

# ABM University LHB

## Unconfirmed

### Minutes of the Meeting of the Health Board held on 28<sup>th</sup> March 2019 in the Millennium Room, Health Board HQ, Baglan

#### Present

Andrew Davies	Chairman
Tracy Myhill	Chief Executive
Emma Woollett	Vice-Chair
Martyn Waygood	Independent Member
Reena Owen	Independent Member (from minute 4/3/19)
Jackie Davies	Independent Member
Mark Child	Independent Member
Richard Evans	Medical Director
Gareth Howells	Director of Nursing and Patient Experience
Chris White	Chief Operating Officer
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
Tom Crick	Independent Member
Julian Hopkin	Independent Member
Pam Wenger	Director of Corporate Governance

#### In Attendance:

Matt John	Associate Director, Informatics / Interim Chief Information Officer
Hannah Evans	Director of Transformation
Darren Griffiths	Associate Director, Performance
Irfon Rees	Chief of Staff
Abby Bolter	Communications Officer
Lee Leyshon	Programme Manager - Executive Engagement
Chris Morrell	Deputy Director of Therapies and Health Science (for minute 19/3/19)
Ruth Gates	Learning and Development Project Manager (for minute 5/3/19)
Kay Myatt	Head of Learning and Development (for minute 5/3/19)
Nia Isaac	Higher-Level Speech and Language/Dietetics Apprentice (for minute 5/3/19)
Giorgia-May Towns	Higher Level Apprentice, Apprentice Academy, Learning and Development (for minute 5/3/19)
Alexis Cooze	Business Administration Apprentice, Neurology (for minute 5/3/19)
Liz Stauber	Corporate Governance Manager

Minute No.	APOLOGIES	Action
------------	-----------	--------

<b>1/3/19</b>	Apologies for absence were received from Sue Cooper, Associate Board Member; Maggie Berry, Independent Member; Malcolm Lewis, Associate Board Member; Emrys Davies, Wales Ambulance Service NHS Trust (WAST); Brian Moon, ABM Community Health Council and Cathy Moss, ABM Community Health Council.	
<b>2/3/19</b>	<b>WELCOME / INTRODUCTORY REMARKS</b>	
	Andrew Davies welcomed everyone to the meeting and advised that he had written to Welsh Government to advise of his intention to stepdown as Chair of the health board. Also in his introductory remarks, he welcomed Julian Hopkin to the board as an independent member and paid tribute to Sue Cooper and Cathy Moss for whom it would have been their last meeting due to the impending Bridgend boundary change.	
<b>3/3/19</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>4/3/19</b>	<b>PATIENT STORY</b>	
	<p>The story related to a patient who developed a blood clot during their cancer treatment, as one in five received a diagnosis of venous thromboembolism (VTE) during their cancer journey. As part of her story, the patient stated that the clot had developed in the groin as a result of a growth pushing on a vein. This was a relatively common impact of the cancer, so it was critical that patients knew the signs and symptoms to look for, as it was a shock for her when she was told she had one. Since 2013, the health board has had a pharmacy-led cancer associated thrombosis service to provide a standardised VTE pathway. Capacity was also created within a pharmacist-led anti-coagulant to review all cancer associated thrombosis patients at the six-month point.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Andrew Davies stated that the story was an excellent example of prudent healthcare.</p> <p>Emma Woollett commented that she was impressed by the level of detail the patient had as to her condition, which was one of the benefits of having a pharmacist-led service. Chris White concurred, adding that it also provided consistency of care.</p>	

	<p>Hannah Evans advised that the story demonstrated the importance of patient activation, as well as the concept of self-care and awareness, which was empowering for patients.</p> <p>Andrew Davies stated that the board needed to be aware its fortunate position of having a dedicated patient story team. He added that Prue Thimbleby and Marcia Buchanan presented the work of the team to the all-Wales chairs' peer group, who were very impressed by the results.</p>	
<b>Resolved:</b>	The patient story be <b>noted</b> .	
<b>4/3/19</b>	<b>STAFF STORY</b>	
	<p>The story related to the work of the health board to develop an apprentice academy and how more could be appointed to help managers and services develop. Three apprentices attended to tell their stories, Nia Isaac, higher-level speech and language/dietetics apprentice; Giorgia-May Towns, higher level apprentice, apprentice academy, learning and development and Alexis Cooze, business administration apprentice, neurology, all of which were positive.</p> <p>In discussing the staff story, the following points were raised:</p> <p>Tom Crick commented it was fantastic to hear of the success of the academy as it was high on the agenda of the Workforce and OD Committee as part of the work to 'grow our own' resources.</p> <p>Tracy Myhill thanked the apprentices for their stories, adding that they had uplifted the board, as they were the organisation's future.</p> <p>Gareth Howells advised that he started his career as an apprentice, adding that there were alternative routes to formal education. He added the success of the apprentice academy reinforced the health board's role as a major employee in the community.</p> <p>Pam Wenger stated that it had been a privilege to spend time with Nia Isaac during national apprentice week and the story highlighted the fantastic work of the apprentice academy.</p> <p>Martyn Waygood noted that some of the posts which supported the academy were funded by external means and stated that the risk of these monies being withdrawn should be mitigated. Hazel Robinson concurred, adding that the organisation had been fortunate to have posts funded which was a risk due to potential changes in economies. She stated that the limiting factor to the service was not passion, rather capacity.</p>	
<b>Resolved:</b>	The staff story be <b>noted</b> .	

<b>5/3/19</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of meeting held on 31 <sup>st</sup> March 2019 were <b>received</b> and <b>confirmed</b> as an accurate record.	
<b>6/3/19</b>	<b>MATTERS ARISING</b>	
	There were no matters arising.	
<b>7/3/19</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> .	
<b>8/3/19</b>	<b>REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE</b>	
	<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"> <li>- He had attended the suicide prevention workshop and as this was the biggest cause of death for males below 40, further work would be undertaken to develop an action plan;</li> <li>- An external review of the communications service had been undertaken and the report was due imminently.</li> </ul> <p>In introducing her report, the Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The targeted intervention meeting with Welsh Government had been positive and the health board's resilience had been noted;</li> <li>- There was a clear message not to lose momentum for quarter one;</li> <li>- Improvements in unscheduled care, planned care and cancer had been recognised;</li> <li>- Performance profiles for 2019-20 had been agreed;</li> <li>- The health board's new website was to be launched on 1<sup>st</sup> April 2019.</li> </ul>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>9/3/19</b>	<b>ANNUAL PLAN AND FINANCIAL PLAN 2019-20</b>	

	<p>A report providing an update on the development of the annual plan and financial plan for 2019-20 was <b>received</b>.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The draft plan had been submitted to Welsh Government with positive feedback received;</li> <li>- The performance trajectories had been approved;</li> <li>- A revised financial plan would need to be submitted and it was hoped that this would be achieved by the end of April 2019 due to the work with Cwm Taf University Health Board in relation to Bridgend costs;</li> <li>- Work was being undertaken to revise the performance framework.</li> </ul> <p>In discussing the report, Emma Woollett stated that, while she appreciated the work that was required with Cwm Taf University Health Board, it was important that effort was not diverted from the delivery of sustainable savings plans as the health board's future success was dependent on them.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>10/3/19</b>	<b>BRIDGEND BOUNDARY CHANGE</b>	
	<p>A report providing an update in relation to the Bridgend boundary change was <b>received</b>.</p> <p>In introducing the report, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Thanks was extended to corporate and clinical colleagues for their support in the lead up to the transition;</li> <li>- The transfer order had been signed by the Minister for Health and Social Care;</li> <li>- The clinical services to transfer had almost been agreed with the final decisions to be made by the end of the week;</li> <li>- A memorandum of understanding was be agreed with Cwm Taf University Health Board;</li> <li>- Work was ongoing to ensure the smooth transfer of staff, including the updating of the electronic staff record (ESR) and payslips.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Richard Evans referenced the challenges in relation to the transfer of mortuary services and stated that a form of words had been agreed with Cwm Taf University Health Board.</p> <p>Martyn Waygood sought clarity as to how general signage would be updated. Hannah Evans responded that it had been agreed that this would be changed as and when the original pieces required updating. She added that arrangements were being put in place for corporate communications, such as letterheads, to be ready for 1<sup>st</sup> April 2019.</p> <p>Andrew Davies put on record his thanks to Alison Phillips, Transition Director, for her work to lead the boundary change. He added that the transition was an opportunity to further develop the health board's relationship with Hywel Dda University Health Board.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The revised clinical service transfer listing be <b>approved</b>.</li> </ul>	<b>HE</b>
<b>11/3/19</b>	<b>THORACIC SURGERY</b>	
	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 <b>received</b> and <b>noted</b> .	
<b>12/3/19</b>	<b>CHILD AND ADOLESCENT MENTAL HEALTH SERVICES</b>	
	<p>A report providing an update in relation to child and adolescent mental health services (CAMHS) was <b>received</b>.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A number of reports had been received over the last year by the board and Performance and Finance Committee due to challenges with access to services;</li> <li>- A multi-agency pathway group had been established to focus on low level interventions;</li> <li>- Improvements in performance had been made but there was still work to do;</li> <li>- A proposal was in development to integrate the services for Swansea and Neath Port Talbot in order to provide a more resilient and consistent service.</li> </ul>	

<b>Resolved:</b>	The report be <b>noted</b> .	
<b>13/3/19</b>	<b>IMPLEMENTATION OF THE NURSE STAFFING ACT</b>	
	<p>A report detailing progress to implement the Nurse Staffing Levels (Wales) Act 2016 was <b>received</b>.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> <li>- As part of the statutory requirements to comply with the Nurse Staffing Levels (Wales) Act 2016, an end-of-year report was provided to the board outlining progress;</li> <li>- A risk-based assessment was undertaken to determine the wards where the risk was at its highest;</li> <li>- £2.4m was invested as part of phase one with £1.5m allocated for the next phase;</li> <li>- The opportunity was also taken to look at the acuity in specialties not covered by the act, such as midwifery, with a view to investing in more resources where appropriate;</li> <li>- By uplifting the establishment, ward managers had the capacity to lead their teams and act in a supervisory capacity;</li> <li>- There was also more capacity to cover sickness and annual leave;</li> <li>- The next specialty to come under the act was paediatrics.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill referenced a letter from the Chief Nursing Officer which advised that the health board needed to learn from the approach it had taken the previous year and sought clarity as to what this related. Gareth Howells responded that the health board needed to be compliant with the Act by April 2019, which it was, but it had only commenced the work in September 2018 and six months to complete the process was a significant risk should it need to be repeated.</p> <p>Martin Sollis queried if provision had been included in the annual plan for 2019-20. Gareth Howells advised that the next phase was not until 2021-22, so it would be included in the plan after this one. Lynne Hamilton added that £1.5m had been included in the 2019/20 plan not as a confirmed expenditure but as a recognised risk. Should further investment not be made in response to the act in 2019/20 the health board would need to identify savings elsewhere.</p> <p>Jackie Davies commented that while it was the health board's absolute intention to comply with the act, there were challenges in relation to recruitment. Gareth Howells concurred, adding it was essential that the</p>	

	<p>health board had a formalised approach and it was committed to the taking on of newly qualified staff.</p> <p>Reena Owen queried as to whether the Act specified the number of registered and unregistered nurses required and whether some of the gaps could be offset through additional healthcare support workers. Gareth Howells responded that while it was not specific as to the split, it did specify by acuity the number of patients per registered nurse required.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>14/3/19</b>	<b>HEALTH BOARD PERFORMANCE REPORT</b>	
	<p>The integrated health board performance report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report was to be developed further to include data for primary and community services, mental health and learning disabilities and public health;</li> <li>- Emergency attendances and admissions had decreased in February 2019 but this could reflect the fact that it was a 28-day month;</li> <li>- Red call response times had been above profile for 10 months;</li> <li>- The four-hour unscheduled care performance had improved in February 2019 and was 3.4% higher than the same period in 2018;</li> <li>- One-hour handover and 12-hour wait performance had improved;</li> <li>- Stroke performance had increased but with stark differences at Princess of Wales Hospital and Morriston Hospital demonstrating the benefits of having protected beds;</li> <li>- There had been a slight increase in the number of patients waiting 26 weeks for an outpatient appointment due to sickness absence in some specialties;</li> <li>- More than 200 elective cases had been carried out in-month, reducing the number of 36-week waits to 2,969. Focus was now being given to delivering the 2,664 control total;</li> <li>- An improvement had been made in the number of planned care cases waiting more than 52 weeks and was at the lowest it had been since July 2013;</li> </ul>	



	<ul style="list-style-type: none"> <li>- Diagnostic waits would be below 450 cases at year-end and those remaining would be related to cardiac;</li> <li>- Urgent suspected cancer performance was 82% with non-urgent suspected cancer at 96%;</li> <li>- All infection control measures were performing in profile and the number of falls reported had reduced;</li> <li>- The rolling 12-month sickness absence rate had reduced by 0.07% but the in-month figure for January 2019 had increased;</li> <li>- Statutory and mandatory training compliance continued to increase and was ahead of profile.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Andrew Davies commended Tracy Myhill and her team for the improved way in which performance was reported and measured change, as well as the work of the Performance and Finance Committee to monitor progress.</p> <p>Martyn Waygood raised a query on behalf of Emrys Davies which sought clarity as to the process to treat contaminated patients brought into the emergency departments. Chris White advised that discussions were currently ongoing between Morriston Hospital and WAST in this regard and all three of the decant facilities at the emergency department were soon to be made available.</p> <p>Chris White stated that it was beneficial to triangulate some of the data in order to tell the wider story, for example, despite the higher acuity of patients being admitted, the number of falls was reducing, which demonstrated that they were being looked after well.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>15/3/19</b>	<b>FINANCIAL POSITION TO 28<sup>TH</sup> FEBRUARY 2019</b>	
	<p>A report setting out the financial position to 28<sup>th</sup> February 2019 was <b>received</b>.</p> <p>In introducing the report, Lynne Hamilton stated that the £10m deficit control target was going to be met and tributes needed to paid to colleagues for their work to achieve this.</p> <p>In discussing the report, Tracy Myhill commented that while it was good that the health board had achieved the target, it had done so through non-recurrent monies and more work was required to reach a sustainable, balanced position.</p>	

<b>Resolved:</b>	The report be <b>noted</b> .	
<b>16/3/19</b>	<b>KEY ISSUES REPORTS</b>	
	<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 February and March 2019 was <b>received</b> and <b>noted</b>.</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 February 2019 was <b>received</b> and <b>noted</b>.</p>	
<b>17/3/19</b>	<b>HEALTH BOARD RISK REGISTER</b>	
	<p>A report setting out the health board's risk register and risk management strategy was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> <li>- This was the first risk report the board had received in some time;</li> <li>- Audit Committee had received regular updates as to the work to develop the revised health board risk register and risk management strategy;</li> <li>- The top five risks had been identified;</li> <li>- It had been agreed that a further risk management workshop would take place with the senior leadership team to further develop the risk register;</li> <li>- An interim risk management framework was appended for approval and the substantive risk management strategy was to be developed over the next six months.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis offered his congratulations to Pam Wenger for the work to date, adding it was a significant improvement on what was in place previously. He added that risk management needed to be owned and embedded across the organisation, and the Audit Committee was starting to consider some of the top risks in detail.</p> <p>Emma Woollett commented that with the exception of workforce, she did not recognise the top five risks identified therefore more work was needed in terms of an escalation process. Pam Wenger concurred, adding that the top five risks should be core board business.</p>	

	<p>Hazel Robinson advised that as workforce was one of the top risks, a standing agenda item of the Workforce and OD Committee was the specific risk register and accompanying narrative report. She added that short-term investment had been made in the workforce function to provide capacity while the structure for the new organisation was agreed and the workforce and OD framework was in development ready for submission to the board in May 2019.</p> <p>Andrew Davies noted the risk relating to storage of paper records and queried the appetite to deliver a more digital solution. Matt John advised that a pilot to digitise medical records was taking place at Morriston Hospital and work was also being undertaken to make nursing documents electronic. He added that once the Bridgend boundary challenges had been addressed a more focused digital solution for the health board could be developed. Tom Crick concurred, stating that the development of a three-year plan was an opportunity to consider the digital skills of the workforce.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The interim risk management framework be <b>approved</b>.</li> </ul>	<b>PW</b>
<b>18/3/19</b>	<b>STRATEGIC OUTLINE CASE FOR SWANSEA WELLNESS CENTRE</b>	
	<p>The strategic outline case for the Swansea wellness centre was <b>received</b>.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The development of the Swansea wellness centre had been discussed through the ARCH (A Regional Collaboration for Health) programme board which had enabled a broader discussion;</li> <li>- A proposal was submitted to the Welsh Government primary care pipeline and this was the largest process supported in Wales;</li> <li>- The outline business case had been developed in partnership with the local authority, university, third sector and housing groups, as well as others;</li> <li>- £15.5m were the indicative costs of the preferred option;</li> <li>- Additional funding from partners had also been secured and a commitment to funding was required by 2021;</li> <li>- As the preferred option was a building which already housed services, decant facilities were required.</li> </ul>	

	<p>In discussing the report, Emma Woollett stated that it was unclear from the proposal how the plans aligned with the clinical services and clinical transformation plans. She added it would also have been useful for members to see the options appraisal to understand the decision behind the preferred option and it would be better governance to include such details in order for the board to make an informed decision. Martin Sollis concurred, adding that the covering report should summarise such issues in order for the board to understand the 'crux' of the matters from the beginning. Chris White provided assurance that the four potential options had been discussed in detail by the executive team.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>.</li> <li>– The strategic outline business case for the Swansea wellness centre be <b>approved</b> and <b>agreed</b> for sharing with Welsh Government to enable progression to business justification (to support enabling works) and outline business case (to support main work) stage.</li> </ul>	<b>SHG</b>
<b>19/3/19</b>	<b>STRATEGIC OUTLINE BUSINESS CASE FOR PATHOLOGY</b>	
	<p>Chris Morrell welcomed the meeting.</p> <p>The strategic outline business case to develop a mid and south-west Wales regional centre of excellence cellular pathology laboratory was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that on occasions, centralised services had not fared as well as expected and queried if this was a risk should this service be centralised. Chris Morrell responded that the objective was to only centralise cellular pathology as opposed to all pathology services, as this had significant workforce challenges, and some premises were not fit for purpose.</p> <p>Martin Sollis noted that the proportion of funding to be provided by the organisations involved differed and sought clarity as to the reason why. Chris Morrell responded that it was aligned with activity and patient levels and as the health board provided a number of specialised services, it would have additional pathology needs.</p> <p>Chris White stated that the timelines for the work were interesting as it was not due to be completed until 2024 but some of the workforce models would be challenged in the next one to two years, and consideration would need to be given as to how to address this.</p>	

<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>;</li> <li>– The strategic outline case be <b>approved</b> for submission to Welsh Government.</li> </ul>	<b>CW</b>
<b>20/3/19</b>	<b>EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)</b>	
	<p>The annual EPRR report was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report provided a summary of the previous year's EPRR activity;</li> <li>- Emergency response plans had been developed and agreed through the EPRR strategy group;</li> <li>- Several business continuity incidents had occurred to which the responses had been good;</li> <li>- Regular updates had been developed in terms of Brexit (the UK's exit from the European Union).</li> </ul> <p>In discussing the report, Mark Child queried the role of board members in providing comments to the public or the press should a major incident occur. Pam Wenger responded that any request received should be relayed to the communications team who could provide advice and support when responding.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>;</li> <li>– The emergency response plans be <b>approved</b>.</li> </ul>	<b>PW</b>
<b>21/3/19</b>	<b>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018-19</b>	
	<p>The Director of Public Health annual report for 2018-19 was <b>received</b>.</p> <p>In introducing the report, Sandra Husbands stated that the report was inspired by a national review of sexual health services and took the opportunity to consider how the health board would respond to the challenges.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett complimented the report, querying as to who decided the themes of such documents and whether it aligned with the clinical</p>	

	<p>services plan. Sandra Husbands advised that it was an independent report therefore did not have to align with the health board's strategies.</p> <p>Reena Owen queried as to whether there were themes within the national review more applicable to the health board than others. Sandra Husbands responded that a comparison was yet to be made as consideration was just given to areas in which the health board needed to improve.</p> <p>Mark Child stated that it was important that all cultures and communities had the same level of access to sexual health advice and services.</p> <p>Tracy Myhill referenced the upcoming national curriculum review and the Wellbeing of Future Generations Act, adding that there were a number of opportunities for the health board to improve its position. Sandra Husbands concurred, adding that it would be beneficial for the health board to provide a response to the curriculum review, as even from an early age, children should be able to recognise a healthy relationship. Tracy Myhill suggested that an action plan in response to the national review be developed. This was agreed.</p>	<b>SH</b>
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- An action plan in response the national review be developed.</li> </ul>	<b>SH</b>
<b>22/3/19</b>	<b>QUARTER THREE REPORT ON THE ANNUAL PLAN</b>	
	A report setting out progress against the annual plan for quarter three was <b>received</b> and <b>endorsed</b> .	<b>SHG</b>
<b>23/3/19</b>	<b>WELSH LANGUAGE STANDARDS</b>	
	<p>A report providing an update in relation to Welsh language standards was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The units had been asked to develop action plans;</li> <li>- The health board was due to go out to advert for a second Welsh language translator which was more cost efficient than commissioning external translators;</li> <li>- Discussion were being undertaken with Hywel Dda University Health Board as to how the two organisations could work more closely together;</li> <li>- The board was to receive bi-annual updates.</li> </ul>	

	In discussing the report, Andrew Davies commented that translators were a challenging area in which to recruit and queried the likelihood of success. Pam Wenger advised that the health board already had one and an apprentice, so the chances were good, even if it chose to recruit a translator in training to begin with. She added that Betsi Cadwaladr University Health Board and the NHS Wales Shared Services Partnership were offering their in-house services to other health boards which was also an option to consider.	
<b>Resolved</b>	The report be <b>noted</b> .	
<b>24/3/19</b>	<b>STAFF SURVEY</b>	
	<p>A report providing an update on action in response to the staff survey was <b>received</b>.</p> <p>In introducing the report, Hazel Robinson highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Workshops and walking galleries had been held with staff to develop and prioritise a suite of actions to address issues raised as part of the staff survey;</li> <li>- She was undertaking discussions with the Chair and Chief Executive as to how to better embed the values programme;</li> <li>- The Footprints programme had been shortlisted for a national award and second leadership programme, Bridges, had been established for more senior managers;</li> <li>- Work was ongoing to set in place the freedom to speak out guardian service and the Chief Executive and Vice-Chair were to be the champions.</li> </ul>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>25/3/19</b>	<b>OVERVIEW OF PROGRESS REGARDING WESTERN BAY PARTNERSHIP AND PUBLIC SERVICES BOARD</b>	
	<p>A report providing an overview of progress regarding the Western Bay partnership and public service boards was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The review of the Western Bay programme was complete and the new structure would be in place by April 2019, with Tracy Myhill as the chair of the executive board;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The transformation proposals had been approved as had the regional proposals;</li> <li>- Both Swansea and Neath Port Talbot public sector boards were undergoing a review in order to better partnership working;</li> <li>- A further report was to be received in May 2019;</li> <li>- The health board was establishing an internal partnerships group to ensure arrangements were robust.</li> </ul>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>26/3/19</b>	<b>KEY ISSUES REPORTS</b>	
	<p>(i) <u>Health and Safety Committee</u> A report setting out the key discussions at the Health and Safety Committee held in March 2019 was <b>received</b> and <b>noted</b>.</p> <p>(ii) <u>Audit Committee</u> A report setting out the key discussions at the Audit Committee held in January 2019 was <b>received</b> and <b>noted</b>.</p> <p>(iii) <u>Workforce and OD Committee</u> A report setting out the key discussions at the Workforce and OD Committee held in January and February 2019 was <b>received</b> and <b>noted</b>.</p> <p>(iv) <u>Mental Health Legislation Committee</u> A report setting out the key discussions at the Mental Health Legislation Committee held in February 2019 was <b>received</b> and <b>noted</b>, with the following point raised:  Emma Woollett advised that the committee was reflecting on its role and had concluded that the profile of the legislation needed to be raised across the organisation, as it was important that it was recognised that responsibility for compliance did not reside with the Mental Health and Learning Disabilities Unit. She added that discussions were also needed as to whether mental health legislation training should be mandatory.</p>	
<b>27/3/19</b>	<b>REPORTS FROM OTHER GROUPS</b>	
	<p>(i) <u>ARCH Programme Board</u> A report setting out the key discussions at the ARCH programme board held in January 2019 was <b>received</b> and <b>noted</b>.</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 <b>received</b> and <b>noted</b>.</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 <b>received</b> and <b>noted</b>.</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 <b>received</b> and <b>noted</b>, with the following point highlighted:</p> <p>Alison James advised that the group had received a demonstration of the new health board website and had raised concerns as to some of the fonts and colours used as they did not align with accessibility standards, Pam Wenger advised that the issues had been raised with the NHS Wales Informatics Service (NWIS) who were developing the content management system which was to be used for all NHS Wales websites.</p>	
<b>28/3/19</b>	<b>MATTERS REPORTED IN-COMMITTEE AT PREVIOUS MEETING</b>	
	<p>A report outlining matters reported in-committee at the January 2019 meeting was <b>received</b> and <b>noted</b>.</p>	
<b>29/3/19</b>	<b>CORPORATE GOVERNANCE ISSUES</b>	
	<p>A report outlining corporate governance issues including the application of the common seal, Welsh health circulars issued and the board business cycle was <b>received</b> and <b>noted</b>.</p>	
<b>30/3/19</b>	<b>ANY OTHER BUSINESS</b>	
	<p>(i) <u>Fundraising Manager</u></p> <p>Martyn Waygood advised that the recent interviews for a fundraising manager to support the health board's charity had been successful.</p> <p>(ii) <u>Bridgend Boundary Change</u></p> <p>Tracy Myhill stated that this would be the last meeting of ABMU Health Board before it became Swansea Bay University Health Board and offered her thanks to all staff who were involved in supporting the transfer of services relating to Bridgend to Cwm Taf University Health Board. She also offered her thanks to the staff who would be transferring for their service to the health board and wished them well in their new organisation. Andrew Davies concurred, adding his thanks to Tracy</p>	

	Myhill for her leadership during the process as well as that of her counterpart in Cwm Taf University Health Board.	
<b>31/3/19</b>	<b>DATE OF NEXT BOARD MEETING</b>	
	The date of the next Board meeting was 30 <sup>th</sup> May 2019.	

.....

Andrew Davies (Chairman)

.....

Date: