

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Health Board held on 30th January 2020 in the Millennium Room, Health Board HQ, Baglan

Present

Emma Woollett	Interim Chair
Tracy Myhill	Chief Executive
Martyn Waygood	Interim Vice-Chair
Richard Evans	Medical Director (from minute 42/20)
Gareth Howells	Director of Nursing and Patient Experience
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Siân Harrop-Griffiths	Director of Strategy
Keith Reid	Interim Director of Public Health (from minute 29/20)
Martin Sollis	Independent Member
Lynne Hamilton	Director of Finance
Nuria Zolle	Independent Member
Jackie Davies	Independent Member
Andrew Jarrett	Associate Board Member (until minute 32/20)

In Attendance:

Pamela Wenger	Director of Corporate Governance
Irfon Rees	Chief of Staff
Darren Griffiths	Associate Director of Performance and Finance
Matt John	Chief Digital Officer and Associate Director of Digital Services
Hannah Evans	Director of Transformation
Liz Stauber	Interim Head of Corporate Governance
Kathryn Ashton	Speech and Language Therapist
Dean Baker	Vice-Chair, Stakeholder Reference Group
Carol Mosley	Wales Audit Office

Minute No.	APOLOGIES	Action
17/20	Apologies for absence were received from Mark Child, Independent Member; Maggie Berry, Independent Member; Reena Owen, Independent Member; Tom Crick, Independent Member and Emrys Davies, Welsh Ambulance Services NHS Trust (WAST).	
18/20	WELCOME / INTRODUCTORY REMARKS	
	Emma Woollett welcomed everyone to the meeting in particular Dean Baker, vice-chair of the Stakeholder Reference Group, who was attending following the standing down of the previous chair, Alison Stokes.	

19/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
20/20	PATIENT STORY	
	<p>A patient story was received outlining the experience of a patient who had been admitted to Singleton Hospital with a grade one pressure ulcer which developed into a grade four during the hospital stay. The family praised the care the patient received following his discharge, with regular visits from the community nursing staff to dress the wound but during the recovery period, a lot of weight was lost. His condition was now improving, as he was able to sit in his wheelchair, enabling him to be taken out of the house.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Gareth Howells stated that the praise from the family was generous as the patient should have been moved position regularly while in hospital to prevent the pressure ulcer from worsening. He added that there was a significant amount of work being undertaken within the health board to improve pressure ulcers, with a 40% reduction being seen, as such, the patient's ulcer should not have deteriorated to a grade four during his admission. Emma Woollett concurred, adding that it was encouraging to know improvements were being made as the story did highlight the impact a pressure ulcer could have on a patient's life.</p> <p>Tracy Myhill commented that often patients and their families were just grateful for the care they received and while the care in this case had been good, prevention of the worsening of the ulcer would have been better.</p> <p>Martyn Waygood advised that a number of pressure ulcers started within community settings and queried if work was being undertaken to address this. Gareth Howells responded that concordance with the care homes was a challenge and was easier to implement within a hospital setting.</p>	
Resolved:	The patient story be noted .	
21/20	MINUTES OF THE PREVIOUS MEETING	
	<p>The minutes of the meetings held on 28th November 2019 were received and confirmed as an accurate record, except to note the following typographical errors:</p> <p>(i) <u>13/11/19 Financial Position</u></p>	

	<p>Some of the challenges to the financial <i>position</i> included the unscheduled care pressures, which was also impacting on income as procedures commissioned through the Welsh Health Specialised Services Committee (WHSSC) and other service level agreements were unable to take place;</p> <p>(ii) <u>15/11/19 Recommendations to Optimise the Delivery of the Annual Plan 2019-20</u></p> <p>Emma Woollett summarised that the board <i>accepted the need</i> to change its forecast to a £12.3m deficit but not to go any lower. Tracy Myhill concurred, suggesting that this was subject to the testing of the actions by KPMG the following week and some flexibility be delegated to increase the forecast to £14m if necessary.</p>	
22/20	MATTERS ARISING	
	There were no matters arising.	
23/20	ACTION LOG	
	The action log was received and noted , with confirmation provided that maintenance responsibility for buildings transferred to Cwm Taf Morgannwg University Health Board as part of the Bridgend boundary change which had health board staff remaining in them was set out in the service level agreements.	
24/20	REPORT OF THE CHAIR	
	<p>The report of the interim chair was received.</p> <p>In introducing the report, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - She and Tracy Myhill had visited the emergency department at Morriston Hospital where they saw the commitment and dedication of staff; - Tracy Myhill had been recognised with a chair at Swansea University. 	
Resolved:	The report be noted .	
25/20	REPORT OF THE CHIEF EXECUTIVE	
	The report of the chief executive was received .	

	<p>In introducing the report, Tracy Myhill highlighted the following points:</p> <ul style="list-style-type: none"> - There had been a change in demand for services, as patients were sicker, which was putting increased pressure on hospital, community and WAST services; - There had been no respite from operational pressures over the summer, with services remaining extremely busy and levels of escalation continually high, but this was a national position; - Thanks were offered to staff for working tirelessly during the challenging times; - The Minister for Health and Social Care had established an ambulance availability taskforce to which the health board would contribute and he had also visited the emergency department at Morriston Hospital to recognise the efforts of staff; - The NHS Wales Delivery Unit was to undertake a performance intervention review of unscheduled care at a number of hospitals in Wales, including Morriston Hospital; - A positive meeting had taken place with the local authority and Welsh Government in relation to delayed transfers of care in which a summary was provided as to the partnership working and performance improvement; - The tripartite meeting (Welsh Government, Healthcare Inspectorate Wales and Wales Audit Office) had agreed that the health board's escalation status was to remain at targeted intervention. While an improvement in some areas had been acknowledged, more was needed in terms of finance and unscheduled care. 	
Resolved:	The report be noted .	
26/20	KEY ISSUE REPORTS	
	<p>(i) <u>Performance and Finance Committee</u></p> <p>A report setting out the discussions of the Performance and Finance Committee at its meetings in December 2019 was received and noted.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the meeting of the Quality and Safety Committee held in December 2019 was received and noted.</p> <p>(iii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions of the meetings of the Workforce and OD Committee held in December 2019 was received and noted.</p>	

27/20	CHANGE IN AGENDA ORDER	
Resolved:	The agenda order be changed and item 2.4 be taken next.	
28/20	UPDATE ON THE IMPLEMENTATION OF THE WINTER PLAN	
	<p>A report setting out an update in the implementation of the winter plan was received.</p> <p>In introducing the report, Chris White highlighted the following points:</p> <ul style="list-style-type: none"> - An improvement plan was in place which was predominantly for Morriston Hospital but also had elements for Singleton Hospital and its implementation was on track with progress as expected; - Early supported discharge for stroke patients was to commence in February 2020 following by the equivalent for the chronic obstructive pulmonary disease; - Ward 11 at Singleton Hospital was due to re-open by the end of March 2020 following the refurbishment after the fire; - More cross-boundary and sector working was in place and the Hospital to Home programme was up and running and working very well. 	
Resolved:	The progress in relation to the winter plan from both a health board and regional partnership board perspective be noted .	
29/20	HEALTH BOARD PERFORMANCE REPORT	
	<p>A report outlining the current health board performance was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - All healthcare acquired infection trajectories were within profile; - Red call response times within eight minutes had been below the 65% target in December, but early indications were that this had recovered to 65.9% to date in January 2020; - The number of emergency admissions and attendances remained flat but a 20% increase in patient acuity had been evidenced; - One-hour handover delays had increased slightly in December 2019, with more than 800 cases missing the target, equating to more than 3,000 lost hours; 	

	<ul style="list-style-type: none"> - The four-hour unscheduled care performance for December 2019 was 70.94%, with January 2020 0.5% ahead of this. There has also been an increase in the numbers of patient waiting more than 12-hours; - Delayed transfers of care had improved for the second month in a row; - December 2019 had seen the highest number of stroke admissions in 13 months and while the operational pressures had caused challenges in terms of access to a dedicated stroke bed, access to a stroke consultant within 24 hours remained at 100%; - Planned care performance remained affected by unscheduled care pressures and changes to taxation on pension rules; - The number of patients waiting more than 26 weeks for an outpatient appointment had increased further, with more than 750 of those within gastroenterology, for which a plan was in place; - Cases waiting more than 36 weeks for treatment had increased to 5,141 compared with 1,801 at the end of 2018-19; - No patients were waiting more than 14 weeks for therapies and although there had been a spike in diagnostics, this was due to pressures in echocardiogram tests, and a recovery plan was being developed; - The urgent suspected cancer performance for December was reported at 91% but was likely to be 92% once validated. More work was needed to reduce the backlog therefore the projected quarter four performance was likely to be in the 80%. <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis stated that unscheduled care was a key component in the health board's performance that needed to be addressed if an improvement was to be made. Emma Woollett concurred, adding that that various accountability meetings had taken place in the previous weeks and the improvements plans were starting to deliver, but it would be beneficial for more quantitative data to be collated, such as how many bed days saved, patient impact and cost, in order to measure the outcomes. Chris White responded that baselines had been taken to measure the impact and data was being collected from a number of areas, such as the 'Hospital 2 Home' programme. He added that the unscheduled care issues were national and there needed to be an all-Wales solution.</p> <p>Emma Woollett commented that the numbers in relation to 'making every contact count' appeared low and queried if this related to whether they were recorded manually or electronically. Darren Griffiths undertook to clarify this.</p>	<p>DG</p>
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	<p>Tracy Myhill informed the board that the winter plan was an improvement from previous years and was a cross-system plan with a significant frailty focus, taking into account the age of the majority of the patients. All the feedback from external partners was that the actions were the right ones to be taken, the health board just needed to maintain its focus and let the interventions start to impact. This needed to be measured and there were still more to come into force.</p> <p>Tracy Myhill stated that the health board had a positive relationship with WAST and the two organisations were working well together, but on arrival at the emergency department, patients were seen according to clinical priority which meant that for some, waits were longer. She added that there were a number of interventions in place, such as GPs reviewing the ambulance call out list, to reduce the number of unnecessary conveyances to hospital but there was still work to be done, such as conversations with Welsh Government as to how to make domiciliary care roles more attractive to applicants.</p> <p>Siân Harrop-Griffiths advised that an extra £1.3m had been allocated for winter pressures through the regional planning board and discussions were taking place with the directors of social services as to how best to use this.</p> <p>Martyn Waygood commented that while an improvement had been made in terms of mental health performance, including within child and adolescent mental services (CAMHS), performance in relation to neurodevelopmental disorders remained a challenge.</p> <p>Nuria Zolle stated that theatre efficiency was not where it needed to be. Chris White responded that theatre efficiency was one of the high-value opportunity schemes for elective work but this was often cancelled to enable trauma work to be undertaken.</p> <p>Emma Woollett commented that it was pleasing to see a wide-ranging discussion around a number of areas of performance and that the right plans were in place and were starting to deliver some improvements. She paid tribute to the staff working on the frontline, adding that the problem did not feel unique to the health board, rather the pressures were being felt across Wales.</p>	
Resolved:	<ul style="list-style-type: none"> - The current health board performance against key measures and targets and the actions being taken to improve performance be noted. - Clarity be sought as to whether the reason for the low numbers for 'making every contact count' related to whether they were recorded manually or electronically. 	DG
30/20	FINANCIAL POSITION	

	<p>A report outlining the current financial position was received.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - The period nine position was an overspend of £1.256m, with a cumulative of £11.1m, against a forecast of a £12.3m deficit; - Due to operational pressures, there had been an increase in workforce costs in December 2019 to ensure quality and safety of services; - Savings delivery remained at £18.9m and the additional savings needed to balance the operational pressures had not been realised; - Spend controls had been agreed by the board in November 2020 and the expectation at this point had been an achievement of £400k per month savings but only around 50% of this had been achieved in December 2019, however better was anticipated for January 2020; - There was a requirement to transfer £19.6m of cash to Cwm Taf Morgannwg University Health Board as part of the boundary change but agreement had been reached that the health board would continue to pay suppliers until the end of March 2020, which would be reflected in the total transferred. Welsh Government had confirmed strategic cash support for the £12.3m deficit and the £10m additional allocation provided a sign of confidence in 2018-19 and recurrently this year but discussions were ongoing as to additional needs. As a result of the cash challenges, invoice payments had been prioritised and as such the public sector payment performance was below target. <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis provided assurance that the Performance and Finance Committee earlier that week had tested the savings plans and everything that could be done was being done, so long as it was not to the detriment of patient care.</p> <p>Tracy Myhill stated that the additional controls agreed by the board in November 2019 were delivering, albeit some slower than others, and members could have agreed a lower forecast deficit but chose not to in order to maintain quality and safety of services. She added that while it was not proposed to change the forecast again in light of current performance, it was under constant review. Emma Woollett concurred, adding that the following month would provide a better understanding as to whether or not the current forecast could be met.</p> <p>Nuria Zolle commented that sustainability and realism was needed as part of the long-term view, with risk of clawbacks for non-delivery taken into consideration.</p>	
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Resolved:	The current financial position be noted .	
31/20	RESPONSE TO THE OFFICE OF NATIONAL STATISTICS RELEASE ON DRUG-RELATED DEATHS	
	<p>A report setting the health board's response to the Office of National Statistics release on drug-related deaths was received.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - The health board's drug poisoning death numbers were the highest on record; - The Swansea Bay Area Planning Board had responsibility for commissioning substance misuse (drug and alcohol) for the area and it also operated the national 'take home' service for the Naloxone programme, which reversed the side effects of an overdose, and access to specialist treatment; - The Office of National Statistics published a three-year rolling average of drug misuse deaths for each local authority as part of annual reporting. Swansea and Neath Port Talbot had the second and third highest rates of drugs misuse deaths across local authorities in England and Wales; - While there was a small number of deaths attributed to cocaine use, it was a significant increase when compared to previous years but it was unclear as yet as to whether this represented an emerging trend associated with an increased supply and use within the health board's communities; - A wide range of actions were being undertaken through the area planning board. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that discussions were needed outside of the meeting to clarify the links between the area planning board and public sector board to ensure the right people were within the membership.</p> <p>Martyn Waygood commented that determining the reasons as to why the health board had such high drug poisoning deaths would be critical to improving the position.</p> <p>Andrew Jarrett queried as to whether the waiting times for treatment for those wishing to stop taking drugs was a cause in the high number of deaths. Keith Reid responded that while the service was under pressure, the introduction of a nurse prescriber should assist with the delays.</p> <p>Emma Woollett stated that the board would do all it could to support the work needed to reduce the number of deaths.</p>	

Resolved:	The report be noted .	
32/20	INTEGRATED MEDIUM TERM PLAN (IMTP) 2020/21 TO 2022/23	
	<p>A report detailing an update on the development of the clinical services plan and IMTP 2020/21 to 2022/23 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The aim was to bring a final three-year plan for approval to the March 2020 board meeting; - A narrative had been developed on a three-yearly basis in draft with detailed plans as well as performance and financial trajectories to support delivery; - Draft workforce commissioning numbers had been developed for discussion with Health Education and Improvement Wales; - The Welsh Health Specialised Services Committee (WHSSC) integrated commissioning plan had been shared with health boards for approval after being engaged with the process. There was a proposed uplift of £3m for the health board's contribution but there was also additional support for services to be provided by the health board such as the perinatal mental health mother and baby unit; - The plan for the Emergency Ambulance Services Committee (EASC) was in development and was expected imminently. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett advised that the draft plan had been received as part of the earlier in-committee session and comments sought from board members.</p> <p>Hannah Evans noted that the work of KPMG, the external financial support commissioned by Welsh Government, had identified further opportunities on what could be delivered in order to strengthen the plan further.</p> <p>Emma Woollett summarised that the board was content with the timescales for the health board's three-year plan as it was an important milestone to work towards, whether it was one which was deemed approvable by Welsh Government or not.</p>	

Resolved:	<ul style="list-style-type: none"> - The continued alignment of the clinical services plan and IMTP planning be noted; - The progress in developing the health board's IMTP 2020/21-22/23 be noted; - The WHSSC integrated commissioning plan be approved; - The next steps be supported and endorsed. 	
33/20	DIGITAL TRANSFORMATION PROGRAMME	
	<p>A report providing an update on the digital transformation programme was received.</p> <p>In introducing the report, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - A multi-disciplinary workshop was taking place the following week focusing on digital; - The rebranding of the function to digital services was critical as it moved IT away from the 'back office'; - The national context was also important with a new Welsh Government team being established and the reformation of the NHS Wales Informatics Service (NWIS) to a special health authority; - The plan was for the health board to continuously assess itself against maturity indexes such as the Healthcare Information and Management Systems Society and use the information as part of the IMTP planning process; - An update on digital risks was to be reported to the Audit Committee in March 2020; - It was proposed that the board receive an update on digital services at every other meeting; <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett welcomed the update and endorsed the proposal for regular updates.</p> <p>Nuria Zolle sought assurance that partners were on board with the health board's digital journey. Matt John cited as an example the Welsh Community Care Information System (WCCIS) which would support fully integrated care together with health board partners. He added that a regional team was in place and a regional transformation board which met bi-monthly, and City and Council of Swansea already had their contract in place to commence implementation.</p> <p>Nuria Zolle queried if there was a training element for clinicians. Matt John confirmed that there was, and while the work was ongoing, there was progress being made, with the support of the Chief Medical</p>	

	<p>Information Officer whose role it was to engage clinicians as well a lead nurse and lead pharmacist.</p> <p>Martin Sollis added his support for the programme as digital would be fundamental for the health board's future but this needed to be described in the right way in order to attract funding and investment. Chris White concurred, adding that the Signal project, a virtual whiteboard which listed every patient in a bed at Morriston and Singleton hospitals to help with patient flow, as an example. He stated that the engagement of clinicians would be critical and it was important that they understood the benefits of digital working,</p>	
Resolved:	<ul style="list-style-type: none"> - The projects and initiatives being progressed that are delivering digital transformation as a key enabler to the organisation's strategy and clinical services be noted; - The challenges and risks in terms of investment growth and organisational culture change in order that the health board can deliver maximum benefit from digital transformation be noted; - The changing digital landscape in NHS Wales and the significant part health board digital leads are playing in supporting and influencing its direction and ultimate success be noted; - The intention to submit a digital services update paper to board on a four-monthly basis be noted. 	
34/20	VOLUNTARY SECTOR FUNDING AND FRAMEWORK	
	<p>A report providing an update on the voluntary sector funding and framework was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The development of the framework had been hold while the service level agreements as part of the Bridgend boundary change had been agreed; - Progress was being made but it was proposed that the current arrangements be extended to March 2021 while the procurement process was undertaken for the framework; - The monies spent this year had been ring-fenced so the same amount would be spent in 2020-21. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that the overall process seemed adequate but it would be useful for the board to see the overall partnership</p>	SHG

	<p>strategy. She suggested this be received at the next meeting. This was agreed.</p> <p>Martyn Waygood advised that a small grants scheme was supported by charitable funds each year.</p>	
Resolved	<ul style="list-style-type: none"> - The work underway to develop a third sector commissioning framework be noted. - The proposed funding position for the current third sector service level agreements for 2020/21 be agreed. - The partnership strategy be received at the next meeting. 	SHG
35/20	REPORT ON NHS WALES PARTNERSHIPS	
	<p>A report providing an update on issues arising from meetings with NHS Wales partnerships was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Agreement had been received from WHSSC and Welsh Government for a perinatal mental health mother and baby unit to be established on a temporary six-bed basis at Tonna Hospital while a decision was made as to the location for the permanent service; - The chairs of Swansea Bay and Hywel Dda university health boards had written to Welsh Government to seek permission to stand-down the Joint Regional Planning and Delivery Committee as a reflection of the strong partnership that was now in place. This would be replaced with a meeting three times a year, once with Welsh Government in attendance; - A meeting had taken place with Welsh Government to discuss the clinical services plan followed by a joint meeting with Hywel Dda University Health Board to discuss the regional clinical services plan. Positive progress had been noted. <p>In discussing the report, Martyn Waygood stated that it was pleasing to hear the developments in relation to the perinatal mental health unit. He queried as to whether there was any potential for a park and ride service given the access challenges to Morriston Hospital. Siân Harrop-Griffiths responded that this was being considered as part of the sustainable travel plan.</p>	
Resolved:	The update on the health board's joint NHS partnership and commissioning arrangements be noted .	

36/20	KEY EXTERNAL PARTNERSHIPS	
	<p>A report setting out discussions held during meetings with key external partnerships was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Additional winter monies had been received for allocation through the regional partnership board as well transformation funding and the hospital to home programme had been assessed as a priority; - The public service boards were following up actions in relation to suicide prevention as well as looking at the role of the groups; - She and Keith Reid were to attend a scrutiny panel in relation to early years. <p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill commented that there was also partnership working with other organisations and sectors, such as universities, the police and fire service, and these needed to be fed into the board.</p> <p>Emma Woollett stated that evidence needed to be collated in relation to the transformation work to support bids for funding.</p>	
Resolved:	<ul style="list-style-type: none"> - The key external partnerships of which Swansea Bay UHB works as a part be noted. - The issues discussed in these external partnerships and the implications for the Health Board be noted. - The minutes of the recent partnership meetings which have taken place be noted. 	
37/20	TRANSFORMATION PROGRAMME	
	<p>A report providing an update on the transformation programme was received.</p> <p>In introducing the report, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - An internal mechanism was in place to align service change, building the 'Bay' way to support it; - Progress had been made in terms of identifying project management skills; - There were good examples of how data was being used to identify waste and have impact; 	

	<ul style="list-style-type: none"> - An internal improvement session had taken place prior to Christmas to coincide with the launch of Improvement Cymru; - The development of the programme was now to be considered in the context of the IMTP. <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths advised good progress was being made in terms of the clinical services plan, with the next event focusing on digital and a workshop in March 2020 looking at the acute care model. Consideration was also being given to the longer term plan for the south Wales cancer centre in comparison with the Velindre Cancer Centre.</p> <p>Emma Woollett commented that it would be useful for independent members to have an update on the 'Bay' way in due course to understand the progress being made.</p> <p>Tracy Myhill advised that discussions were needed with Welsh Government as to how the programme would be resourced in order to make the changes.</p>	HE
Resolved:	<ul style="list-style-type: none"> - The progress, actions and decisions the transformation board has made and supported during the reporting period be noted. - The progress, issues and actions to date on the delivery of the clinical services plan be noted. - The position in terms of a recent stocktake of progress including risks and resource requirements be noted. - An update on the 'Bay' way be received by the independent members in due course to understand the progress being made 	HE
38/20	MAJOR TRAUMA NETWORK GOVERNANCE – HOSTING OF OPERATIONAL DELIVERY NETWORK	
	<p>A report providing an update in relation to the major trauma network governance was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The health board had been identified as the host for the operational delivery network and governance arrangements for this were in development; - A memorandum of understanding would be developed for the operational delivery network to describe the health board's accountabilities but it could not be finalised until the service specification was completed by WHSSC; 	

	<ul style="list-style-type: none"> - The draft memorandum of understanding was to be taken through the major trauma board in February 2020, followed by the Audit Committee and board in March 2020. 	
Resolved:	The report be noted .	
39/20	SELF-ASSESSMENT AND ACTION PLAN AGAINST THE CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD QUALITY GOVERNANCE REVIEW	
	<p>A report setting out the health board's self-assessment and action plan following the quality governance review at Cwm Taf Morgannwg University Health Board was received.</p> <p>In introducing the report, Pam Wenger confirmed that both the self-assessment and the action plan had been scrutinised prior to submission by independent members at the Chairs' Advisory Group in December 2019 and the Quality and Safety Committee would monitor progress against the action plan.</p>	
Resolved:	The report be noted .	
40/20	WALES AUDIT OFFICE ANNUAL REPORT AND STRUCTURED ASSESSMENT	
	<p>Carol Moseley was welcomed to the meeting.</p> <p>A report setting out the annual report of Wales Audit Office as well as the findings of the structured assessment was received.</p> <p>In introducing the report, Carol Moseley highlighted the following points:</p> <ul style="list-style-type: none"> - The annual audit report summarised the audit work which had taken place during 2019, both financial and performance, which included a qualified opinion on the accounts due to the non-achievement of balance; - The structured assessment findings showed a positive direction of travel, building on the developments of 2018, with a focus on where work was needed and how it was going to be achieved, acknowledging more improvements could have been made without the complexities of the Bridgend boundary change; - There were positive improvements in terms of governance arrangements; 	

	<ul style="list-style-type: none"> - Quality governance reviews were being undertaken of all health boards; - Workforce management was seen to be more positive in terms of strategy, with improvements being made with compliance with appraisals for example, and credit was due given the resource implications; - 11 of the 16 recommendations from the 2018 structured assessment had now been addressed which demonstrated the progress being made; <p>In discussing the report, the following points were raised:</p> <p>Pam Wenger advised that review and sign-off of the reports had been undertaken by the executive team.</p> <p>Nuria Zolle sought clarity in terms of tension between turnaround and transformation and whether the health board was moving in the right direction. Carol Moseley commented that the health board was establishing itself to deliver its long-term plans, determining the capacity and resources it needed to for sustainability.</p> <p>Tracy Myhill stated that the annual report and structured assessment were fair reflections and it was good to see positive progress being made, with short-term measures needed as well medium and long-term in order to achieve sustainability. She added the challenges in relation workforce had been recognised and investment made into resources.</p>	
Resolved:	<ul style="list-style-type: none"> - The annual audit letter be received and supported; - The structured assessment report be received and supported; - It be noted that the management response to the structured assessment is being finalised and will be reported to the Audit Committee in March 2020. 	
41/20	BOARD ASSURANCE FRAMEWORK	
	<p>A report setting out the board assurance framework was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The development of the board assurance framework had been an evolving process; - It had been considered by the Audit Committee in November 2019; - There was still more work to be done but it was a starting point for board members to start to triangulate information; 	

	<ul style="list-style-type: none"> - More validation was needed in terms of the alignment between unit and corporate risks; - The framework would be fully operational from April 2020. 	
Resolved:	The progress on the development of the board assurance framework, acknowledging that it is a work in progress and will be continually updated, be noted .	
42/20	WELSH LANGUAGE	
	<p>A report setting out an update in relation to Welsh language was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - While there had been no changes in terms of the timescales for the Welsh language standards as set out in the compliance notice, there had been amendments to wording and explanations; - There were 121 standards with which the health board needed to comply; - There was no additional funding to support the health board in complying with the standards, with two permanent translators in post and advert out for fixed-term role to minimise external translation costs; - There were gaps within the function as the health board was carrying vacancies for the senior posts but some support was being provided by the NHS Wales Shared Services Partnership for national meetings; - The executive board had agreed to commission some external support for the implementation of the standards; - The graduate management trainees were to undertake a project to identify the Welsh language skills of staff as this was under reported via the electronic staff record. <p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill stated that low numbers reported for Welsh language skills did not necessarily mean the health board had few staff in post who spoke the language, rather the organisation just did not know who had the skills, which was an issue. She added it was critical the health board had a clear programme of action to demonstrate progress.</p> <p>Emma Woollett queried if it was possible that sanctions may be imposed for breaches against the standards. Pam Wenger responded that there was a potential implication of £5,000 fines for breaches.</p>	

Resolved:	<ul style="list-style-type: none"> - The report and the position in terms of progress is being in respect of the standards despite the challenging timescales set be noted. - The progress against delivering the standards will be incorporated to annual report which is scheduled to be completed by end May 2020 be noted. 	
43/20	KEY ISSUES	
	<p>(i) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the Audit Committee held in November 2019 was received and noted, with the following discussions undertaken:</p> <p>Martin Sollis advised that a report had been received following a NHS Wales Delivery Unit review of long-waiting patients and more assurance was needed as to how these were prioritised clinically. Martyn Waygood responded that this was undertaken through the Quality and Safety Committee, with particular focus at the moment on ophthalmology and orthopaedics. Richard Evans added that while there was more to be done, focus was given to those cases where there was potential harm or more urgent clinical needs.</p> <p>Martin Sollis advised that the January 2020 Audit Committee had been stood down due to it not being quorate, therefore it was important to inform the board of two financial risks:</p> <ul style="list-style-type: none"> - The health board was working on its IFRS 16 (international financial reporting standard) which had changed how leases were reported and managed against capital going forward, which was a potential risk going forward into 2020-21; - Work was commencing on the preparation of the annual accounts for 2019-20 but the finance team was under immense pressure due to staff absences. <p>Pam Wenger advised that the bringing forward of the end-of-year reporting timescales would also have an impact on her team in terms of the annual report and accountability report.</p> <p>(ii) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the Health and Safety Committee held in December 2019 was received and noted, with the following discussion undertaken:</p> <p>Gareth Howells advised that further feedback had been received from the Health and Safety Executive (HSE) as to the focus needed going forward. Tracy Myhill added that she had undertaken another informal</p>	

	<p>meeting with colleagues from the HSE and the relationship was more positive.</p> <p>Darren Griffiths stated that of the 12 improvement notices issued by HSE following recent reviews, 11 were now closed and the file for the final one was to be submitted that day.</p> <p>(iii) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the Charitable Funds Committee held in December 2019 was received and noted, with the following discussion undertaken:</p> <p>Martyn Waygood advised that the cancer centre name had changed from Golau to the South West Wales Cancer Centre and a joint charity event had taken place late in 2019 with Velindre Cancer Centre, raising £10,000 each. Pam Wenger added that a meeting had taken place the previous day with fundraising representatives from both organisations as well as former Welsh rugby player Jonathan Davies to discuss further joint events, commencing with a charity bike ride between the two cancer centres.</p> <p>Martyn Waygood stated that the fundraising team was now growing with the recruitment of a fundraising officer and apprentice.</p> <p>Martyn Waygood provided details of a recent bid to the committee for iPads to roll-out the internal meal ordering system but this had not been supported as there were queries as to whether the implementation of national system was imminent. Matt John advised that the health board had created a small scale internal solution while the national system was awaited and a decision needed to be made as to whether or not to continue with it and roll it out more widely. Chris White stated that if this was the case, it could also be used to capture richer patient experience information. Hazel Robinson concurred, adding that staff experience could also be incorporated.</p> <p>(iv) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions of the Mental Health Legislation Committee held in November 2019 was received and noted, with the following discussion undertaken:</p> <p>Pam Wenger advised that a new policy was in place outlining the role of hospital managers and consideration was now needed as to how this would be implemented. She added a board development session was also to be organised to inform the board of its role in terms of hospital managers.</p>	
44/20	CORPORATE GOVERNANCE ISSUES	

	A report outlining corporate governance issues including the application of the common seal, Welsh health circulars issued and the board business cycle was received and noted .	
45/20	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
46/20	DATE OF NEXT BOARD MEETING	
	The date of the next public board meeting was 26 th March 2020.	

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 Emma Woollett (Interim Chair)

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 Date: