

ACTION NOTES – JOINT EXECUTIVE MEETING HELD ON 31 JANUARY 2020, BOARDROOM, GLANRHYD HOSPITAL

PRESENT: Tracy Myhill (TM), Sharon Hopkins (SW), Matt John (MJ), Siân Harrop-Griffiths (SHG), Sian Richards (SR), Julie Keegan (JK), Nicola Johnson (NJ), Karen Winder (KW), Craige Wilson (CW), Kath McGrath (KMc), Carole Tookey (CT)

ISSUE	ACTION	LEAD
1.1 Apologies for Absence	Hazel Robinson, Ruth, Steve Webster, Hywel Daniels, Ruth Treharne, Chris White, Lynne Hamilton.	
2.1 To Approve Notes and Actions of the Previous Meeting	<p>It was noted Kath McGrath wasn't present at the last meeting.</p> <p>Obstetrics – to be escalated to DoFs to resolve the financial issues.</p> <p>Mortuary – It was agreed it would be helpful to have Paul Davies as the single senior manager to oversee the change. It was agreed have short term SLA for 2020/21 up until 1st May. If CTM need to extend the DoP to write to the DoS in SBUHB formally. A formal report is required back to the March meeting on progress.</p> <p>PKB – SH and KW to have a conversation outside the meeting.</p>	<p>SHG</p> <p>KMc/CW</p> <p>KW</p>
3.1 ToR	<ul style="list-style-type: none"> The ToR were agreed and will be adopted, to be reviewed in March 2021. 	
3.2 Programme Scope and Timelines	<ul style="list-style-type: none"> JK introduced the paper, describing the work around NPTH. SH said we need to take into account the operational experience in demand/capacity planning for next year. SGH said to prioritise the work – probably orthopaedics and anaesthetics first. SH said we need to manage risks and put the patient flows at the heart of the work although we need to try to make the administrative elements work well. 	

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	<ul style="list-style-type: none"> • The group will need to understand the impact assessment and case for change. • Information Flows and ICT business case are on the agenda later. • The facilities SLA will be a long term arrangement. • Pathology and GPOOH will disaggregated if the case for change is made, in line with national ICT projects. • TM reiterated the case for change needs to be clear on the larger disaggregation projects and disaggregation is not the default position. • TM wants the programme of work to be fleshed out, and what can we do when and how long will it take us so that choices can be made around resources. Timelines need to be brought back in March • Proper recruitment plan requested as well for revised resource proposition. • The immediate operational issues to be managed by Kath and Craige on their monthly calls. 	<p>MJ/SR/KW /KMc/CW/J K/NJ to meet to scope out timelines</p> <p>KMc/CW</p>
4.1 Informatics Business Case	<ul style="list-style-type: none"> • KW introduced the paper which proposes taking a more pragmatic approach in the context of the national projects or local initiatives that are underway. Disaggregation will be undertaken on a risk-assessed and pragmatic service-by-service basis. • SH asked what the timeline and programme will look like and how are we influencing the national programme to have priority. MJ and KW said that work is underway and we are advocating heavily at the national boards. • The approach was supported. • The resource proposition was noted. • It was agreed to impact assess the resource and to map against the timeline and options for change and risk management. MJ to take forward exploration with WG about creative use of project resources. 	<p>MJ</p>

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4.2 Information Flows	<ul style="list-style-type: none"> • AR presented the paper. Further work will be undertaken on the future requirements. The current resource was supported to continue. Benefits and timelines to be described as well as a stocktake of where we are. • JK and MJ highlighted that the operational, financial and contracting information needs to be brought together. • MJ said will get something together for the Chief Executives in two weeks. • Try to extend the deputy COOs catch up on 11th February to include commissioning and IT colleagues. 	<p>SR/AR</p> <p>MJ/AR</p>
4.4 Operational Issues	<ul style="list-style-type: none"> • TOCALs – has been into the POW site, ironing out teething problems regarding frequency. • Gynae surgery – resolved. • Orthopaedics – no surgery being undertaken at NPTH at present. No timeline for restarting given the USC pressures in SBUHB – priority on the deputy COO to COO meeting for 11th February. Major priority for CTM regarding RTT pressures. SH said needs to be taken into account in demand and capacity planning and unpick the pathway – orthopaedics is a priority. • KMc and CW to prepare a joint briefing for CEOs on the lost activity and demand & capacity planning for next year. • Paeds dental GA service – SBUB working on withdrawing from the service at Parkway in line with quality guidelines. CW to share the SLT paper and to liaise with Kath McGrath and commissioning colleagues as required. 	<p>KMc/CW</p>
5.1 Commissioning and Contracting Highlight Report	<ul style="list-style-type: none"> • The recommendations were noted and supported. 	

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Draft Risk Register	<ul style="list-style-type: none"> • The risks around the NPTH interface are not yet described. • Impact on patients eg orthopaedics/RTT need to be discussed through the JMG. 	
Date of Next Meeting		

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