

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 1PM ON 27 JULY 2017
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

Maria Battle	Chair
Len Richards	Chief Executive
Akmal Hanuk	Independent Member – Community
Prof Elizabeth Treasure (part)	Independent Member - University
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Deputy Director of Public Health
Dr Graham Shortland	Medical Director
Ivar Grey	Independent Member – Finance
John Antoniazzi	Independent Member –Estates
Julie Cassley	Interim Director of Workforce and OD
Professor Marcus Longley	Vice Chair
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
Steve Curry	Interim Chief Operating Officer
Stuart Egan	Independent Member – Trades Unions

In Attendance:

Alan Brown	Vice Chair, Cardiff and Vale of Glamorgan CHC
Dr Ben Hope-Gill (part)	AMD Postgraduate & Undergraduate Medical Education
Geoff Walsh (part)	Director of Capital and Estates
Keithley Wilkinson (part)	Equalities Manager
Marie Davies (part)	Deputy Director of Planning
Peter Allen	Aneurin Bevan CHC
Peter Welsh	Director of Corporate Governance
Dr Tom Lawson (part)	Interim Deputy Dean, Wales Deanery
Urvisha Perez	Wales Audit Office (Observer)

Secretariat

Julia Harper

Apologies:

Abigail Harris	Director of Planning
Eileen Brandreth	Independent Member – ICT
Indu Deglurkar	Chair, SMSC
Dr Sharon Hopkins	Director of Public Health
Sue Bailey	Associate Member - Chair, HPF
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC
Cllr Susan Elsmore (part)	Independent Member – Local Authority

UHB 17/129

PATIENT STORY

The Chair introduced Ms Barbara Chidgey who shared her considerable experiences of care and treatment at the University Health Board. Ms Chidgey cited the importance of conversations within the trusted patient / medic relationship and the impact this had on an individual's well-being. "Conversational leadership" approaches engaged patients to move into the driving seat of managing their own health, contributing to less use of NHS resources (prudent healthcare). Conversational Leadership was a style of working where the transformative power of conversation was understood and took a conversational approach to the way people connected, related, learned and worked with other people. Conversational Leadership was "how to be transformational".

Mrs Chidgey described how she managed to take control of her own health. She found new ways of communicating outside of the planned clinic appointments, such as being able to view her own test results online immediately they were available which allowed her to take action to regulate medication and diet. She also managed to use direct e mail correspondence with the appropriate department and asked consultants to write to her directly rather than the GP. She found that the more she took control, the quicker her health improved. Overall she needed fewer appointments, the number of drugs required reduced and her quality of life improved which was important for both partners as the UHB also saved valuable resources. In brief, Ms Chidgey strongly believed that the more she had good conversations and communications with medical advisors and the more she took on the management of her own health by utilising their guidance, then the better her health and the less NHS resources she used. Ms Chidgey thanked the medical and nursing staff for all their skill and knowledge in getting her well again.

The Board noted how this form of communication had changed Mrs Chidgey's life and was something that should be pursued at pace, in line with the UHB's 10 year Strategy. However, strong leadership would be needed to take this forward and clinicians would need time to think about how they could do things differently. Mrs Chidgey agreed to offer any help she could, going forward.

The Chair thanked Ms Chidgey for attending the Board and sharing her inspirational story, on which the Board would reflect. There were clearly practical things on which the UHB could improve and the challenge had been set with regard to alternative ways of communicating with patients.

UHB 17/130

WELCOME AND INTRODUCTIONS

The Chair, welcomed everyone to the main part of the meeting, in particular the new Chief Executive, Mr Len Richards who was attending his first meeting of the Board and Urvisha Perez, representing Wales Audit Office as part of the annual structured assessment.

The Chair advised those present that the Board had just held its AGM prior to the meeting, albeit that only two members of the public had attended. The Board had received the UHB's Annual Report for the year 2016/17.

UHB 17/131 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 17/132 DECLARATIONS OF INTEREST

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

UHB 17/133 MINUTES OF THE BOARD MEETING HELD ON 25th MAY 2017

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 25th May 2017.

NOTE – After the minutes had been approved, it had been necessary to amend the Patient Story and remove references to the identity of the patient.

UHB 17/134 MINUTES OF THE SPECIAL BOARD MEETING HELD ON 1ST JUNE 2017

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 1st June 2017.

UHB 17/135 ACTION LOG FOLLOWING THE LAST MEETING

The Board **RECEIVED** the Action Log from the meeting of 25th May 2017 and **NOTED** the following:

UHB 17/056 Performance Report – Further advice for cancer patients had been considered by Executives and waiting times had reduced. Work was ongoing, and the best place for monitoring was the QSE Committee through the cancer peer review reports.

UHB 17/092 Patient Safety Quality and Experience Report – Mrs Ruth Walker advised that the detail of “clinical diagnosis” concerns had been broken down in this month’s report and even more detail would be possible once e datix was rolled out.

With regard to the UHB reporting the highest number of patient safety incidents, it was likely this was because the UHB actively encouraged open reporting as demonstrated by the reporting of a high number of incidents where no harm was actually caused to patients.

UHB 17/136 CHAIR'S REPORT

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

1. **Thanks** – The Chair thanked Dr Hopkins for the work she had undertaken to lead the organization whilst awaiting the arrival of the new Chief Executive. Thanks were also given to the Planning Team for all the work undertaken for the very successful UEFA finals in Cardiff.
2. **Recruitment** – This was underway for the Vice Chair and Director of Workforce and OD whilst approval for 3 new Independent Members appointments was awaited from the Cabinet Secretary.
3. **New Committees** – Two new Committees had been established. The Strategy and Engagement Committee had held its first meeting and the Resource and Delivery Committee would meet shortly.
4. **Events/Meetings** – The Chair updated Board on a number of events and meetings she had attended in the last 2 months.

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

UHB 17/137 CHIEF EXECUTIVE'S REPORT

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

1. **Wales Audit Office – Review of Contract with RKC Associates Ltd**
This would be discussed in detail in the private meeting of the Board, but it was disappointing that action had been taken outwith UHB policies and processes. It was also clear that there was not transparency between Executive leads and the rest of the Executive Team and the Board which had led to a loss of trust and confidence in the leadership.

Mr Egan commented that the result of this was extremely damaging to the UHB's reputation. It had also damaged staff confidence and trust and created unrest amongst the workforce who were working under extreme pressure and being asked to make savings. Staff had queried why it had been necessary to enter into such an expensive contract. It was important that Trades Unions were advised of the action that

would be taken, given assurance that this would not happen again and that confidence was restored so that staff could raise concerns. It was hoped there would be a full investigation and if there was blame, that the behaviour was dealt with appropriately. It was important that the Board was seen to be putting things right.

Board Members also raised the need to strengthen the Whistleblowing Policy. The number of Lead Executives would be reduced from four to one and additional support would be provided with the appointment of a Lead Independent Member. It was noted that the Chair and Chief Executive would be providing more detail in evidence to the Public Accounts Committee. In addition, meetings with Staff Representatives would continue.

- 2. Car Parking** – The loss of the recent court case brought by staff against parking management company Indigo had attracted much public and media opinion. It was disappointing that a number of inaccuracies had been contained in reports and the UHB had tried to rebut these. Traffic management was more effective with better access and flow now which was an important safety aspect.

The Board discussed parking and raised the following:

- The park and ride was a success. From September the last bus would leave UHW later, at 7.45pm to accommodate staff changeover. The Director of Capital and Estates was asked to listen to staff feedback and re-examine this time as staff would miss this bus with a 7.30pm handover. It was noted that later buses would increase costs.
- When parking became free in 2018, it was noted there would be two issues, parking management and traffic management.
- The Communications Team had produced factsheets that were widely available.
- It was hoped that day staff would be encouraged to use the park and ride service to ease the parking pressure on site.

- 3. UHL Operating Theatres** – Two temporary theatres were at the end of their life. A plan had been developed for additional orthopaedic theatre capacity.
- 4. Performance** – Referral to treatment times had improved for the 11th quarter in a row and cancer waiting times had reduced considerably. The UHB was now developing unacceptable waiting thresholds such as 12 hours waiting in A&E.
- 5. Deloitte's Independent Review of Financial Governance** – The Board would be considering this Welsh Government commissioned report as part of targeted intervention, in the private meeting. Whilst some good practice had been noted, there were areas where improvements could be made and these would be considered in detail at the Finance Committee with oversight at Audit Committee.

- 6. NHS Pay Review Body Visit 18th July** – the PRB had met with staff across the organization to hear their views on pay and conditions. The PRB had thanked the UHB for hosting the visit and for the open discussions. The PRB reported that staff were well motivated and willing to engage.

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

UHB 17/138 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

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

- 98% of patients responding to our patient experience survey stated that they felt safe whilst in our care.
- 61% of concerns were informal. The number of formal concerns responded to in 30 days had risen from 23% to 39%. Further work was required to continue this improvement.
- Serious incident (SI) closure had improved by 236 on last year. There were 87 SIs currently open.
- There had been a reduction in the number of complaints about car parking.
- A major issue was the number of patient falls with 3977 falls recorded in the last year. The Director of Therapies and Health Sciences was leading improvement work in this area.
- Emerging themes – CTG recording was a national trend along with bariatric equipment.

The Chair invited comments and the following points were raised:

- Asked what the aspiration was for the percentage of formal and informal complaints, there was no figure in mind, but the number of informal complaints was expected to rise with the inclusion of mental health services for older people.
- It was noted that the LED department offered stand-alone training in communication and as a module on a variety of training courses. The correlation between the attendance of training and complaints involving communication had not yet been made, however, it was envisaged that data would be improved with the roll out of e datix.
- Asked why 5,500 procedures of limited clinical benefit had been carried out, it was noted that each had caveats of when the treatment could be useful. The narrative would be strengthened to explain this in future reports.

Asked why 5,500 procedures of limited clinical benefit (interventions not normally undertaken (INNUs)) had been carried out and what Board members should look for in terms of change in numbers, it was noted that this was a new indicator for the performance report and that INNUs were a mixture of interventions that the UHB would carry out according to certain clinical criteria and those that were not done

at all. It was therefore difficult to predict what a downward trajectory should look like. The Board was assured that a significant amount of work had been undertaken over the past 7 years to reduce INNUs and data was being re-examined to check for any high outlier activity in comparison with other Health Boards. It was agreed that the narrative would be strengthened to explain this in future reports.

- The worsening DNA position was worrying. It was noted that remodelling work was already underway.
- It would be helpful if the report had a section to identify the areas that needed improvement.
- In terms of patient feedback on departure, it was noted that this was already done through the outpatient kiosks (happy faces). Surveys were also undertaken on inpatient wards and several tools were becoming available to collect data from patients at home.
- Asked about feedback from primary and community areas, it was noted that getting this data remained a challenge and the CHC concurred.
- It was noted that the high number of patient safety incidents at St David's Hospital was because of a number of staffing issues.

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 17/139 ANNUAL QUALITY STATEMENT (AQS) 2016-17

The Executive Nurse Director, Mrs Ruth Walker, presented the UHB's AQS and thanked Carol Evans and Alex Scott for all their work in producing the comprehensive document.

The Chair invited comments and the following points were raised:

- The displaying of the Rainbow flag demonstrated openly that the UHB supported this network.
- It was noted that a long time scale was required for the review of nursing documentation as it was a significant piece of work.

- It was noted that the UHB would be pursuing the electronic patient record but the national architecture for going digital was quite slow.

ASSURANCE was provided by:

- Internal Audit assessment was rated as substantial assurance.

The Board:

- **ENDORSED** the 2016 / 2017 Annual Quality Statement (AQS).

UHB 17/140 FIRE SAFETY ASSESSMENT OF EXTERNAL CLADDING PANELS ON UHB BUILDINGS

The Director of Capital and Estates, Mr Geoff Walsh, advised the Board that investigation had demonstrated that the UHB had used steel and not aluminium and insulation materials were clear. This information had been relayed to Welsh Government and the Fire Service for confirmation.

The Chair invited comments:

- The Health and Safety Committee asked that the Board be made aware of the 50.9% compliance rate with mandatory fire training between April 2016 and February 2017. The target was 85% compliance and the Board would be culpable if there was a fire incident. As a minimum the 85% target had to be met.
- Poor compliance with mandatory training was a constant theme in the UHB's Fire Notices, and given recent events, it was expected that a harder line would be taken.
- Poor compliance with other mandatory modules was also raised.

REASONABLE ASSURANCE was provided by:

- Reference to Operating and Maintenance (O&M) Manuals for the respective buildings including 'As Installed' drawings and specifications.

The Board:

- **NOTED** the details of the report and the investigation works undertaken which were considered by the Management Executive on 10th July 2017.
- **SUPPORTED** the recommendation to undertake testing of the Link Block 4 cladding
- **SUPPORTED** an evacuation exercise utilizing ward B6 following refurbishment
- **NOTED** that the work being undertaken was being discussed with both South Wales Fire Service and NHS Shared Services Estates to ensure no further action was needed.

UHB 17/141 PATIENT SAFETY SOLUTIONS, ALERTS AND NOTICES

The Chair, Miss Maria Battle had asked for this report to be considered at the Board because the Quality Safety and Experience (QSE) Committee had been aware, for some time, that the UHB had been unable to comply with the patient safety notice on patient identification that had been published in 2007.

The Executive Nurse Director, Mrs Ruth Walker, reminded Board that due to financial pressures, the Board had previously agreed that this was not a priority. Periodically the work on a solution had been revised and the decision was always that this could not be pursued. The former QSE Chair, Professor Elizabeth Treasure concurred that the Committee had been told the solution was unaffordable, but it remained concerned about the number of repeated patient identification errors.

As technology had moved on, considerable work would be required to determine the current cost of a solution and it was queried whether this was an efficient use of time if there was still no funding. Given the conclusions of the Deloitte's report, it was vital that the Board was aware of the full cost of schemes before any decisions were taken and the QSE Committee should be given a timescale for when the decision could be reviewed.

The Board was advised that there were potentially two solutions: one did not meet clinical needs and the second was a six figure sum. Therefore, this would need to be discussed by the Management Executive again.

Action – Mrs Ruth Walker

In conclusion, the Executive Nurse Director reiterated that the UHB did not sign off any patient safety notice until there was certainty that work was embedded into practice and this was the reason that it often appeared that the UHB was moving at a slower pace than others. It was anticipated that a further 3 alerts would be signed off by the end of the month.

LIMITED ASSURANCE was provided by:

- The UHB was currently 81% compliant with all current Patient Safety Solutions (PSS), and this would increase to 89% by October 2017, based on work underway to address the requirements of recently issued PSSs and declare compliance with historical alerts.
- The actions that were being undertaken to address the outstanding areas of non-compliance.

The Board:

- **NOTED** current UHB compliance and **APPROVED** the proposed actions that were being taken to address areas of non-compliance.
- **AGREED** that the UHB was now able to declare full compliance with NPSA/2009/SPN002 – Risk to patient safety of not using the NHS number as the national identifier for all patients.

- **NOTED** the intention to present an update to the September 2017 Quality, Safety and Experience Committee, along with a full risk assessment for outstanding areas of non-compliance.
- **AGREED** to receive a further update at the January 2018 Board meeting.

UHB 17/142 FINANCE REPORT

The Director of Finance, Mr Robert Chadwick advised that the report had been presented to the Finance Committee the previous day and highlighted the following:

- The UHB was committed to delivering a £30.9m deficit plan.
- Savings of £35m were needed.
- Transformation schemes would take some time to deliver.
- The UHB needed to step up to close the £12.4m gap.
- 3 Clinical Boards were in financial difficulty – Medicine, Children & Women and Clinical Diagnostics and Therapeutics. Finance staff were working closely with them and recovery plans were being prepared.
- There were still many risks to delivery within available resources, in particular waiting times and winter pressures.

The Chair invited comments and the following points were raised:

- The £12.4m gap was a big risk and the UHB required certainty by month 7.
 - Transformation schemes may deliver efficiency rather than financial savings.
 - The Finance risk register would be shared with the Board.
- Action – Mr Robert Chadwick**
- The £15m had to be found recurrently if the underlying position was not to deteriorate.
 - The ambition was to get a Welsh Government approved Plan.

LIMITED ASSURANCE was provided by:

- The work that had been undertaken to develop the 2017/18 draft operational plan;
- The scrutiny of Financial Performance undertaken by the Finance Committee;
- The month 3 position which was broadly in line with the profiled deficit within the draft operational plan.

The Board:

- **NOTED** that the UHB had an unapproved draft one year operational plan that had a planned deficit of £30.900m for the year;
- **NOTED** the £7.695m deficit at month 3 which included a planning deficit of £7.725m, a shortfall in performance of £0.041m against savings targets and budget underspends of (£0.071m);

- **NOTED** the risks that needed to be managed especially the identification of £12.4m further savings required to deliver a £30.9m deficit plan.

UHB 17/143 PERFORMANCE REPORT

The Interim Chief Operating Officer, Mr Steve Curry had nothing to add to the report other than advising that primary care was performing well but GMS was a fragile service that needed support.

The Chair invited questions and comments:

- Work was ongoing to avoid patients deteriorating whilst awaiting discharge. In addition the UHB was operating a discharge to assess scheme to get patients home with extra help. It was hoped these actions would help to improve the number of patients over 65 years who were discharged to their usual place of residence.
- Waiting time for the memory clinic had improved significantly following an injection of temporary funding. Since the funding had ceased, the waiting time was deteriorating. This was disappointing for GPs who had been encouraged to use the service. It was noted that further temporary funding had been identified for use in a targeted way in 2017/18. 3 Clinical Boards were looking to find a sustainable solution.
- Concern was expressed about the resilience of part 1 on the Mental Health Measure. It was noted that the profile had slipped when there was simultaneous increase in demand and staff sickness. There was also a need to work differently to manage GP demand.
- The roll out of the fully automated booking (FAB) system should support a reduction in the number of DNAs, but it still needed to be made easier to use.
- It was disappointing that hand hygiene rates had flat-lined. In May, 87 wards participated in the audit, more than previous months. Unfortunately only half completely fully complied with the audit as it had been strengthened. However, the IPC team undertook independent audits and were able to confirm that progress had been seen.
- It was suggested that compliance with a number of targets such as mandatory training, WHO checklist and hand hygiene appeared to suggest that there were areas of work that staff did not like doing. This was all linked to culture, values and behaviours and it was vital that staff were empowered to challenge undesirable behaviour.
- As staff had previously identified that they found the appraisal process useful, it was queried why only 56% of non medical staff had received one. It was noted that there was a huge variance across the UHB with some areas doing really well.

REASONABLE ASSURANCE was provided by:

- the fact that the UHB was making progress in delivering its Operational Delivery Plan for 2017/18 by achieving compliance with 20 of its 60 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.
- **NOTED** that the Chair would be appointing a Champion for hand hygiene and bare below the elbow.
Action – Miss Maria Battle

UHB 17/144 INTEGRATED MEDIUM TERM PLAN (IMTP) DEVELOPMENT PROCESS

The Deputy Director of Planning, Mrs Marie Davies, advised Board that the report set out the proposed approach to the development of the IMTP which included lessons learned, key activities and timescales. A half day session was also being arranged for the Board in August.

The Chair invited comments:

- It was agreed to cover in the half day how the timetable for regional work fitted into the IMTP, ensuring that all processes were aligned.
- It was hoped that finance and workforce could be integrated into the IMTP, but it was recognized that there was much more work to be done in this area and relied on greater discipline from 8 Clinical Boards to submit the PODS. This required greater maturity and possibly more capacity in order to produce fully rounded plans. It was agreed that Management Executive would consider how this could be achieved.
Action – Mr Len Richards
- It was suggested that it may be easier to land a position several times over the year rather than reliance on meeting a target at the end of the year.

ASSURANCE on the development of the UHB 2018/19 Integrated Medium Term Plan was provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meeting.
- Compliance with the NHS Wales Planning Framework timeframes and requirements (updated 2018/19 Framework was not due to be published until October 2017).

The Board:

- **APPROVED** the key milestones and products for the development of Clinical and Service Board 2018/19 Operational Plans and the UHB 2018/19 IMTP.

The Interim Chief Operating Officer, Mr Steve Curry advised the Board that the Review had demonstrated that the UHB had performed fairly well last winter when compared with the rest of Wales. The report included the key themes from the multi-agency review and these had been incorporated into the planning for the coming winter. It was anticipated that a complete plan would be available for Welsh Government in Autumn.

The Chair invited comments:

- Asked how the number of cancellations could be reduced this winter, it was noted that the UHB hit a 3 week bad patch in January but recovered fairly quickly. The reason for many of the cancellations was infections outbreaks. This winter there would be greater scrutiny of case mix and use of day surgery. However, there was more work to do on patient flow.
- The target for flu vaccination had increased to 60% this winter.
- In terms of nursing staff, this would be in line with the Nurse Staffing Wales Act with more scrutiny on skill mix and the model for specialising.
- This winter there would be only one additional ward available, and therefore it was vital that the work on reducing length of stay was successful and this was a considerable risk.
- The 36% increase in referral to the Emergency Unit from GP out of hours was because of changes to the triage process for paediatric patients. Two Clinical Boards were looking to see whether there were further opportunities in this area.
- There was a whole system approach to the reduction in the number of delayed transfers of care, but there was still further scope for joint posts and sharing data collectively.

ASSURANCE was provided by:

- The review, involving internal and external stakeholders, of winter 2016/17 had informed the approach to winter 2017/18.
- Consideration by the Management Executive team of both the review of winter 2016/17 and the approach to winter 2017/18.
- The final Integrated Winter Plan would be developed with partners over the summer months and would be submitted to Welsh Government for consideration and feedback.

The Board:

- **APPROVED** the approach to developing the Cardiff and Vale Area Integrated Winter Plan for 2017/18, which included the following key proposals:
 - Enhanced resilience of the GP out of hours service
 - Rebalance activity from acute hospitals to the community

- Commission additional hospital bed capacity in line with forecast demand patterns and based upon the success of this shift from hospital to community
- Enhance services for older people, in particular securing the benefits from the ICF and Primary Care investments
- Enhance senior decision-making capacity in the Emergency Unit and the Assessment Units
- Continue the integrated approach to developing the winter plan, working closely with WAST, local authority and third sector partners to promote the 'Home First' principle through admission avoidance and improved discharge processes.

UHB 17/146 PLANS FOR WINTER 2017-18

This item was considered as part of the previous report.

ASSURANCE was provided by:

- Stakeholder involvement in the review of winter 2016/17.
- The key learning points derived from the review process and their implication in future planning. The review of winter 2016/17 had informed the approach to winter 2017/18
- The review of winter 2016/17 had been considered by the Management Executive.

The Board:

- **CONSIDERED** the report in regard to the winter of 2016/17.
- **NOTED** the learning points identified for future winter plans.

UHB 17/147 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 17/148 WALES DEANERY – EDUCATION CONTRACT AND FUNDING MODEL

The Interim Deputy Dean, Dr Tom Lawson, gave a short presentation on the role of the Wales Deanery and the development of the educational contract between the trainee, the local education provider (the UHB) and the Deanery. He also referenced the generic requirements of the trainee and the education provider as well as the specialty specific criteria. Dr Lawson described how the generic requirements would be monitored and the timescales for this. Real time data would be available and this would enable identification of trainees who were falling behind at an early stage and not at the end of the year. The impact of Health Education Improvement Wales (HEIW) was also considered.

The Chair thanked Dr Lawson for the presentation.

**UHB 17/149 QUALITY OF MEDICAL AND DENTAL
UNDERGRADUATE AND POSTGRADUATE TRAINING**

Dr Ben Hope-Gill commented on the educational governance framework which was new this year, developed in response to previous problems. The UHB had a very small team to deal with 600 trainees, and therefore named leads had been identified in each department.

The Chair invited comments:

- The coming together of all health care professional training in one governance framework was welcomed.
- It was envisaged that the framework would support the evidence base for learning from incidents.
- It was important for the UHB to be represented on the HEIW, which was even more important if the Deanery was not included. It was agreed that the Chair would raise this with the Cabinet Secretary.
Action – Miss Maria Battle
- Cardiff University currently hosted the Deanery. The question was asked as to whether trainers and trainees would continue to have access to the University's academic resources once hosting moved. This was an invaluable, expensive resource and exclusion from this was a significant risk.

ASSURANCE was provided by:

- Implementation of the educational governance framework.
- Action planning relating to Postgraduate and Undergraduate feedback mechanisms.
- Commissioning processes with Wales Deanery and Cardiff University.

The Board:

- **NOTED** the Report.

**UHB 17/150 CORPORATE RISK AND ASSURANCE FRAMEWORK
UPDATE**

The Director of Corporate Governance, Mr Peter Welsh commented that Board would start to see heat maps and variations with regard to the UHB's risks and advised that protocols were being developed. It was important to tie the risks into the objectives for the next year.

ASSURANCE was provided by:

- Mitigation of our risks being monitored by the appropriate Committees of the Board albeit the information provided via the CRAF required strengthening.

The Board:

- **CONSIDERED** the CRAF Update Report and the extreme risks currently contained within the CRAF.
 - **AGREED** to provide feedback by the end of August as to what was useful and what should be changed in the report format.
- Action – All Board Members**

UHB 17/151 SENSORY LOSS PROGRESS REPORT

The Interim Chief Operating Officer, as Chair of the Sensory Loss Group, advised the Board that significant progress had been made, much at no extra cost, but there was more to do on education and training. Overall however, progress was patchy. Many local schemes were working really well while there was no quick fix for other areas.

The Equalities Manager stressed the need to improve communication for patients with a sensory loss. This was fundamental to them and the community was fatigued and angry at what they considered slow progress. It was important therefore to listen and act on this feedback.

The Chair commended the demonstration of progress and the network of equality and sensory loss champions.

ASSURANCE was provided by:

- Development of and action taken by the UHB's Sensory Loss Standards Working Group.
- The UHB's report to Welsh Government against the All Wales Standards for Accessible Communication and Information for People with Sensory Loss.

The Board **NOTED** the progress made in relation to sensory loss.

UHB 17/152 EDHR SUB COMMITTEE LEGACY STATEMENT

The Interim Director of Workforce and OD, Mrs Julie Cassley thanked Independent Members Mrs Margaret McLaughlin and Mr Martyn Waygood for leading the equality work over a number of years. It was hoped that both would be agreeable to attend the October Board Development session to share their expertise even though their tenure of office would be complete.

Although equalities work would be included in all the UHB's committees in future, it was queried whether a Lead Committee should be identified. This would be discussed at the forthcoming meeting of the Resources and Delivery

Committee. In addition, the EDHR Sub Committee would reconvene in January for a one-off meeting to review the progress of the equality agenda.

The Chair reiterated her own thanks to the two Independent Members.

ASSURANCE was provided by:

- The proposals made within this paper filled the gap in assurance left as a result of the winding up of the Equality, Diversity and Human Rights Sub-Committee

The Board:

- **ENDORSED** the legacy document.
- **SUPPORTED** the recommendations as set out in Section 7.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 17/153 **INTEGRATED MEDIUM TERM PLAN, PROGRESS AND IMPLEMENTATION REPORT – QUARTER 1**

ASSURANCE on the progress made in delivering the UHB 2018/19 Integrated Medium Term Plan was provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meetings.
- Quarterly Clinical and Service Board Integrated Medium Term Plan performance reviews.

The Board:

- **NOTED** the progress made against the key 2017/18 schemes in quarter 1

UHB 17/154 **INTEGRATED MEDIUM TERM PLAN SUMMARY**

ASSURANCE on the UHB Integrated Medium Term Plan 2017/18 Summary was provided through:

- Acknowledgement that it was based on the full IMTP 2017/18 – 2020/21 document, noting continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meetings.

The UHB Board:

- **APPROVED** the draft IMTP 2017/18 Summary document and subsequent promulgation to stakeholders and the public.

UHB 17/155 MINUTES FROM OTHER BOARDS / COMMITTEES

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

- 1. Quality Safety and Experience Committee – April**
- 2. Audit Committee – May and June**
- 3. People Performance and Planning Committee – May**
- 4. Local Partnership Forum – June**
The LPF had identified inconsistencies in the quality of Equality and Health Impact Assessments that accompanied plans and policies. He reminded Board that Committees had a duty to ensure these were completed thoroughly.
- 5. Stakeholder Reference Group – May**
- 6. Finance Committee – April and May**
- 7. Charitable Funds Committee – no minutes since March**
- 8. Health and Safety Committee – April**
The Chair reported attendance issues at the meetings.
- 9. Welsh Health Specialised Services Committee – May and June**
- 10. NHS Wales Shared Services Partnership Committee – May**
- 11. Cardiff and Vale Regional Partnership Board – no minutes since January**

The minutes were **NOTED**.

UHB 17/156 AGENDA OF THE PRIVATE BOARD MEETING

The agenda was **NOTED**.

UHB 17/157 REVIEW OF THE MEETING

There was nothing further to add to the meeting.

UHB 17/158 DATE OF THE NEXT BOARD MEETING

The next meeting would be held at 1pm on 28th September 2017 in the Board Room, University Hospital Llandough.