

Swansea Bay University Health Board

Unconfirmed Minutes of the Meeting of the Health Board held on 30th May 2019 in the Millennium Room, Health Board HQ, Baglan

Present

Andrew Davies	Chairman
Tracy Myhill	Chief Executive
Martyn Waygood	Independent Member
Reena Owen	Independent Member
Jackie Davies	Independent Member
Richard Evans	Medical Director
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
Lynne Hamilton	Director of Finance
Sandra Husbands	Director of Public Health
Alison James	Associate Board Member
Martin Sollis	Independent Member
Pam Wenger	Director of Corporate Governance
Andrew Jarrett	Associate Board Member (until minute 31/05/19)
Malcolm Lewis	Associate Board Member
Maggie Berry	Independent Member

In Attendance:

Matt John	Interim Chief Information Officer
Hannah Evans	Director of Transformation
Darren Griffiths	Associate Director, Performance
Jamie Kaijaks	Graduate Management Trainee
Liz Stauber	Corporate Governance Manager

Minute No.	APOLOGIES	Action
11/05/19	Apologies for absence were received from Tom Crick, Independent Member; Emma Woollett, Vice-Chair; Mark Child, Independent Member and Emrys Davies, Welsh Ambulance Service NHS Trust (WAST).	
12/05/19	WELCOME / INTRODUCTORY REMARKS	
	Andrew Davies welcomed everyone to the first meeting of Swansea Bay University Health Board, noting that it was also the first formal board for Andrew Jarrett as an associate board member.	

13/05/19	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
14/05/19	PATIENT STORY: JIG-SO	
	<p>The story related to the Jig-So project, which was a project funded by Welsh Government comprising midwives, nursery nurses, family facilitators and early language development workers who support teenagers and young women up to the age of 25 years with complex social factors during pregnancy and up the child's third birthday. As part of the story, a number of couples shared their experiences of the project, which had made them more confident about parenthood and helped give their child a happy start to life.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Andrew Davies advised that Jig-So was a Swansea-based project for young parents from difficult backgrounds and coincided with the health board's 'best start to life' objective. He added that as chair of the City and Council of Swansea early years group, he had attended an event where Swansea University had published an evaluation of the project, the results of which had been significantly positive.</p> <p>Gareth Howells commented that there were vulnerable young mums bringing vulnerable children into vulnerable structures so the project ensured that they had a package of support around them to help with any nervousness or anxiety, which was a great initiative. Andrew Davies concurred, adding that it was groundbreaking in that it also reached out to young fathers. He added that the couples involved did not have good experiences of being parented and it was hoped that both the Swansea and Neath Port Talbot public sector boards would progress the work further.</p> <p>Reena Owen stated that as part of the story's presentation to the Stakeholder Reference Group, statistics had been cited which demonstrated a significant improvement in outcomes. She added that it should be showcased more widely to increase roll-out as a small amount of investment was having considerable impact.</p>	
Resolved:	The patient story be noted .	
15/05/19	STAFF STORY: TAKING CARE TRAINING	
	The story related to a project called 'Performing Medicine' led by CLOD Ensemble, a London-based theatre company supporting clinical staff	

	<p>development. The one year pilot 'Taking Care' was aimed at staff working in three older people's mental health wards, one ward in each of the health board's locality areas. These wards were selected as staff were working in challenging situations and had particularly high levels of sickness absence. It tested how arts-based methodologies could be employed to deliver professional training aligned with the organisation's values and supported staff wellbeing and resilience. A 40% reduction in sickness was subsequently reported in these areas. The staff who participated noted a positive improvement in the health and wellbeing of the team, including more breaks being taken and improving work/life balances.</p> <p>In discussing the staff story, the following points were raised:</p> <p>Andrew Davies stated that he had been present for a presentation by Clod Ensemble the previous month and paid tribute to the work of the health board's arts in health co-ordinator, who had been instrumental in implementing the pilot.</p> <p>Reena Owen queried whether there was a plan to roll the programme out more widely. Hazel Robinson advised that the pilot had been funded through a grant therefore further investment would be challenging. Tracy Myhill added that the learning and techniques from the pilot could be used to develop an internal programme.</p> <p>Maggie Berry noted the reference to an improved work/life balance which was something all managers within the health board needed to ensure was in place for their teams, as often staff felt obligated to work out-of-hours. Tracy Myhill concurred, adding that more consideration was needed as to how the organisation could work more proactively in this regard as staff needed to look after themselves in order to be able to look after patients.</p>	
Resolved:	The staff story be noted .	
16/05/19	MINUTES OF THE PREVIOUS MEETING	
	The minutes of meeting held on 28 th March 2019 were received and confirmed as an accurate record.	
17/05/19	MATTERS ARISING	
	There were no matters arising.	
18/05/19	ACTION LOG	

	The action log was received and noted .	
19/05/19	REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE	
	<p>A joint report setting out key issues from the Chairman and Chief Executive was received.</p> <p>In introducing his report the Chairman highlighted the following points:</p> <ul style="list-style-type: none"> - Appended to the report was the statement he had made at his first board meeting as chair, in which he had identified the ambition for the health board, against which significant progress had been made; - Welsh Government had commissioned an external review of the Swansea Bay City Deal led by the audit department of Pembrokeshire County Council which had identified a series of recommendations to improve governance. <p>In introducing her report, the Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> - As this was the first report for the new health board, an overview of performance had been included; - Progress had been positive in most areas both for and outside of the targeted intervention requirements; - Finance and unscheduled care remained the biggest challenges; - Gratitude was owed to all those who facilitated the deep dive into maternity services following the external review at another health board; - The health board had completed its scrutiny session with Welsh Government which had a positive reflection and fair challenge; - She had undertaken engagement work to meet with the members of staff who had taken part in the Health and Safety Executive inspection and staff based on ward 12 at Singleton Hospital where the recent fire had occurred. 	
Resolved:	The report be noted .	
20/05/19	DEVELOPMENT OF AN INTEGRATED MEDIUM TERM PLAN (IMTP) AND CLINICAL SERVICES PLAN	
	A report setting out the work to develop an IMTP (three-year plan) and clinical services plan was received .	

	<p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <p>(i) <u>Clinical Services Plan</u></p> <ul style="list-style-type: none"> - Three programme areas had been agreed which each had a clinical executive director as the senior responsible officer; - An update was to be received by the board in July 2019; - Work was progressing to align governance arrangements for mental health and learning disabilities; - 50-60 representatives from a number of services had supported the development of priorities; - The plan would be further developed to support the transformation programme; <p>(ii) <u>IMTP</u></p> <ul style="list-style-type: none"> - It was the health board's ambition to develop an approvable IMTP; - Work was taking place with the executive directors as to how to take it forward in-line with the implementation of the organisational strategy; - High-level plans would be received by the board in July 2019; - The finance section needed to be developed in quarter one and support was to be received from Welsh Government to establish a financial framework. <p>In discussing the report, the following points were raised:</p> <p>Andrew Davies stated that the way in which the organisation was approaching its planning process was significantly different this year and thanked Siân Harrop-Griffiths.</p> <p>Reena Owen noted a recent board development session which focused on the Wellbeing of Future Generations Act and queried if this was to contribute to the development of the wellbeing objectives. Siân Harrop-Griffiths responded that she had met with colleagues after the session to determine how those discussions could be built upon.</p> <p>Martyn Waygood referenced the aspiration to improve activity rates, stating that this needed to be undertaken in conjunction with partners such as the third sector or GPs. Siân Harrop-Griffiths concurred, adding that the assigning of clinical executive directors as senior responsible officers would provide such a mechanism.</p> <p>Tracy Myhill stated that it was positive to see the work to develop the two plans which would eventually come together once the health board had been de-escalated from targeted intervention. She added that there was</p>	
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	strong positive commitment from clinical staff but they would need the space to be able to deliver.	
Resolved:	The report be noted .	
21/05/19	BRIDGEND BOUNDARY CHANGE	
	<p>A report providing an update in relation to the Bridgend boundary change was received.</p> <p>In introducing the report, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The boundary change had occurred as planned on 1st April 2019 without affecting patient services; - There had been minor operational challenges which had been addressed; - The Joint Transition Board had met for the final time on 23rd April 2019 at which it received the legacy documents and approved the memorandum of understanding; - A focus was being given to finalising commissioning arrangements; - A joint executive team forum was to be established between the two health boards. <p>In discussing the report, the following points were raised:</p> <p>Andrew Davies offered his thanks to Hannah Evans for leading the work with little adverse impact, as well as the finance and workforce teams for the support provided. He added that he had written to the programme lead to thank her for her work.</p> <p>Jackie Davies acknowledged the work of the IT department given the sheer volume undertaken to transfer staff accounts.</p> <p>Jackie Davies sought clarity as to the timescales for the service level agreements in place between the two organisations. Hannah Evans advised that this would be one of the first points of business for the new joint executive team to determine the disaggregation schedule. Matt Jon added that one of the main service level agreements for IT was the patient administration system which would not be addressed until 2021, and it would be important to find the right balance between supporting the health board and the service level agreement.</p>	
Resolved:	The report be noted .	

23/05/19	IMPLEMENTATION OF THE ADULT THORACIC PROGRAMME	
	<p>A report providing an update on the progress to develop an adult thoracic surgery centre at Morriston Hospital for South Wales, in line with the health boards in south, mid and West Wales agreement in November 2018 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The agreement to establish the thoracic programme at Morriston Hospital had caveats: <ul style="list-style-type: none"> • Developing a medical workforce plan and the Medical Directors for Swansea Bay and Cardiff and Vale university health boards were currently discussing a proposal for the Welsh Health Specialised Services Committee (WHSSC) joint committee; • The need for an implementation plan for the health board; - Two clinical summits had taken place with good clinical engagement with a further event in June 2019; - Reciprocal visits for clinical staff from Morriston Hospital and University Hospital of Wales, Cardiff, were taking place; - A visit was to be arranged to the thoracic service in Liverpool; - The board would receive a further update in July 2019. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The governance arrangements be endorsed; - The progress made to date in planning the implementation of the adult thoracic surgery centre for south Wales, west Wales and south Powys be noted; - The actions to take the work forward be noted; - It be agreed that a further update be received in July 2019. 	
24/05/19	DIGITAL INCLUSION	
	<p>A report providing an update on the work to enhance digital working was received.</p> <p>In introducing the report, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - Key projects were being delivered to improve quality and safety of 	

	<p>services;</p> <ul style="list-style-type: none"> - A key component of this was Patient Knows Best, a system which enables patients to access their secondary care information and share it securely; - The programme to mobilise the workforce was continuing to improve off-site working; - A bespoke 'electronic whiteboard' to help with patient flow and care within the surgical assessment unit of Singleton Hospital had been implemented to replace wall-mounted and paper-based records, reducing the time spent on paperwork and handovers; - A digital inclusion workshop took place in March 2019 facilitated by Wales Co-operative Centre / Digital Communities Wales and brought together stakeholders from across the health board to identify ways to meet the principles within the digital inclusion charter and share progress and promote ideas; - At the workshop there was particular interest in the digital initiatives for patients with dementia, for example virtual reality headsets to help them connect with memories. <p>In discussing the report, the following points were raised:</p> <p>Malcolm Lewis stated that the outcomes to date were fantastic. He sought clarity as to where in England the first phase of the NHS Widening Digital Participation Programme had taken place. Matt John advised that it had been a nationwide approach and undertook to share the details outside of the meeting.</p> <p>Martyn Waygood advised that he had seen the electronic whiteboards in action during a visit to Singleton Hospital, adding that the staff had been very positive in their feedback. He queried the next stage of the roll-out. Matt John advised that the maternity service would be next.</p> <p>Martyn Waygood sought clarity as to the coverage of the text reminder service, particularly for primary care. Matt John stated that the percentage was increasing and undertook to circulate more details outside of the meeting.</p> <p>Siân Harrop-Griffiths stated that digital working would be fundamental to the clinical services plan, influencing new models of care. She added that 66% of the population use technology to support their health and this needed to be incorporated into the plan.</p> <p>Martin Sollis commented that the opportunities were exciting but the outcomes needed to be tangible in order for the benefits of the investments to be evident. Chris White concurred, adding that the time saved by using technology needed to be measured.</p> <p>Tracy Myhill advised that the executive board needed to work together to align its plans and the delivery of these as this was a great example of</p>	<p>MJ</p> <p>MJ</p>
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	<p>how investment could support prevention.</p> <p>Hazel Robinson stated that support was needed for the less digitally enabled staff to become more competent. Andrew Davies responded that this was an important point as there was a danger in investing in technology but not the staff to use it.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The progress being made in the support and promotion of digital inclusion for our staff and citizens be noted. - The intention to recruit a digital inclusion manager to scale up, evaluate and advocate digital inclusion initiatives and programmes across the health board be noted. - Details of the NHS Widening Digital Participation Programme be shared outside of the meeting. - Details of the coverage of the text reminder service be circulated. 	<p>MJ</p> <p>MJ</p>
25/05/19	MATERNITY SERVICES	
	<p>A report setting out the health board's position against the findings of the external review of maternity services at Cwm Taf Morgannwg University Health Board was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - Following the publication of the review of Cwm Taf Morgannwg University Health Board's maternity services in May 2019, the Director General for NHS Wales had written to all health boards seeking assurance as to their positions against the recommendations; - A scrutiny panel had been established by Swansea Bay University Health Board of the Chair, Chief Executive, independent members and executive directors to review the organisation's response; - The report had been an upsetting one to read and provided learning for all organisations as to how to maintain safe services; - More than 9,000 patients had taken part in the friends and family survey in 2018-19 and 95% would recommend the maternity services; - The health board was compliant against staff requirements and had two vacancies out to advert. In addition, consultant cover exceeded what was required; - A maternity dashboard was in place to monitor performance; 	

	<ul style="list-style-type: none"> - Progress had been shown in relation to booking-in compliance, reduction in caesarean sections and serious incidents and improve audits; - The multi-disciplinary team undertook regular team huddles; - The management of the maternity service was disaggregated and discussions were ongoing to bring this under one delivery unit; - Fetal surveillance training was to be improved; - The next step was to establish a fortnightly task and finish group which would provide regular updates to the Quality and Safety Committee. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood stated that he had spent a morning at the maternity and gynaecology services at Singleton Hospital where the commitment and enthusiasm of staff had been great but there was some refurbishment needed, although some of this work had commenced. He added that there were challenges in relation to waiting areas and the opportunities to use charitable funds to improve these had been discussed as well as the potential to move some clinics within the community. Staffing had been raised as an issue but recruitment was progressing and there was a good relationship between staff at all levels as well as interesting initiatives to enhance patient care and experience. He added that he was to return in six months to see improvements.</p> <p>Pam Wenger echoed Martyn Waygood's comments, stating that it had been a good opportunity to visit and see the compassion and care of staff, all of whom had advised that they enjoyed working in the team, including students. She added that the new matron had implemented a rotating workforce to give opportunities to experience different areas of working and staff had felt able to raise concerns.</p> <p>Hazel Robinson advised that the Guardian Service had recently been launched in the health board and representatives were to visit maternity services.</p> <p>Tracy Myhill stated that while there plans to centralise the management of maternity services, the same was yet to be considered for gynaecology. She queried as to whether a similar visit was to be undertaken at Neath Port Talbot Hospital. Gareth Howells responded that this was arranged for two weeks' time.</p> <p>Andrew Davies complimented the assistant director nursing who had led the review on the quality of the documentation produced and that as a trained midwife she had been instrumental in the establishment of the birth centre at Neath Port Talbot Hospital. He added that the current head of midwifery was on secondment to Cwm Taf Morgannwg University Health Board and the health board had also supported</p>	
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	colleagues in Hywel Dda University Health Board to set up a midwife-led unit, demonstrating collaborative working.	
Resolved:	<ul style="list-style-type: none"> - The report and assessment be noted. - It be agreed that the Quality and Safety Committee will take a lead role in ensuring progress against the action plan 	
26/05/19	IMPLEMENTATION OF THE NURSE STAFFING ACT	
	<p>The end-of-year report as to progress to implement the Nurse Staffing Levels (Wales) Act 2016 was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The health board was required to provide an annual report outlining that it had taken all reasonable steps to comply with act; - Its format was set by Welsh Government and it had been presented to a scrutiny panel with the Chief Nursing Officer; - Although the report referenced 13 falls related to staffing, this was not in relation to compliance with act and having too few staff, rather it was in relation to lack of risk assessments or patients moving without seeking help. 	
Resolved:	The report be noted .	
27/05/19	HEALTH BOARD PERFORMANCE REPORT	
	<p>The integrated health board performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Where possible, the report had Swansea Bay University Health Board data applied retrospectively to compare with that of ABMU Health Board; - It was being developed further to include primary and community care, as this had not been developed in time for this meeting, along with mental health and learning disabilities and public health measures, and the new report would be available in July 2019; - This iteration included the quarterly balanced scorecards submitted to Welsh Government; 	

	<ul style="list-style-type: none"> – The four-hour performance for April 2019 was 74.5% against a profile of 77.1%, which was below that of the same period the previous year; – An increase in the one-hour handover and 12-hour waits had been evident; – Eight-minute red call ambulance response had dipped to 65% after 10 months of being significantly above target; – Direct admission to a stroke bed performance dropped marginally highlighting the pressures on beds in the unscheduled care system; – The 36-week planned care position stood at 1,976 cases waiting more than 36 weeks for treatment, but the 26-week outpatient performance remained high, despite sickness challenges within certain specialties, and there were also no therapies cases waiting; – Delayed follow-up trajectories had been added and reflected some of the national measures; – The urgent suspected cancer performance for April 2019 was 88% with the non-urgent suspected cancer at 94%, and a fourth gynaecology consultant had been appointed; – Healthcare acquired infections were in-line with the performance trajectory, although there had been slippage in relation to <i>staph.aureus</i>; – Performance against the serious incident closure target stood at 70% but a backlog remained within mental health services; – Sickness absence performance had dipped for the second month, statutory and mandatory training compliance was on profile at 77% and personal appraisal and development reviews (PADR) were just below. <p>In discussing the report, the following points were raised:</p> <p>Chris White advised that the executive board had had a workshop the previous day focusing on unscheduled care, to which the Chief Ambulance Services Commissioner had been invited to provide an overview of the work being undertaken at a national level. He added it was an opportunity to discuss the actions which needed to be taken now and those which were more long-term. He added that ambulance handovers were a Welsh Government priority and more work was needed in this area.</p> <p>Andrew Jarrett queried as to whether the health board benchmarked against national trends. Tracy Myhill confirmed that this was the case as there were measures for most performance areas. Lynne Hamilton</p>	
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	<p>added that in addition to performance benchmarking, the NHS Wales Financial Delivery Unit captured financial data not just for reporting but for analysis and trend setting, and to inform financial and savings plans. Andrew Davies commented that it was challenging to compare the health board with others in Wales as the sizes and services differed, therefore it was not 'like for like'. He added that the health board had acquired a system known as 'Albatross' some time ago which enabled it to benchmark itself against similar organisations in England. Chris White stated that it was also important to consider the information held by local authorities and how this could be used to improve performance.</p> <p>Reena Owen stated that she had recently visited the emergency department at Morriston Hospital during which all beds were occupied and the flow was slow. She added that the balance needed to be gotten right in order for the system to be more efficient.</p> <p>Tracy Myhill stated that there were actions the health board could take to improve its unscheduled care performance itself but it also needed to work in partnership with the Chief Ambulance Services Commissioner and other partners on a national basis. She added that there were only a few months before the winter period re-commenced and the health board needed to be in a better position to manage the pressures.</p> <p>Martin Sollis advised that the Performance and Finance Committee was keeping careful scrutiny of unscheduled care performance and had commissioned an update to its July 2019 meeting. He added that it recognised that action was being taken, it just was yet to improve the metrics.</p> <p>Martyn Waygood commented that theatre utilisation and efficiency needed to be a priority and this would be a consideration of the Quality and Safety Committee. He added that the number of operations cancelled on the day was disappointing and consideration was needed as to what could be done differently. Chris White advised that this work was already in train, with some theatre lists already moved to Neath Port Talbot Hospital with more to follow, which would free up capacity at Morriston Hospital. He added there was scope to extend this further, but anaesthetics cover needed to be reviewed before this could be progressed.</p>	
Resolved:	The report be noted .	
28/05/19	FINANCIAL POSITION TO 30TH APRIL 2019	
	<p>A report setting out the financial position to 30th April 2019 was received. In introducing the report, Lynne Hamilton highlighted the following points:</p>	

	<ul style="list-style-type: none"> - Tribute was paid the finance team for delivering the month one position following the boundary change; - The revenue position was £875k overspent against an intention to breakeven and was attributed in part to the diseconomies of scale relating to the boundary change as the health board could not release the full 28% of its allocation to Cwm Taf Morgannwg University Health Board; - The remainder of the underspend was a result of a slippage in the savings schemes and ongoing operational pressures; - The capital position was breakeven; - The public sector payment performance was on target; - The report stated that 80% of the £21.3m savings targets had been identified but this had since increased to 97%, some of which needed to be tested; - Risks and opportunities were to be monitored on a monthly basis; - The organisation was yet to have a signed-off financial plan for 2018-19. <p>In discussing the report, the following points were raised:</p> <p>Lynne Hamilton reminded the board that the organisation's income assumptions were on the basis of a Welsh Health Circular (2018-050 – 2019-20 Health Board and Public Health Wales NHS Trust Allocations) and on feedback received from Welsh Government in January 2019 following submission of the draft financial plan.</p> <p>Tracy Myhill stated that it was pleasing to see the increase in identified savings schemes but it was critical that any slippage was addressed and the organisation may need some support to reach a balanced position. She added that it was vital that the health board reached a position by which it had an approved financial plan and work was ongoing with Welsh Government in this regard, however a focus was also being given to the issues that it could control.</p>	
Resolved:	The report be noted .	
29/05/19	KEY ISSUES REPORTS	
	<p>(i) <u>Performance and Finance Committee</u></p> <p>A report outlining the key discussions of the Performance and Finance Committee from its meetings in April and May 2019 was received and noted, with its revised terms of reference approved.</p>	

	<p>(ii) <u>Quality and Safety Committee</u></p> <p>A report outlining the key discussions of the Performance and Finance Committee from its meetings in April 2019 was received and noted, with the following points raised as part of the discussion:</p> <p>Martyn Waygood stated the committee had asked the executive directors identify any areas which may raise significant issues in terms of quality and safety of care. Chris White responded that the units had been challenged in their end-of-year performance reviews to identify any high-scoring issues on their risk registers not included on the health board-wide one.</p> <p>Martin Sollis commented that the triangulation of data was critical and queried as to how assurance could be taken that this was in hand. Gareth Howells advised that the ward to board dashboard was in the process of being rolled-out but the next phase was to determine the right way in which to use the information. Pam Wenger added that the development of a board assurance framework would be an integral part of the reporting process and was a priority for this year.</p> <p>Tracy Myhill stated that a broader discussion was needed in relation to performance reporting, for example what was held and how it was used, and deep dives were needed into challenging areas. She added that this was an opportunity for board members to help bring everything into one system.</p>	
30/05/19	END-OF-YEAR REPORT FOR THE ANNUAL PLAN	
	<p>A report detailing the progress against the annual plan for 2018-19 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths advised that the report had been considered by the Performance and Committee and there were only a few areas which were yet to be delivered.</p> <p>In discussing the report, Hazel Robinson noted that the metric for improving staff engagement had changed from green to amber. Siân Harrop-Griffiths undertook to review this.</p>	SHG
Resolved	<ul style="list-style-type: none"> - The report be noted. - The quarter four report on the implementation of the annual plan 2018/19 for approval by the board be endorsed. - Submission to Welsh Government be noted. - The status of the metric for improving staff engagement be reviewed. 	SHG

31/05/19	WORKFORCE AND ORGANISATIONAL DEVELOPMENT (OD) FRAMEWORK	
	<p>The proposed workforce and OD framework was received.</p> <p>In introducing the report, Hazel Robinson highlighted the following points:</p> <ul style="list-style-type: none"> - The framework was aligned to the health board's values and was split across six domains: <ul style="list-style-type: none"> • Leadership, Culture and Staff Development; • Workforce Resourcing; • Workforce Efficiency; • Shape of the Workforce; • Pay and Reward; • Workforce and OD Function; - It had previously been reviewed by the Workforce and OD Committee and comments received incorporated; - Each of the domains had measures to track improvements. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies commented that the capacity of the workforce function was a risk to the health board and delivery of the framework given that it had limited capacity.</p> <p>Reena Owen advised that the Workforce and OD Committee would monitor the framework regularly and use it as the basis of its work programme.</p> <p>Martin Sollis complimented the framework, adding that workforce was the biggest risk to the health board and if it was gotten 'right' it would have a significant impact on performance and finance. He noted that 'wellbeing' was not included within any of the domain titles and this was a key area for improvement. Sandra Husbands concurred, adding that focus tended to be given to sickness rates whereas consideration of staff wellbeing would have a preventative element to support them to be happy and healthy at work. Hazel Robinson advised that wellbeing was reflected in all the domains but it could be made more clear.</p> <p>Darren Griffiths noted the reference to seven-day working, adding that given some of the challenges which had been experienced, it was pleasing to see that a way forward was being considered.</p> <p>Siân Harrop-Griffiths welcomed the framework, adding that it had been a significant gap for the health board. She thanked Hazel Robinson and</p>	

	<p>her team for ensuring the executive team was engaged in the process, adding that the framework would support the development of the IMTP.</p> <p>Alison James stated that the health board had a number of carers amongst its workforce and these needed to be recognised within the framework.</p> <p>Richard Evans commented that often junior doctors were considered to be separate from the workforce and consideration was needed as to how provide an attractive work environment to encourage them to apply for positions. He added that this framework was exactly what was needed in this regard.</p> <p>Tracy Myhill stated that more definition was needed as to the requirements and benefits to partnership working with trade unions as well as consideration for staff in voluntary or contractor roles. She added that it was pleasing to see the positive change and there was potential for a business case to be developed for the resources needed within the workforce function, but until funding could be agreed, the work needed to be on a phased basis. Pam Wenger concurred, adding that the board needed to be aware when signing off the framework that it was yet to have the resources to fully deliver it.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The workforce and OD framework be ratified, subject to the changes discussed. 	
32/05/19	REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS	
	A report outlining changes to standing orders and standing financial instructions following the annual review was received and approved .	
33/05/19	ANNUAL PLAN AND FINANCIAL PLAN 2019-20	
	<p>A verbal update as to the work to finalise the annual and financial plan for 2019-20 was received.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - The board's ambition was to breakeven in 2019-20; - A savings plan for £21.3m was needed to achieve this, 97% of which had now been identified, but some required testing, however the board was now only £0.5m away from its target; - Additional non-recurrent mitigating financial opportunities would need to be identified and delivered to provide 'headroom' to 	

	<p>manage the diseconomies of scale aligned with the boundary change;</p> <ul style="list-style-type: none"> - The board was not yet in a position to approve a final financial plan for 2019-20 due to ongoing uncertainty around the financial impact assessment relating to the Bridgend transition and it was hoped that this would be concluded before the end of June 2019. <p>In discussing the report, the following points were raised:</p> <p>Malcolm Lewis commented that the process of the boundary change had assumed that there would be no additional costs, but this was not the case, and it was unacceptable that this was now impacting on the board's ability to agree its financial and annual plan for 2019-20.</p> <p>Martin Sollis stated that the health board had followed the approach set out by Welsh Government based on the best information available to it and it was critical that Welsh Government understood that the board was fully supportive of the health board's position.</p> <p>Andrew Davies advised that the health board now needed to focus on the areas it could control.</p>	
Resolved:	The report be noted ;	
34/05/19	KEY ISSUES REPORTS	
	<p>(i) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions at the Health and Safety Committee held in April 2019 was received and noted.</p> <p>(ii) <u>Audit Committee</u></p> <p>A report setting out the key discussions at the Audit Committee held in March and May 2019 was received and noted.</p> <p>(iii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions at the Workforce and OD Committee held in March and April 2019 was received and noted with its revised terms of reference approved, and the following points raised:</p> <p>Hazel Robinson advised that a new risk had been added to the workforce risk register in relation to the impact of the HMRC (Her Majesty's Revenue and Customs) changes to pensions which was leading to doctors withdrawing from the scheme as well as some senior agenda for change staff. Tracy Myhill stated that it would be important to raise this at the joint executive team meeting with Welsh Government the following week as it could have an impact on planned care performance. Darren Griffiths responded that it related to out-of-hours/waiting list</p>	

	<p>initiative work which was not attractive in theatres anyway so would not be an issue but it could have an impact in outpatient waits.</p> <p>Andrew Davies noted that estates and facilities were outliers in terms of both statutory and mandatory training and PADR compliance and queried if there were any other challenging areas. Hazel Robinson advised that other areas were above trajectory for these. Tracy Myhill added that a significant amount of organisational development for these teams had been undertaken and following a change in leadership, this was an opportunity to provide more focus.</p> <p>(iv) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions at the Mental Health Legislation Committee held in April 2019 was received and noted.</p> <p>(v) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions at the Charitable Funds Committee held in March 2019 was received and noted.</p>	
35/05/19	CHANGE IN AGENDA ORDER	
Resolved:	The agenda order be changed and item 5.3 be taken next.	
36/05/19	REPORTS FROM OTHER GROUPS	
	<p>(i) <u>ARCH (A Regional Collaboration for Health) Programme Board</u></p> <p>A report setting out the key discussions at the ARCH programme board held in January 2019 was received and noted.</p> <p>(ii) <u>Joint Regional Planning and Delivery Committee (JRPDC)</u></p> <p>A report setting out the key discussions at the JRPDC held in March 2019 was received and noted.</p> <p>(iii) <u>Local Partnership Forum</u></p> <p>A report setting out the key discussions at the health board partnership forum held in January 2019 was received and noted, with the following point raised:</p> <p>Hazel Robinson advised that the forum had received a presentation from the Guardian Service during which some concern had been raised by one of the trade unions. Tracy Myhill added that she and Hazel Robinson were to meet with representatives of the union to discuss their concerns in general and consideration would need to be given as to whether it needed to be incorporated into the risk register and mitigating actions identified.</p>	

	<p>(iv) <u>Stakeholder Reference Group</u></p> <p>A report setting out the key discussions at the Stakeholder Reference Group held in March 2019 was received and noted, with the memorandum of understanding approved subject to the amendments discussed, and the following points raised:</p> <p>Alison James advised that while the accessibility issues raised at the previous meeting in relation to the website had been addressed, those in regard to patient letters had not. Matt John undertook to discuss this further with Alison James outside of the meeting.</p>	MJ
37/05/19	MINUTES OF JOINT COMMITTEES	
	<p>The minutes of the following joint committees were received and noted:</p> <ul style="list-style-type: none"> - Emergency Ambulance Services Committee - Welsh Health Specialised Services Committee - NHS Wales Shared Services Partnership - NHS Wales Collaborative Leadership Forum 	
38/05/19	MATTERS REPORTED IN-COMMITTEE AT PREVIOUS MEETING	
	A report outlining matters reported in-committee at the January 2019 meeting was received and noted .	
39/05/19	INDEPENDENT MEMBER VISITS	
	<p>A report setting out the process for and findings of independent members' visits was received.</p> <p>In introducing the report, Pam Wenger advised that guidance had been developed for independent members' visits which included a 'buddy system' and template to record feedback.</p> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood commented that the guidance in general had been useful and he had put it into practice on several occasions. He added that the biggest issue for him had been the emergency department at Morriston Hospital, which was short-staffed and under immense pressure. In addition, the dedicated paediatric area of the department was not used due to staff shortages which was a concern given the adult environment that children were being treated within. Reena Owen concurred, adding that she had also visited the department during which time issues around training and access to the electronic staff record had</p>	

	<p>been raised. She stated that a risk assessment was needed of the whole system as capacity issues meant that ambulances were waiting outside to offload patients while others were waiting at home for paramedics.</p> <p>Siân Harrop-Griffiths advised that it would be useful to align the process with that of the community health council as it also undertook similar visits and the triangulation would be useful.</p> <p>Martin Sollis commented that while he was supportive of the concept, it should be formalised rather than informal visits in order for actions to be demonstrated based on what board members hear.</p> <p>Tracy Myhill commented that consideration needed to be given as to how decisions were made as to where visits occurred to prevent duplication as well as agreement reached if the visits were to be announced or unannounced. She added that it was important that the process was not too complex but feedback from staff needed to be validated to ensure its accuracy. Richard Evans concurred, adding that while there was some benefit to unannounced visits as it enabled members to see the ward in 'real-time' consideration needed to be given as to how a matron or sister would feel if they were not present for the visit.</p> <p>Andrew Davies stated that independent members had a different role to that of executive directors and these needed to be taken into account. He added that previous the 15-step challenge method was used and the Schwartz rounds previously undertaken across sites had proved powerful, so it would be useful to factor some of this into the process.</p>	
Resolved:	The report be noted .	
40/05/19	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 .	
41/05/19	ANY OTHER BUSINESS	
	<p>(i) <u>Departure of Andrew Davies</u></p> <p>Tracy Myhill advised that this was the last formal board meeting for Andrew Davies before he stepped down as chair. She added that she was grateful to him for giving her the opportunity to lead the organisation and together they had made significant developments. Thanks were offered by the board to Andrew Davies for his impact and commitment during his term of office.</p>	

	<p>(ii) <u>Carers' Week</u></p> <p>Alison James advised that week commencing 10th June 2019 was carers' week and a social media campaign was taking place which the health board was invited to join.</p> <p>(iii) <u>Storytelling for Health</u></p> <p>Andrew Davies advised that the national storytelling for health conference was taking place at the end of June 2019 for which some places were available. He added that it was a worthwhile experience which would showcase the health board in a good light.</p>	
42/05/19	DATE OF NEXT BOARD MEETING	
	The date of the next board meeting was 25 th July 2019.	

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Andrew Davies (Chairman)

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Date: