

ABM University LHB**Unconfirmed****Minutes of the Meeting of the Health Board
held on 25th January 2018
in St Teilo's Church, Port Mead, Swansea****Present**

Andrew Davies	Chair / Non-Officer Member
Alex Howells	Interim Chief Executive
Emma Woollett	Vice-Chair / Non Officer Member
Ceri Phillips	Non-Officer Member
Martin Sollis	Non-Officer Member
Jackie Davies	Non-Officer Member
Chantal Patel	Non-Officer Member
Martyn Waygood	Non-Officer Member
Mark Child	Non-Officer Member
Tom Crick	Non-Officer Member
Angela Hopkins	Interim Director of Nursing & Patient Experience
Hamish Laing	Medical Director
Lynne Hamilton	Director of Finance
Christine Morrell	Director of Therapies and Health Science
Chris White	Interim Chief Operating Officer
Sandra Husbands	Director of Public Health
Kate Lorenti	Acting Director of Human Resources
Siân Harrop-Griffiths	Director of Strategy
Pam Wenger	Director of Corporate Governance/ Board Secretary

In Attendance:

Tracy Myhill	Chief Executive Designate
Clare Jenkins	Chief Officer, ABM Community Health Council
Marged Griffiths	Vice Chair, ABMU Stakeholder Reference Group
Hilary Dover	Service Director, Primary & Community Services (for minute 12/18 only)
Debra Homa	Kings Fund (Observing)
David Poland	Wales Audit Office (Observing)
Wendy Penrhyn-Jones	Head of Corporate Administration (minutes)

01/18	APOLOGIES	Action
	Apologies for absence were received from; Maggie Berry, Non-Officer Member; Alison James, Associate Board Member; Emrys Davies, Non-Executive, Welsh Ambulance Service NHS Trust and Sue Cooper, Associate Board Member.	
02/18	OPENING REMARKS	
	Andrew Davies welcomed everyone to the meeting. Andrew Davies stated that this was the final Board meeting for Alex	

	<p>Howells and therefore wished to place on record his gratitude and thanks to her for the significant contribution she had made to ABMU and predecessor organisations during her NHS service to the locality. In particular he praised her leadership particularly in the last 12 months when she had been appointed interim Chief Executive and thanked her for her leadership which had brought stability to the organisation. Andrew Davies wished her well in her new role as Chief Executive of Health Education and Improvement Wales (HEIW) a role which she was due to take-up as of 1st February 2018. Alex Howells responded by thanking everyone for the faith and support shown to her saying she had learned a lot during her various roles over the past 10 years with ABMU.</p> <p>Andrew Davies also congratulated Ceri Phillips in his recent appointment to the HEIW Board.</p> <p>Finally Andrew Davies offered thanks to Robert Royce who over the past year had been ABMU's Director of Recovery & Sustainability and was leaving this post on 31st January 2018. He said he had made a significant contribution during the past year bringing focus and vigour to role he had played.</p> <p>Andrew Davies welcomed Tracy Myhill as ABMU's incoming Chief Executive and Angela Hopkins who was attending her first Board meeting. He also welcomed Debra Homa and David Poland who were observing the meeting.</p> <p>Andrew Davies said that he was pleased to hold the Board meeting in Portmead which had particular challenges being one of ABMU's and Wales' poorest communities.</p>
03/18	DECLARATION OF INTERESTS
	There were no declarations of interest.
04/18	PATIENT STORY
	<p>The patient's story was introduced by Hamish Laing and featured an audio account from the wife of a terminally ill patient called Mark setting out her recollections of his final hospital admission and the steps she had to take to make his wish to be discharged to die at home possible.</p> <p>Mark's wife recalled delays in pain relief being available during the admission and that due to ward staff not acting on her husband's wish to leave hospital to die at home that she had had to make contact with the palliative care team to arrange this. She said that once this contact was made the palliative care team made the</p>

necessary arrangements to facilitate Mark's prompt transfer home

Hamish Laing said that the story illustrated both a breakdown in communication between the ward and palliative care teams in that a plan should have already been in existence to accommodate end-of-life care given that Mark's condition was terminal in nature. He added that in terms of learning important lessons the issues had been shared with the End-of-Life Strategy Group and themed 'end-of-life' screen saver messages had been deployed to ABMU computers. He said that the screen savers had prompted comments from staff who felt they were depressing. He went on to say that whilst the screen savers had been temporarily replaced by a flu awareness theme at the current time the end-of-life care awareness screensavers would be redeployed in due course in an amended form. Hamish Laing stated that Swansea University was introducing a one-week module focusing on end-of-life care for doctors in training to help raise awareness of this issue. Reference was made to ABMU's 'Friends and Family' feedback returns for the ward involved since improved to 100%.

In discussing the story the following points were raised.

Chantal Patel stated that doctors and nurses needed to develop their skills in terms of end-of-life care and there was also work needed with primary care in terms of admission avoidance enabling more care to be provided at community level.

Chris Morrell referenced work that was ongoing with medical teams around the development of a protocol for rapid discharge.

Emma Woollett stated that good communication was key and that staff needed to accept, in certain cases, that a palliative care pathway was the best way forward.

Chris Morrell stated that training around this topic was not currently mandatory and this therefore impacted upon attendance levels. She said an e-solution was under consideration to address this with targeted training being deployed at local level. She said that a tool had also been developed to evaluate this although given that such training was not mandatory efforts to address awareness would continue to be hampered. Chris Morrell stated that palliative care colleagues had kept Mark's wife informed of the ongoing work and lessons learned from the story and the improvements that had already been seen.

Andrew Davies referenced the fact that death had become largely institutionalised over the last 50 years and that complaints were often linked to breakdowns in communication with a proportion of these centring on end-of-life situations. He said that he had discussed this with the Deputy Nurse Director with a view more

	data being collected to aid service improvement.
Resolved:	The Patient Story be noted .
05/18	MINUTES OF THE PREVIOUS MEETING
	<p>The minutes of the Health Board Meeting both held on 8th December 2017 were received and confirmed as an accurate record with the following corrections:</p> <ol style="list-style-type: none"> 1. <u>Minute 257/17 - Patient Story (final paragraph):</u> ‘Andrew Davies said that internal and external scrutiny ...’ 2. <u>Minute 264/17 Health Board Integrated Performance Report Paragraph 17; (First sentence):</u> ‘Emma Woollett referenced performance around the Mental Health Measure saying the overall performance was inadequate driven by the performance of Child & Adolescent Mental Health Services’. 3. <u>Minute 271/17 Joint Regional Planning & Delivery Committee</u> Paragraph 6; (First sentence): ‘Clare Jenkins reminded the Board that the CHC ...’
06/17	MATTERS ARISING
	<ol style="list-style-type: none"> 1. <u>Minute 259/17 - Matters Arising – Minute 223/17 Thoracic Surgical Engagement.</u> Siân Harrop-Griffiths stated that an independent panel had been arranged by Welsh Health Specialised Services Committee (WHSCC) regarding proposals for the future provision of Thoracic Services which was due to report findings in the next few days. She added that the ABM Community Health Council (CHC) would receive this report at the same time. Clare Jenkins stated that if the outcome was for a single site, the CHC would be seeking formal consultation. 2. <u>Minute 259/17 - Matters Arising – Minute 233/17 Quality & Safety Committee</u> Angela Hopkins stated Health Inspectorate Wales (HIW) had now received the information required from ABMU and that the terms of reference for their review would be developed shortly.

	<p>3. <u>Minute 259/17 - Matters Arising – Minute 222/17 Major Trauma Services</u></p> <p>Siân Harrop-Griffiths stated the consultation on the options for the future provision of these services was ongoing.</p> <p>4. <u>Minute 266/17 - Medical Locum Cap</u></p> <p>Hamish Laing stated that an initial report had been submitted to Welsh Government the previous day and performance data would be reported to the Board through the Performance & Finance Committee.</p> <p>5. <u>Minute 272/17 Key Issues Report – Charitable Funds Committee</u></p> <p>With reference to the planned review of Golau, Martyn Waygood advised that the report was due to be presented to the next meeting of the committee.</p>
07/18	ACTION LOG
	The action log was received .
08/18	CHAIRMAN AND CHIEF EXECUTIVE’S REPORT
	<p>A report setting out key issues from the Chairman and Interim Chief Executive was received.</p> <p>In introducing the report the following points were raised:</p> <p>Alex Howells stated that ABMU would be preparing a response to the consultation on the proposed changes to Bridgend boundary She added that links had been made with the Partnership Board, Bridgend County Borough Council and Cwm Taf University Health Board to discuss the implications and that staff were continuing to be engaged by means of team briefings. Andrew Davies stated that the possibility of change to the boundary footprint presented opportunities to take forward the further integration of health & social care.</p> <p>Alex Howells stated that the NHS in Wales had been under significant pressure over Christmas and into January 2018 and that ABMU had been hit by a high incidence of influenza which had provided additional challenges. She added that plans had been activated to provide additional resources to meet the increased demands upon the system and that initiatives such as ‘Breaking the Cycle’ (BtC) had been developed to help the organisation work through the pressures which had involved non-clinical staff being</p>

deployed to help support patient flow. She thanked ABMU staff and also Welsh Ambulance Service Trust colleagues for their unstinting efforts over the period to manage difficult situations in the safest way possible. Alex Howells stated that the pressures had had an inevitable impact upon service performance and whilst this had deteriorated, which she acknowledged was unacceptable, she said that this did not mean staff were not working as hard as possible to address this.

Chantal Patel asked if the BtC initiative would result in a reduction in meetings. Alex Howells responded that BtC would be fully evaluated from a corporate and operational angle and further discussed by the executive team. She agreed that there had been a benefit during the two-week initiative by reducing meetings but that an overarching assessment of priorities needed to be made. She added that each Executive Director had been involved in BtC board rounds held at various sites around ABMU.

Reference was made to the Parliamentary Review which had been published since the Board had last met. Alex Howells stated this had the potential to be exciting and presented numerous opportunities and that Chairs & Chief Executives would be seeking to influence the way in which Welsh Government responded to this. Having a common vision with the public would provide a clearer context for making service changes.

Andrew Davies stated that he had asked Pamela Wenger to look at the structure of Board committee arrangements with a view to streamlining these so that they worked as effectively as possible.

Andrew Davies referenced the 70th anniversary of the NHS which presented opportunities to link relevant events throughout 2018.

Emma Woollett suggested that it may be possible for ABMU to do more to celebrate staff gaining qualifications. It was agreed this would be further considered under the umbrella of awards and recognition events.

Chris White referenced a visit by Health Inspectorate Wales to the Emergency Department at Morriston Hospital during the run up to Christmas which they had found to be a calm and professional environment with a focus on meeting the individual care needs of patients.

Siân Harrop-Griffiths referenced ongoing engagement around planned service changes and that a meeting had taken place with the CHC the previous day. Clare Jenkins stated that the CHC had provided detailed comments around various matters. She said that the CHC had felt the changes were still very much secondary care orientated and had a strong link to finances. Clare Jenkins said that the CHC had a firm interest in patient access and from public

	<p>engagement work undertaken by the CHC it was clear that more work was needed to improve access to GP services. She added that some telephone systems were not fit for purpose and this hampered patients accessing appointments. Alex Howells acknowledged the need to refocus the Recovery and Sustainability Programme, the prime focus of which was quality and safety and that this would be followed by staff engagement and empowerment. She added that access to the referenced CHC engagement work would be useful to ABMU. Clare Jenkins advised that it had not yet been finalised but would be shared in due course.</p> <p>Emma Woollett suggested that this conversation illustrated the need for an overarching organisational vision that could be communicated to staff, patients and the public about the opportunities and benefits of transforming the way ABMU provided care.</p> <p>Andrew Davies referenced the decision by Chantal Patel to not seek a further extension to her term of office as a member of ABMU's Board. He said that this was due to end in March 2018 and therefore ABMU would be advertising to Independent Member Board vacancies. He added that with a view to securing additional clinical representation on the Board, he would be seeking to secure agreement from the Cabinet Secretary for an additional Associate Board Member.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - Noted the opportunities to celebrate staff successes in terms of qualifications be explored under staff recognition and staff events programme. - The report be noted.
<p>09/18</p>	<p>FINANCIAL POSITION – TO 31ST DECEMBER 2017</p>
	<p>A report setting out the revenue financial position for month 9 was received.</p> <p>In discussing the report the following points were raised:</p> <p>Lynne Hamilton said that the revenue financial position had further improved to the end of December 2017 with an in-month overspend of £1.775m bringing the cumulative overspend position to £26.003m. She said that as a result there was increasing confidence that ABMU would be able to deliver the year-end deficit control total of £36m.</p> <p>With reference to the capital position, she said that there was a forecast of break-even.</p> <p>Lynne Hamilton referenced the performance of Public Sector Pay Policy which was achieving marginally below the required target of</p>

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95% and that additional resources were being deployed to address this.

Lynne Hamilton stated that the savings position remained generally stable with the challenges lying in the areas of workforce and service redesign. She added that work in both areas was helping to stabilise the overall financial position but more needed to be achieved moving into 2018/19 financial year. She added that Welsh Government had confirmed they would provide assistance in terms of working balances and cash movements.

With reference to the log of risks and opportunities set out in her report, Lynne Hamilton stated that the additional risk of £1.5m listed for winter pressures would now fall away as a result of the additional funding provided by Welsh Government which was enabling a more comprehensive response with additional schemes.

Andrew Davies stated that the position had been considered at length in the recent Performance & Finance Committee and he commended the Director of Finance, her team and Delivery Units for the achievements thus far. This was echoed by Tracy Myhill.

Martyn Waygood referenced the sickness absence rate for administrative and clerical staff and sought clarity on this point. Kate Lorenti stated that it had previously been suggested that the way in which vacancies were now being managed may be having an impact on sickness absence but that this theory was not borne out by metrics. She added that new ways of working were being put into place to address certain vacancies.

Lynne Hamilton stated that the Administration & Clerical Vacancy Control Panel met regularly and that the potential impact upon other staff of not advertising a post was raised in each case. Chantal Patel stated that staff with whom she had discussed this issue felt that the impact of decisions on patient care was not always appreciated. Alex Howells responded that there was a need to convert the work undertaken as part of the Recovery & Sustainability Programme so that it was tangible to staff. She added that this had begun but that there still remained much to do.

With reference to financial projections, Hamish Laing asked if it was possible to forecast beyond the end of the current financial year.

Lynne Hamilton stated that this was something that would need to be further worked through to provide the required levels of confidence.

Chantal Patel referenced savings requirements for work streams. Lynne Hamilton stated that some Executive-led work streams were framed as 'enabling work streams' designed for example to helping improve practice, reduce length of stay and improve performance rather than being financially focused. She acknowledged this

	<p>required further consideration as part of the development of the Recovery & Sustainability Programme for 2018/19.</p> <p>Andrew Davies raised the importance of staff culture and thanked Lynne Hamilton for her leadership in integrating finance into operational systems and for the engagement of the Executive and Delivery Units in this regard.</p> <p>Martin Sollis stated that the control and grip that had been put into place was tremendous but reiterated the need for a sustained approach into the new financial year. Alex Howells added that the way the new controls had been deployed had been considered in a sensitive way so as to realise the maximum benefit with the least negative impact.</p> <p>Emma Woollett concurred that the achievement of financial control would be key to future success.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The letter to Welsh Government in relation to cash support be amended as discussed above.
10/18	KEY ISSUES REPORT - PERFORMANCE & FINANCE COMMITTEE
	The key issues report arising from the meetings held on 21 st December was received and noted .
11/18	HEALTH BOARD PERFORMANCE REPORT
	<p>The integrated performance report was received.</p> <p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths stated that whilst the report content had been reframed over the last year she had discussed this further with Pamela Wenger and Emma Woollett with a view to improving this further. Emma Woollett said she welcomed the plan to revise the performance report as she felt there was a need to better link the actions to trajectories so that the necessary assurances could be provided.</p> <p>With reference to Unscheduled Care (USC) performance, Siân Harrop-Griffiths stated that the report provided the picture to the end of November but that the position had further deteriorated during December 2017 despite various action plans and initiatives. She said that despite primary and community care staffing being strengthened the desired progress had not been made. Alex Howells stated that the issues had been discussed in depth at the recent Performance & Finance Committee and an action plan was</p>

due to be considered at its meeting in February 2018.

Chantal Patel asked if it would be possible to put into place systems to extend care delivery at community level with a view to delaying a planned admission to a later point in their care pathway. Hamish Laing stated that plans were being implemented to increase levels of ambulatory acute care and that excellent community care teams were already in place but that their capacity to deliver care was finite. He added that 'hot clinics' existed to provide GPs with consultant opinion but that the level of demand for such services tended to outstrip capacity. Alex Howells referenced other schemes already in place which required oversight by Consultants in Care of the Elderly. She said that there had been some issues with GP recruitment for the Out-of-Hours (OOH) Service Hub Initiative and discussions were ongoing with the CHC over the redesign of OOH services which it was felt warranted provision on a more regional basis. Hamish Laing stated that during BtC different ways of working had been trialled. This included the deployment of two senior physiotherapists to Morriston Hospital's Emergency Department which had been successful in redirecting patients to be managed at home.

Mark Child referenced the presence of social workers in emergency departments. Angela Hopkins responded that this was important during BtC as they identified patients who could return home with existing care packages and those that required revised arrangements.

Andrew Davies stated that the focus could not solely be on the emergency department as the issues were system-wide. Alex Howells referenced the recent two-day visit conducted by Health Inspectorate Wales (HIW) to the emergency department at Morriston Hospital who said they were openly welcomed to a busy but calm well managed clean department where the porters and domestics were considered part of the team. She said they conducted patient and family feedback surveys and witnessed communication between staff and patients which they found to be caring and compassionate.

Alex Howells said there had been a great deal of support during BtC from colleagues in WAST, local authorities and the third sector for which ABMU was grateful.

Siân Harrop-Griffiths stated that improvement in the four hour performance measure for stroke care remained dependent upon the establishment of a HASU (Hyper Acute Stroke Unit). She added that there had been an increase of 20 cases per month over the past two years. This was due for discussion at the Joint Regional Planning and Delivery Committee (ABMU and Hywel Dda University Health Boards) which was considering a revised care

model.

With reference to waiting times for planned care, Siân Harrop-Griffiths stated that the performance for the 26 week target was not improving but that plans were in place to reduce this during March 2018. The over 36 week position was noted to be on target in terms of end-of-year delivery. It was noted that planned care had been subject to detailed discussion at the December Performance & Finance Committee.

Siân Harrop-Griffiths stated that Cancer performance have been improving until December which had recently been confirmed to be 82% against an 85% trajectory with January 2018 expected to be lower. She added that patient backlog numbers had increased due to staffing issues and that the issue had been subject to detailed discussion at the Performance & Finance Committee.

In relation to Clostridium difficile it was noted that instances had reduced during December although there had been a deep-dive review carried out at the Princess of Wales Hospital to fully understand multi-factoral issues. Angela Hopkins stated that there was need for greater medical leadership which remained a challenge despite advertisement of posts. She added that attention had been focused on the development of an internal escalation framework. She said that consideration was being given to the merits of appointing an anti-microbial pharmacist to help address the issues and that an amendment to the antibiotic prescribing policy was being finalised. She acknowledged that current levels of hospital acquired infections were unacceptable and provided assurances that steps had been taken to address this.

Chantal Patel raised the issue of compliance with hand-hygiene requirements which she noted stood at 48%. She sought clarity in this regard as the compliance figure had previously been reported at a significantly higher levels. Angela Hopkins stated that both internal and external peer reviews had been arranged which would provide greater assurance as regards the accuracy of the figures.

Martyn Waygood noted that performance around initial contact with new mothers by health visitors was low. Sandra Husbands said this was related to staff capacity and the number of safeguarding cases that were ongoing. She added that all new born babies were seen by a midwife in the first few days following birth and that there was a handover with health visiting colleagues. Sandra Husbands suggested she reviewed the data outside the meeting with a view to providing further feedback.

Martyn Waygood raised the issue of variation in level of discharge summaries being completed within the target time. In responding Hamish Laing stated that ABMU was the only health board to

	<p>measure this metric and that a sustained improvement in performance had been seen. He said that the highest performers had relatively fewer patients adding that there would continue to be a focus on this issue which was targeting individual consultants and their teams and had already resulted in improvements as acknowledged by the Local Medical Committee.</p> <p>Emma Woollett referenced the serious incidents section of the report. She sought confirmation of the proportion of patients who had experienced serious harm as a result of such incidents and asked for further information as to the never event.</p> <p>Angela Hopkins stated there had been an increase in the levels of reported Serious Incidents which she viewed positively as staff clearly felt able to file such reports. She added that serious incident data included instances of pressure ulcers.</p> <p>With regard to the process for investigating serious incidents she said that a new reflective supported approach had been put into place designed to provide additional learning. In terms of the level of harm caused to patients the report noted this as 0.5%. It was suggested that this be transposed into patient numbers for future reports.</p> <p>As regards the Never Event documented in the report Angela Hopkins stated that this related to a spinal case the nature of which would soon be declassified following a review of such cases by the Royal Society of Orthopaedic Surgeons. Hamish Laing stated that this type of surgical error was felt to be difficult to avoid and was being removed from the reportable incident list whilst it was further considered. Angela Hopkins stated that similar incidents would continue to be reported in Wales for the foreseeable future as per Welsh Government requirements.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> — The report be noted. — Further scrutiny of Health Visitor attendance to new mothers to take place. — Future reports to include figures as well as percentages for the level of harm caused to patients as a result of serious incidents. — The report content be further revised to strengthen linkages between actions with performance trajectories.
<p>12/18</p>	<p>CONTRACT VARIATION</p>
	<p>A report seeking approval of practice merger was received.</p> <p>Hilary Dover was welcomed to the meeting to present the report. In discussing the report the following points were raised:</p>

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	<p>Hilary Dover stated pressures had been experience within primary care due to GP vacancies resulting from early retirement and a wish by GPs to reduce their working hours. She said that there were difficulties in recruiting GPs. Hilary Dover stated that 13 practices had made sustainability applications which were being managed by encouraging practice mergers.</p> <p>Hilary Dover advised that the Primary & Community Services Board had approved the proposed merger. Clare Jenkins stated that the CHC had been involved in the engagement arranged with patients which had been carried out for one month during November 2017. Hamish Laing commented that the responses received as a result of the engagement demonstrated that patients wanted to be contacted by text and email and this was useful information to ABMU.</p> <p>Emma Woollett said that it was important that practices with sustainability issues were supported given their strategic importance in terms of long-term developments.</p> <p>Alex Howells paid tribute to the work of Hilary Dover and her team in the smooth running of the merger proposal.</p>	
Resolved:	— The contract variation between Clydach Primary Care Centre and Sway Road Surgery be approved .	HD
13/18	FINANCIAL ALLOCATIONS	
	<p>A report providing an update on the Welsh Government Revenue Allocation for ABMU in relation to 2018/19 was received.</p> <p>In discussing the report Lynne Hamilton stated that the report set out ABMU's Welsh Government allocation in the context of the overall NHS settlement. She added the uplift was for just under £25m and the top-slice had had an effect on the draft financial plan for 2018/19.</p>	
Resolved:	The report be noted .	
14/18	DISCRETIONARY CAPITAL PLAN – STATUS AND ADJUSTMENTS	

	<p>A report providing an update on the status of the approved ABMU Discretionary Capital Plan for 2017/18 and in-year adjustments applied to the plan was received.</p> <p>In discussing the report Siân Harrop-Griffiths stated that the £12m of funding was being managed by finance and strategy department colleagues. She said approval was being sought for £2.6m to be reinvested to facilitate environmental improvements and to purchase medical equipment.</p>
Resolved:	<ul style="list-style-type: none"> — The report be noted. — The payment of an invoice in the sum of £2.6m to enable funds to be re-issued into ABMU's Capital Resource Limit be approved.
15/18	KEY ISSUES REPORTS
a.	Quality & Safety Committee held on 7th December 2017
	<p>The key issues report arising from the above meeting was received.</p> <p>In discussing the report the following points were raised:</p> <p>Martyn Waygood sought clarity around the reporting arrangements for the Emergency Medical Retrieval & Transfer Service (EMRTS) and Hamish Laing stated that this would be via the Quality & Safety Committee. He added that any issues pertaining to concerns in other health boards would need to be relayed to the respective organisations through their Quality & Safety Committee as well as through the all-Wales Medical Directors Group and Emergency Ambulance Services Committee (EASC).</p>
Resolved:	— The report be noted .
b.	Charitable Funds Committee on 4th December 2017
	<p>The key issues report arising from the above meeting was received.</p>
	<p>In discussing the report the following points were raised:</p> <p>Martyn Waygood stated that the issue relating to hi-low beds had been resolved.</p>

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	<p>Martyn Waygood advised that following a meeting the previous day arrangements were being put into place to tender for the development of a marketing strategy.</p> <p>Sue Evans asked if charitable funding existed for community based issues. Martyn Waygood responded that various third party organisations were funded.</p> <p>Andrew Davies stated that there had been significant change in board membership and as part of the changes a review of the way the Charitable Funds Committee worked was underway.</p>
Resolved:	— The report be noted .
c.	Stakeholder Reference Group (SRG) held on 10th January 2018
	The key issues report arising from the above meeting which also sought approval of a memorandum of understanding was received .
Resolved:	— The SRG memorandum of understanding be approved .
d.	Strategy, Planning & Commissioning Group held on 10th January 2018
	<p>The key issues report arising from the above meeting was received.</p> <p>In discussing the report the following points were raised:</p> <p>Emma Woollett stated that discussions had highlighted the need for an organisational strategy of which a clinical strategy would be part. She said there was a need to articulate the ABMU organisational vision and the various strategies underpinning this.</p>
Resolved:	— The report be noted .
	Recently Held Meetings:

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e.	Workforce & OD Committee held on 17th January
	An oral update was provided by Ceri Phillips who had now become chair of the committee.
f.	Audit Committee held on 23rd January 2018
	An oral update was provided by Martin Sollis.
g.	(a) Performance & Finance Committee held on 24th January 2018
	An oral update was provided by Andrew Davies.
16/18	KEY ISSUES ARISING FROM OTHER MEETINGS
a.	Welsh Health Specialised Services Committee (WHSCC) held on 26th September 2017
	The key issues report arising from the above meeting was received and noted .
b.	Joint Regional Planning & Delivery Committee held on 24th November 2017.
	The key issues report arising from the above meeting was received and noted .
c.	Emergency Ambulance Services Joint Committee held on 26th September and 28th November 2017.
	The key issues report arising from the above meeting was received and noted .
17/18	AFFIXING OF THE COMMON SEAL
	A report outlining documents to which the common seal had been applied since the last meeting was received and noted .
18/18	BOARD BUSINESS CYCLE

	The revised board business cycle was received and noted .
19/18	ANY OTHER BUSINESS
	<p>1. Major Incident</p> <p>Hamish Laing provided an oral briefing regarding the NHS Wales Informatics Service (NWIS) incident the previous day relating to central servers they hosted. He said that an issue occurred with the firewall resulting in all national systems becoming unavailable for a period of time.</p> <p>Hamish Laing said that the greatest impact had been felt by GP surgeries which were almost completely electronic in terms of their information systems. Some telephone and conference facilities had also been affected as well as a backlog resulting in relation to urgent specimens processing. Hamish Laing said that IT staff had worked hard to mitigate the impact but acknowledged that some patients may require additional appointments.</p> <p>There was nothing to suggest the incident was related to a cyber-attack and that whilst NWIS had been able to deploy a solution, it was not yet clear what had caused original issue. A debrief was planned.</p> <p>Andrew Davies conveyed thanks to Hamish Laing and Information Technology staff for the way in which they responded to the issue.</p> <p>Tom Crick concurred adding that in light a recent report on the Welsh Informatics Service he felt there was need for a Board discussion on the intention to implement further national systems as this presented a potential risk.</p> <p>Martin Sollis requested that details of the incident be reported to the Audit Committee.</p>
Resolved:	<ul style="list-style-type: none"> — A briefing be prepared for the Board around the risks associated with the planned implementation of national systems. — NWIS incident report to be relayed to the Audit Committee.
	There was no further business and the meeting was closed.
20/18	DATE OF NEXT BOARD MEETING.

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	This was noted as 29 th March 2018, venue to be confirmed.
21/18	MOTION TO EXCLUDE THE PRESS AND PUBLIC
Resolved:	Press & Public be excluded in accordance with Section 1(2) and (3) of Public Bodies (Admission to Meetings) Act 1960

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 Andrew Davies (Chairman)

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 Date: