

**Confirmed Minutes of the Board Meeting
Held on Thursday, 28th January 2021 at 13:00 – 17:00
Via MS Teams Live Event**

Present:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Akmal Hanuk	AH	Independent Member - Community
Allan Wardhaugh	AW	Chief Clinical Information Officer
Chris Lewis	CR	Interim Executive Director of Finance
Dawn Ward	DW	Independent Member – Trade Union
Eileen Brandreth	EB	Independent Member - ICT
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Gary Baxter	GB	Independent Member - University
John Union	JU	Independent Member - Finance
Martin Driscoll	MD	Deputy Chief Executive Officer / Executive Director of Workforce and Organisational Development
Michael Imperato	MI	Interim Vice Chair & Independent Member - Legal
Rhian Thomas	RT	Independent Member – Capital and Estates
Ruth Walker	RW	Executive Nurse Director
Sara Moseley	SM	Independent Member – Third Sector
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Executive Medical Director
Susan Elsmore	SE	Independent Member – Local Authority
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Malcolm Latham	ML	South Glamorgan Community Health Council
Observers:		
Bryn Harris	BH	IT Project Manager, IM&T
Darren Griffiths	DG	Audit Wales
David Hanna	DH	Consultant, Emergency Unit
Joanne Brandon	JB	Director of Communications
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council
Rachel Gidman	RG	Interim Executive Director of Workforce and Organisational Development
Victoria Legrys	VL	Programme Director, Major Trauma – Planning
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
None		

<p>UHB 21/01/001</p>	<p>Welcome & Introductions</p> <p>The UHB Chair welcomed everyone to the Public Meeting in English and Welsh.</p>	
<p>UHB 21/01/002</p>	<p>Apologies for Absence</p> <p>There were no apologies for absence</p>	
<p>UHB 21/01/003</p>	<p>Declarations of Interest</p> <p>The Executive Director of Therapies & Health Sciences (EDTHS) declared an interest as a member of Cwm Taf Morgannwg UHB.</p> <p>The Independent Member – Third Sector (IMTS) declared an interest as the Director of Mind Cymru.</p>	
<p>UHB 21/01/004</p>	<p>Minutes of the Board Meeting held on 17th December 2020</p> <p>The Chief Operating Officer (COO) highlighted that where the minutes referred on Page 7 (minute reference UHB20/12/004) to rising waiting lists, they should state 39k people waiting 36 weeks instead of 6 weeks.</p> <p>The Board resolved that:</p> <p>a) The minutes of the meeting held on 17th December 2020 were approved as a true and accurate record with the exception of the amendment required.</p>	
<p>UHB 21/01/005</p>	<p>Action Log – 17th December 2020</p> <p>The Director of Corporate Governance reviewed the action log and presented the updates to the Board.</p> <p>The Board resolved that:</p> <p>a) The action log updates were received and noted.</p>	
<p>UHB 21/01/006</p>	<p>Patient Story</p> <p>The Executive Nurse Director (END) introduced the patient story which was centred on a member of staff. The END told members how staff were utilised in different settings and how they were frequently moved around to manage risk. The patient story was about a member of staff and their experience of being moved around within the Health Board from their normal working environment into a different one.</p> <p>She commented that staff felt supported during this process but also were looking at their original roles in a very different way. The END added that this experience would lead the UHB to look at roles differently, allow more flexibility for staff and enable staff who were prepared and skilled to more easily move around.</p> <p>The UHB Chair highlighted positive comments made by members on the story and the particular member of staff featured.</p> <p>The Board resolved that:</p> <p>a) The patient story was received and noted by the Board.</p>	

<p>UHB 21/01/007</p>	<p>Chair's Report & Chair's Action taken since last meeting</p> <p>Before the UHB Chair proceeded with his report, he sadly announced that the Health Board had lost another member of staff to Coronavirus, Andrew Woolhouse, a 55 year old porter who had been working at UHL. Andrew passed away on 23/01/2021 leaving behind his wife and daughters. The UHB Chair expressed his condolences to Andrew's family, stating that Andrew had joined the portering team in 2015 and was described as a pleasure to work with by his colleagues and would always go the extra mile for his patients. The UHB Chair, members of the Board and all those in attendance held a minute's silence in memory of Andrew.</p> <p>The UHB Chair proceeded with his report and thanked staff for all the wonderful work they did across the Health Board.</p> <p>He highlighted that within the report there was a request to support the Vale of Glamorgan Public Service Board Climate Change Charter, which tied in with the Health Board's own sustainability action plan that was approved in November.</p> <p>The UHB Chair also wanted to highlight the committed and progressive approach to equality within C&V UHB.</p> <p>He concluded that there were a number of items needing confirmation under Chair's Actions.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the Chair's Report be noted b) the Vale of Glamorgan Public Service Board Climate Change Charter be supported c) the Chair's actions contained within the report be approved. 	
<p>UHB 21/01/008</p>	<p>Chief Executive Report</p> <p>The CEO welcomed the Executive Medical Director (EMD) as the new Deputy CEO taking over from the Executive Director of Workforce and Organisational Development (EDWOD) who was due to leave at the end of February. The CEO also announced Rachel Gidman would step in as the Interim Executive Director of Workforce and Organisational Development.</p> <p>The CEO highlighted work done around the Velindre Cancer Centre and confirmed that there had been a review by the Nuffield Trust. He informed the Board that the Nuffield Trust had now reported and that the UHB was supportive of the recommendations made within the report and that the UHB was working actively with Velindre alongside representatives from Cwm Taf and Aneurin Bevan to develop the South East Wales Regional Cancer Strategy.</p> <p>The CEO updated on the current Covid and mass vaccination position. Currently, the per 100k patients had reduced quite significantly since lockdown had begun. We were now around 300 infections per 100k whereas in December, it was around the 700/800 infections per 100k.</p>	

The number of cases within the organisation had been pretty steady although the pressure being driven by admissions was reducing.

The COO commented that the total Covid occupancy for actively treated Covid patients and recovered patients was at 289 in December but was now at 563. The Health Board were now seeing the number of positive patients relative to the number of recovered patients where the recovered patients were recovering at a greater rate. The Health Board were observing a difference in this second wave in terms of recovery from the occupied bed position and were seeing a shallower descent from the peak in this wave than the previous indicating that it would take longer to normalise occupancy as a result of the second wave.

The CEO stated that the Mass Vaccination programme was developing and delivering at scale, with the 50k vaccination mark having been broken. 1.5k vaccinations were being done daily via general practice, up to 1k patients per day at Splott mass vaccination site and 500 cases per day at UHW and UHL satellite clinics. The Pentwyn facility would open on 01/02/21 and Holm View facility on the 08/02/21 which would further increase capacity.

The CEO announced that there were 2 commitments that the UHB would be delivering against:

Commitment 1 – delivering vaccinations to all care home residents and staff by the end of January 2021, currently on target.

Commitment 2 – vaccination of all C&V frontline staff by the end of January 2021. The vaccine had been offered to all frontline staff and 13k frontline staff had been vaccinated which included ambulance, social care, hospices, etc.

Independent Member – Local Authority (IM-LA) stated that in terms of Cardiff Council there was an offer on the table to support in real time the delivery of the vaccination programme and added that she was delighted as the Cabinet Member for Social Care that all of the care homes for older people would be vaccinated by the deadline set. In addition it was pleasing to see that the vaccination programme was reaching the learning disability and mental health homes and was going onto our domiciliary care homes.

The CEO commented that he was meeting with the Chief Executives of Cardiff and the Vale of Glamorgan Councils to discuss if anything more could be done to speed up the programme and to ensure all options were explored.

The Director of Social Services, Vale of Glamorgan Council (DSSVGC) commented that in his view, the mass vaccination programme was running fantastically well and that there had been some really close practical working.

The Independent Member – University (IM-U) complimented the Health Board team and other agencies for the mobilisation of the programme. He queried whether there were any material concerns about vaccine supply particularly to any GP surgeries. The CEO responded that there

had been some supply issues, explaining that with any product like this, vaccines batches required checking before distribution. One batch due to come to Wales was rejected by the regulator resulting in 25k less doses being received than expected. He commented that currently the supply was more stable and stated that there were 8k doses of the Astra Zeneca vaccine this week in C&V but next week 18k doses were expected showing the measure of the increase as production rose. He added that the Astra Zeneca vaccine was being used in GP practices due to the ease of logistics compared to the Pfizer vaccine.

IM-U also queried whether any special provisions were being made by GPs in scheduling domiciliary visits to deliver vaccines to the housebound over 80s population not resident in care homes. The CEO informed members that the END had stepped forward to lead on the operational delivery of the vaccine and she confirmed that:

- There was a mobile team currently immunising this priority group;
- The list of patients across C&V was being revisited;
- Those that were not being seen by District Nursing service would be seen by the mobile teams.

Independent Member – Community (IM-C) queried whether there were mechanisms in place to hear any challenges faced by staff and our communities and raised the issue of misinformation / misconceptions within our communities. He stated that he would be happy to help endorse the CEO messages in different languages alongside GPs and clinicians via community events. The END thanked the IM-C for this offer and advised that he link with the Assistant Director of Patient Experience to follow up.

Independent Member – ICT (IM-ICT) commented that there was an enormous impact on Non-Covid related services, workload, and backlogs and wanted to understand the extent of strategic thinking or planning for when we returned to reduced restrictions and Covid-19 eased. The CEO responded that the UHB had worked very hard to not just get side tracked with Covid work and to keep an even position, still delivering cancer surgical services.

The COO commented that with regards to the recovery work, the starting point was to avoid as much loss as possible whilst ensuring we could support the Covid response effort. He confirmed that we were doing very well in terms of recovering activity that was lost and were aiming for the end of this year to be between 80/70% of the activity that was being undertaken pre Covid. Unfortunately, for the second time, elective operating had to cease in January. This would feed into the waiting lists which were not growing significantly but ageing significantly as individuals were waiting longer to access treatments. The COO advised that the UHB had re-engaged with the independent sector and recovered about 20% of the losses incurred as a result of taking down elective operating. The Board were reminded that essential services had been maintained all the way through. The COO outlined that the position could be further recovered by creating more capacity at a local/regional level, recovering the degree of productivity and efficiency we

	<p>had pre Covid and then move that forward and focusing on outcomes and the most beneficial procedures/interventions. These plans would feature in local, IMTP and longer term plans as recovery would take a number of years.</p> <p>The Board resolved that: a) the Chief Executive report be noted.</p>	
<p>UHB 21/01/009</p>	<p>Corona Virus Update Report</p> <p>Quality & Safety The END reported the current position in relation to hospital acquired infection:</p> <ul style="list-style-type: none"> • 26 wards were affected • 21 outbreaks affecting 120 beds • 59 patients affected, some of those had now recovered • 119 staff affected during this period <p>The END advised that it was an ongoing picture and they worked very closely with the operations team as there were fluctuation day by day, ward by ward. A paper would be brought to the next Management Executive on learning outcomes.</p> <p>Workforce The IEDWOD advised of a daily workforce hub with profession leaders. From this week areas were green with just the estate side showing amber and a lot of work was being done around this.</p> <p>Governance The DCG stated that her update could be taken as read with nothing additional to add.</p> <p>Operations The COO referred to a number of wider system challenges.</p> <p>Primary care services continued to be extremely busy and the following was advised:</p> <ul style="list-style-type: none"> • One practice was being supported, at the time of the last Board meeting nine were being supported due to staff shortages and absences • Community services were stretched • Prison outbreak position was much improved • Referrals to mental health continued to increase and they had seen significant Covid related staff losses • Single cancer pathway reported a 68% compliance against All Wales average of 63% <p>Public Health The Executive Director of Public Health (EDPH) advised that the position had changed since writing the report. Rates were decreasing significantly in the community and the amount of community clusters were also decreasing. The Board were advised that:</p> <ul style="list-style-type: none"> • The current rates for Cardiff were 181.8 per 100k over 7 days and 166.2 per 100k over 7 days for the Vale of Glamorgan 	

	<ul style="list-style-type: none"> • The positivity rate for Cardiff was 14.8% and 13.6% for the Vale of Glamorgan which was showing a more significant decline in community cases • Rates among people 60 & under were falling since the middle of January • Rates among the over 60s remained above the rate for under 60s but were starting to decrease • Death rates were rising but were still lower than the first wave although hospital deaths were higher. <p>The EDPH added that in terms of international travel, there were mechanisms in place to track and test returning travelers from areas like South Africa, South America etc. However increasingly the focus would be on reservoirs of infection and the picture of international travel.</p> <p>The CEO commented that the figures were quickly changing as those provided by the EDPH were lower than those he had presented.</p> <p>The EDPH advised that the new Covid variants were still being tracked and understood, there were several but the Kent variant was of most concern. There were currently 838 cases of the new variants in Wales and probably around 50 to 60% of cases now in Cardiff and Vale related to the Kent variant. These variants were more transmissible but it was not necessarily clear whether they caused any particular additional ill health problems and all of the precautionary measures in place needed to continue. The vaccine was not impacted by most of the variants however the effect on immunity for the Brazil variant was currently unknown as it was still being studied.</p> <p>Independent Member – Third Sector (IM-TS) referred to the vaccination workforce report being “red”. The END responded that there had been an overwhelming response of people offering to vaccinate but a robust national training programme had to be completed, this was being reviewed as it caused a bottleneck. The END and IEDWOD had spent time ironing out the pathway into employment which had reduced the bottleneck. The training plan had also been revisited and was now shorter and more focused than the national programme, this would come to Management Executive for formal sign off. The IEDWOD added that students had also come on board as temporary staff, with over 600 students in medical, allied health and nursing offering their support.</p> <p>The Board resolved that:</p> <p>a) the attached COVID-19 Update Report be noted.</p>	
<p>UHB 21/01/0010</p>	<p>Board Assurance Framework</p> <p>The DCG advised that the report could be taken as read and that most of the issues would be touched upon throughout the meeting.</p> <p>She reminded Board members that there were currently 9 risks on the BAF.</p>	

	<p>Test, Trace and Protect also included risks around mass vaccination which was written into the detail of the report.</p> <p>Waiting lists and activity was highlighted and the DCG had agreed to look at this risk and the actual scoring with the COO when clear on the position after the second wave.</p> <p>The DCG also highlighted that:</p> <ul style="list-style-type: none"> • Workforce risk had increased • Financial sustainability had decreased • Patient safety risk had increased <p>The UHB Chair thanked the DCG for a very thorough report and commented that seeing the risks linked into the strategic objectives of the Health Board was very important.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF be approved b) the progress made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB be noted. 	
<p>UHB 21/01/011</p>	<p>Patient Safety, Quality and Experience Report</p> <p>The END highlighted that:</p> <ul style="list-style-type: none"> • Children under 18 continued to be admitted to Hafan y Coed, this was being focused on and future visits planned visits with IMs • The 30 day target to respond to concerns was at 82% and so continued to be delivered • There had been 6 never events. The END would be taking a more detailed themed paper to QSE in April in relation to these and to report learning and actions taken. <p>IM-C asked about the 36 events reported and for assurance that these events would not happen again. The END provided context in that the number of serious harm reports were low in comparison to the number of patients seen. The END provided assurance that in response to a serious incident there was a full investigation, usually a Root Cause Analysis. Most investigations identified system failures rather than individual failures and it was important to drive a culture encouraging staff to be open and transparent, but the practice of all staff involved was looked at using the just culture assessment tool. If concerns about practice were highlighted then these would be considered and if appropriate disciplinary action taken and a report made to the regulatory body.</p> <p>The EMD added that when looking at the just culture guide it was important to note fundamentally almost all these incidents were systematic in nature, unless someone deliberately ignored protocols when there would be that disciplinary component otherwise it must be looked at as a system issue with a blame free culture encouraging people to speak up.</p>	

	<p>IM-ICT was concerned to see more young people being admitted to Hafan Y Coed and queried the reason for this and what would be done to resolve it. The END responded that it was important to report this as it was not the right place for the children even if they were providing the best care for them. The END again provided context explaining that these were children known to CAMHS who were under more stress than normal due to the pandemic and lockdown which could explain why we were seeing it more. The END advised that she was in constant communication with WHSSC who were responsible for providing this care to children in South Wales and they were undertaking an investigation as to the size of the service required. The COO clarified that there was no timeframe for this from WHSSC and that it was a commissioning issue.</p> <p>IM-TS declared an interest as the Director of Mind Cymru and observed that nearly half of the incidents related to mental health. She commented that it appeared staff were telling us that there were a lot of pressures in the system but also accepted a lot of these issues were systemic. The END responded that we always saw higher numbers in mental health but the investigations were not suggesting there was inappropriate care being provided.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the content of the report be considered b) the areas of current concern be noted and the current actions being taken agreed as sufficient. 	
<p>UHB 21/01/012</p>	<p>Performance Report</p> <p>The COO highlighted the main change being in performance reporting for the single cancer pathways.</p> <p>IM-U referred to the elective access planned care figures; the data seemed to suggest the total waiting lists had been static for the whole of the year at 90k cases, but waiting time more than 36 weeks had grown during the same time and he did not understand the relationship between the two and queried whether the total waiting list capped at 90k. The COO responded that the list was not capped and continued to be added to but up until January there was still activity being undertaken around 60% of previous activity pre-covid which included work with independent hospitals to help manage that. The reason significant growth in the waiting list could not be seen was that activity was happening but the referrals were not happening at the rate they were before. He stated that he would expect to see both growth and aging in the waiting lists as activity recovered to normal levels.</p> <p>IM-LA queried the report only showing the current period and not December in regards to unscheduled care and the position in relation to ambulance handovers. The COO clarified that in December the position was more difficult and throughout late December and early January an easing in non-scheduled pressures, reduction in conveyances and reduction in hours lost started to be seen. These issues were re-emerging, although not in C&V but in areas around the Health Board, as non Covid activity increased.</p>	

	<p>The Interim Executive Director of Finance (IEDF) then updated the Board in regards to the finance report. The Board were reminded that Welsh Government had set out the resources available to support the Health Board's Covid response, with an expectation that all NHS bodies would deliver on their original plan which for C&V UHB was a break even position for the year.</p> <p>The month nine position was considered in some depth by the Finance Committee and the summary position shown in table one highlighted that the first 9 months of the year, the UHB reported an underspend of £300k against plan. The Health Board had assumed Covid funding of £111 Million which married off Covid costs incurred so far.</p> <p>The forecast breakeven position in table 2 was highlighted, the operational position was assumed to be broadly flat throughout the year with assumed Covid funding of £162.9 Million. The position had remained break even since the additional Covid funding had been released by Welsh Government.</p> <p>One important item to note, especially moving towards the next calendar year 2021/22, was that the UHB was short in delivering its current savings target which had increased the underlying deficit from an expected £4 Million to £25.3 Million. He added that there was no confirmation that this would be funded by Welsh Government on a current or recurrent basis going forward.</p> <p>The IEDF advised that the UHB continued to work with Welsh Government to secure all additional funding and added that the UHB now knew the key risk areas and its allocation so just needed to be able to deliver on the break-even position at year end which it was on course to do.</p> <p>The Board resolved that:</p> <p>a) the current position against specific performance indicators for 2020-21 be noted.</p>	
<p>UHB 21/01/013</p>	<p>Committee / Governance Group Minutes</p> <ul style="list-style-type: none"> i. COVID-19 Board Governance Group Minutes – 4th November 2020 ii. Finance Committee – 25th November 2020 iii. Strategy and Delivery Committee – 10th November 2020 iv. Health & Safety Committee - 24th November 2020 v. Stakeholder Reference Group – 23rd September 2020 vi. Local Partnership Forum – 22nd October 2020 vii. Emergency Ambulance Services Committee – 8th September 2020 viii. WHSSC Joint Committee – 15th December 2020 <p>The Board resolved that:</p> <p>a) the minutes outlined above be ratified.</p>	

<p>UHB 21/01/014</p>	<p>South East Wales Vascular Network Engagement and Consultation</p>	
<p>The EDSP advised that she had been working with partners across South East Wales to develop vascular services on a network model adopted by most of the UK. This work had included liaison with clinicians to reach consensus and develop an implementation programme to move services onto a more sustainable footing. This was a standard report coming to all South East Wales organisations' Board meetings at the same time seeking endorsement to proceed to engagement on the proposed service changes.</p>		
<p>The model advocated by the clinicians was a hub and spoke model which would see the surgical component of the network service delivery delivered by UHW due to the nature of the surgery. Each Health Board would have a spoke which would be around rehabilitation and onwards care for patients post and pre surgery. The EDSP expressed her gratitude to Stephen Allen - Chief Executive Officer - South Glamorgan Community Health Council (CEO-SGCHC) in relation to development of the engagement documentation.</p>		
<p>The EDSP advised that there would be some moving of resources and therefore the engagement process would be just as important for the affected staff.</p>		
<p>CEO-SGCHC commented that the CHC Service Planning Committee had approved the commencement of the engagement process which would go to the Executive Committee on 02/02/21 for ratification. Approval was strongly recommended and the CHC was reassured by the EDSP and her team that C&V residents would have a better enhanced service as a result.</p>		
<p>Independent Member - Legal (IM-L) asked if there were any contingencies for slippage in the timeline as we were still operating in uncertain times with the pandemic. The EDSP responded that there would be a pause after engagement was complete to analyse the engagement data, there was the potential for not holding a consultation stage as well, based on the engagement process being thorough. The EDSP concluded that they would be working closely with the CHC across the regions to take stock and recalibrate the consultation programme if needed.</p>		
<p>The Board resolved that:</p>		
<ul style="list-style-type: none"> a) the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales be noted b) the proposed focus of engagement and the process designed to enable it was considered c) the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales was considered d) the proposed timeline be supported 		

	<p>e) it would receive the outcome of the engagement back to the May meeting of the Board (or alternate should any programme slippage arise).</p>	
<p>UHB 21/01/015</p>	<p>Urgent Service Changes to Support Oesophageal and Gastric cancer surgery for Swansea Bay UHB</p> <p>The EDSP advised that this was being brought back to Board as it reflected urgent service change which had resulted from fragility in a service from Swansea Bay UHB.</p> <p>The UHB had, as outlined in previous plans, the IMTP and Q3/4 plans, been working with Swansea Bay UHB to look at developing a sustainable model for upper GI Cancer services across the region.</p> <p>C&V Upper GI surgeons were working with Swansea Bay to provide support, multi disciplinary team meetings were happening locally in Swansea and the surgical activity (2 cases a month) were brought to UHW for surgery as required. The EDSP wanted to highlight this change to the Board and confirm that the CHC had been kept informed.</p> <p>CEO-SGCHC commented that it understood the pressure the service was under but wanted to make sure it was a time limited change and would not become a default service change. The EMD responded that it was unclear how long the change would be in place but it was a temporary change of service based upon service resilliance, sustainability and safety. A permanent solution would be needed but no permanant change decision would be made without the appropriate consultation process.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) a joint letter from the Regional and Specialised Services Provider Planning Partnership be issued to all Health Boards in South and West Wales to notify them of the temporary changes, and seek their support to establish the appropriate temporary commissioning arrangements for OG cancer surgery b) the timelines for the engagement exercise and service model work stream be reviewed and adjusted to reflect the current circumstances. 	
<p>UHB 21/01/016</p>	<p>UHL Engineering Infrastructure Business Justification Case</p> <p>The EDSP advised that this had come to the Board today for ratification due to its value being over £1million. The Business Justification Case (BJC) would also be submitted to Welsh Government and £5.5million in capital was sought to address this issue. She advised that the issues came to light during routine inspection work related to statutory compliance, this identified a single point of failure which would impact significantly on business continuity.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) the Business Justification Case for the Engineering Infrastructure upgrade at UHL be approved 	

	<p>b) submission of the Business Justification Case to the Welsh Government for capital funding to proceed with the works be approved.</p>	
<p>UHB 21/01/017</p>	<p>Chair's Reports:</p> <ul style="list-style-type: none"> i. Finance Committee – 25th November 2020 & 6th January 2021 ii. Quality Safety & Experience – 15th December 2020 iii. Strategy and Delivery Committee – 12th January 2021 iv. Health & Safety Committee – 5th January 2021 v. Mental Health Committee – 19th January 2021 vi. Stakeholder Reference Group – 24th November 2020 vii. Local Partnership Forum – 10th & 16th December 2020 viii. Emergency Ambulance Services Committee – 10th November 2020 <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the Committee Chair reports outlined above were noted. 	
<p>UHB 21/01/018</p>	<p>Business of Other Committees and Review of Interrelationships</p> <p>The DCG stated that this item was for noting and provided the Board with assurance on the business of other Committees and with a review of interrelationships between them. This was reported to the Audit Committee in November.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the outcome of this review to provide 'independent' assurance to the Board that the Board assurance requirements were appropriately aligned was noted b) the areas of development within the report to provide further assurance to the Board on the interrelationships between the Committees particularly in the areas of Risk, Regulatory Tracking, Performance Monitoring and Audit recommendations was noted c) the outputs of the Committee self-assessment and the action plans in place to improve effectiveness of the Committees and that where the self-assessments were not undertaken that they would be undertaken before the end of the year was noted. 	

UHB 21/01/019	Corporate Risk Register <p>The DCG stated that this paper was also for noting. The Corporate Risk Register had been reviewed in the private Board sessions previously. The scores were now more robust and the risks cross referenced to the BAF. There were now 27 risks which was a significant decrease from the last report, although the risks were not gone they were more appropriately scored and this was now reflected in the register.</p> <p>The UHB Chair commented that it was good to see the link between the risk register and the BAF along with our strategic objectives. It had become a clearer picture for the Board to understand the risks of the organisation and how to mitigate them.</p> <p>The Board resolved that:</p> <p>a) the Corporate Risk Register and the work being progressed was noted.</p>	
UHB 21/01/020	Review of the meeting <p>All were content with the meeting and how it was conducted.</p> <p>The UHB Chair expressed his gratitude to the IM-TU for her excellent contribution to the Board throughout her term of office.</p>	
UHB 21/01/021	Date and time of next meeting: Thursday, 25th February 2021 at 11am MS Teams	