialised Services Committee – March

The minutes were **NOTED**.

UHB 17/106 AGENDA OF THE PRIVATE BOARD MEETING

The agenda was **NOTED**.

UHB 17/107 REVIEW OF THE MEETING

There was nothing further to add to the meeting.

UHB 17/108 DATE OF THE NEXT BOARD MEETING

The next meeting (Special Meeting following Audit Committee) would be held at 9am on 1st June 2017 in HQ, UHW. The next regular meeting would be held on 27th July, immediately following the Annual General Meeting.