

## Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board  
held on 25<sup>th</sup> July 2019  
in the Millennium Room, Health Board HQ, Baglan**

**Present**

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| Emma Woollett         | Chair  |
| 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   |
| Tom Crick             | Independent Member   |
| Lynne Hamilton        | Director of Finance  |
| Sandra Husbands       | Director of Public Health  |
| Martin Sollis         | Independent Member   |
| Malcolm Lewis         | Associate Board Member (from minute 11/07/19)                    |
| Julian Hopkin         | Independent Member   |
| Mark Child            | Independent Member   |
| Maggie Berry          | Independent Member (until minute 11/07/19)                       |

**In Attendance:**

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| Pamela Wenger      | Director of Corporate Governance                       |
| Matt John          | Interim Chief Information Officer                      |
| Hannah Evans       | Director of Transformation                             |
| Liz Stauber        | Interim Head of Corporate Governance                   |
| Freda Patel        | Community Health Council (until minute 15/07/19)       |
| Sue Evans          | Community Health Council (from minute 13/07/19)        |
| Mwoyo Makoto       | Community Health Council (from minute 10/07/19)        |
| Stephen Greenfield | Clinical Lead, Minor Injury Unit (for minute 18/07/19) |

| <b>Minute No.</b> | <b>APOLOGIES</b>  | <b>Action</b> |
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| <b>01/07/19</b>   | Apologies for absence were received from Tracy Myhill, Chief Executive; Alison James, Associate Board Member; Darren Griffiths, Associate Member of Performance and Emrys Davies, Welsh Ambulance Service NHS Trust (WAST). |               |
| <b>02/07/19</b>   | <b>WELCOME / INTRODUCTORY REMARKS</b>   |               |
|                   | Emma Woollett welcomed everyone to the meeting.   |               |

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| <b>03/07/19</b>  | <b>DECLARATION OF INTERESTS</b>   |  |
|                  | There were no declarations of interest.   |  |
| <b>04/07/19</b>  | <b>PATIENT STORY: "RITA" – REMINISCENCE INTERACTIVE THERAPY ACTIVITIES</b>  |  |
|                  | <p>The story related to a pilot on ward D at Morriston Hospital for patients with dementia, which provided sound and visual stimulus to help invoke familiarity and memories. It was told by the daughter of a patient who would become upset during a hospital admission as he was away from his home and family. Upon admission, his daughter was asked to complete forms about what he liked to talk about and his life to enable staff to interact and engage with the patient. It had such a positive impact the daughter was able to sleep while her dad was on the ward as his emotional and physical needs were being met, which was proved by the fact he was happy to be left on his own with the nurses.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Gareth Howells stated that the dementia workstream was to be re-established and part of the focus would be to develop a bundle of care for patients with dementia admitted to a general ward to ensure their needs were met, but this would also serve as 'passport' to support them through any contact within the health board. He added that dementia was often seen as a mental health problem but it was something with which people lived rather than being unwell. Emma Woollett concurred, adding that the dignity afforded to patients was a priority and it was important that the health board got it right.</p> <p>Martyn Waygood queried the possibility of expanding the programme. Gareth Howells responded that one of the key elements was signage and using large signs for areas such as toilets which were also in various colours so patients could associate the area with the colour. Clocks were also another consideration and to use ones with large numbers which were not roman numerals and a bid was to be developed for charitable funds to take forward some of this work.</p> |  |
| <b>Resolved:</b> | The patient story be <b>noted</b> .   |  |
| <b>05/07/19</b>  | <b>MINUTES OF THE PREVIOUS MEETING</b>  |  |
|                  | The minutes of meeting held on 29 <sup>th</sup> and 30 <sup>th</sup> May 2019 were <b>received</b> and <b>confirmed</b> as an accurate record except to note the following amendments:  |  |

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|                 | <p>(i) <u>02/05/19 Apologies</u></p> <p>Apologies for absence were also received from Emma Woollett, Hannah Evans, Maggie Berry and Chris White (who was marked as present).</p> <p>(ii) <u>21/05/19 Bridgend Boundary Change</u></p> <p>Matt <i>John</i> 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> <p>(iii) <u>29/05/19 (ii) Quality and Safety Committee</u></p> <p>A report outlining the key discussions of the <i>Quality and Safety</i> Committee from its meetings in April 2019 was <b>received</b> and <b>noted</b>, with the following points raised as part of the discussion.</p> |  |
| <b>06/07/19</b> | <b>MATTERS ARISING</b>   |  |
|                 | There were no matters arising.   |  |
| <b>07/07/19</b> | <b>ACTION LOG</b>  |  |
|                 | The action log was <b>received</b> and <b>noted</b> .  |  |
| <b>08/07/19</b> | <b>REPORT OF THE CHAIR</b>   |  |
|                 | The report of the Chair was <b>received</b> and <b>noted</b> .   |  |
| <b>09/07/19</b> | <b>REPORT OF THE CHIEF EXECUTIVE</b>   |  |
|                 | <p>The report of the Chief Executive was <b>received</b>.</p> <p>In introducing the report, Chris White highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The latest leadership summit had taken place the previous week at which the 'Living our Values' campaign had been launched;</li> <li>- Swansea Bay University Health Board had been shortlisted six times at the NHS Wales Awards 2019.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Hannah Evans advised that the post-boundary change structure for the health board was now under consideration with the board-wide engagement process to commence the following week. She added that a</p>  |  |

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|                  | <p>briefing had been scheduled for mid-September for the independent members.</p> <p>Siân Harrop-Griffiths stated that the planning work for Brexit (Britain's exit from the European Union) was to step back up in September 2019 and updates would be provided to the board.</p> <p>Hazel Robinson invited board members to participate in the 'Living our Values' campaign both individually and as a collective.</p> <p>Martyn Waygood stated that a staff vote as to the new logo for the health board charity had selected a preferred option which would be presented to the trustees in due course for approval.</p>  |  |
| <b>Resolved:</b> | The report be <b>noted</b> .  |  |
| <b>10/07/19</b>  | <b>HEALTH BOARD PERFORMANCE REPORT</b>  |  |
|                  | <p>The health board performance report was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths advised that the report had been developed further to include primary and community care, mental health and learning disabilities and public health measures and a detailed discussion as to performance against the metrics took place at the Performance and Finance Committee.</p>   |  |
| <b>Resolved:</b> | The report be <b>noted</b> .  |  |
| <b>11/07/19</b>  | <b>KEY ISSUE REPORTS</b>  |  |
|                  | <p>(i) <u>Performance and Finance Committee</u></p> <p>A report setting out the key discussions at the June and July 2019 Performance and Finance Committee was <b>received</b> and <b>noted</b>, with the following points discussed:</p> <p>Martin Sollis noted the improvements made in unscheduled care and queried if these were continuing to be demonstrated. Chris White advised that the risk levels remained lower and there had also been an improvement in ambulance handover times but there did need to be more change in the four-hour wait targets. He added that he met with the service directors on a weekly basis to discuss the challenges and what was being done to resolve them.</p> <p>Reena Owen referenced the public health charts and sought clarity as to whether there was an action plan to progress the broader health agenda, such as physical activity. Sandra Husbands responded that there was a</p> |  |

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|          | <p>plan which was to be delivered through the public service boards. Chris White added that there would also be transformational work taking place with the primary care clusters.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions at the June 2019 Quality and Safety Committee was <b>received</b> and <b>noted</b>, with the committee's revised terms of reference <b>approved</b>, subject to the addition of the clinical senate as sub-group.</p> <p>(iii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions at the May and June 2019 Workforce and OD Committee was <b>received</b> and <b>noted</b>, with the following point discussed:</p> <p>Hazel Robinson advised that Welsh Government had asked all health boards to submit a report outlining the potential impact of the HMRC (Her Majesty's Revenue and Customs) pension changes.</p> <p>(iv) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the June 2019 Health and Safety Committee was <b>received</b> and <b>noted</b>, with the committee's revised terms of reference <b>approved</b>.</p> |  |
| 12/07/19 | <b>FINANCIAL POSITION</b>   |  |
|          | <p>A report outlining the current financial position was <b>received</b>.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The capital position was currently at breakeven and the public sector payment target was being met;</li> <li>- The in-month deficit position was £1.5m and a £3.5m deficit for quarter one, with operational pressures and continuing healthcare spend cited as some of the main challenges;</li> <li>- Challenges also remained in relation to the Bridgend diseconomies of scale;</li> <li>- 100% of the savings plans had been identified and while delivery had improved, it was not where it needed to be;</li> <li>- A delivery support team had been established which was prioritising the delivery of the financial and performance recovery plan and the units and corporate teams had been asked to submit breakeven plans by 26<sup>th</sup> July 2019;</li> </ul>  |  |

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|                  | <ul style="list-style-type: none"> <li>- A detailed discussion was to take place at the August 2019 Performance and Finance Committee as to the recovery plan options;</li> <li>- Welsh Government commissioned support was due to start in September 2019 but the findings of the arbitration were still awaited.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Julian Hopkin queried the position in relation to locum expenditure. Lynne Hamilton responded that there were some specialties for which it was difficult to recruit therefore locum cover was needed however medical workforce was one of the high value opportunities. Hazel Robinson concurred, adding that consideration was being given as to how to create more attractive roles to encourage more clinicians to apply for posts. She stated that the roll-out of the e-rostering and locum on-duty systems would provide a more robust process for temporary staff. Gareth Howells commented that there had been a positive nursing recruitment drive with Swansea University with 188 newly qualified nurses due to start in September 2019.</p> <p>Julian Hopkin sought clarity as to whether an insight was gained from staff leaving the health board to their reasons. Gareth Howells responded that within nursing, turnover was around 1.8% as most staff tended to stay, but any who did leave were asked to undertake an exit interview. Hazel Robinson added that half of staff leavers across the health board were age-related.</p> <p>Jackie Davies commented that the health board's biggest risk remained workforce as the function did not have the capacity to meet current needs. Lynne Hamilton responded that the executive team had had a detailed discussion the previous day in relation to risk management and this had been aligned with the structural changes following the boundary change. She added that time needed to be spent looking at all the corporate functions as workforce was a priority. Emma Woollett suggested an update be received as to workforce capacity at the next board meeting given the significant risk. This was agreed.</p> | HR |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Update in relation to workforce capacity be received at the next meeting.</li> </ul>  | HR |
| <b>13/07/19</b>  | <b>DEVELOPMENT OF AN INTEGRATED MEDIUM TERM PLAN (IMTP) AND CLINICAL SERVICES PLAN</b>  |    |

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|                  | <p>A report detailing the work to develop an integrated medium term plan (IMTP – three-year plan) and clinical services plan 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>- A high-level critical path and capital programme were both in development for the clinical services plan;</li> <li>- The IMTP would be a key delivery mechanism for the clinical services plan;</li> <li>- There was good clinical engagement for the clinical services plan and a number of events had taken place;</li> <li>- A timeline had been established for the IMTP as had draft whole system plans, with a view to bringing the prioritisation back to the board;</li> <li>- There was to be a requirement for each of the primary care clusters to submit an IMTP.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Lynne Hamilton referenced the external support which was to be provided by Welsh Government in September 2019 would assist with some of the IMTP work in terms of the financial framework as well as a suite of assumptions.</p> <p>Malcolm Lewis commented that it would be useful to have an alignment between the cluster plans and the national primary care strategic programme.</p> <p>Martin Sollis stated that it was pleasing to see the improvements but it would be important not to lose the timescales. Siân Harrop-Griffiths concurred, adding that the planning process had not stopped this year but what had been really beneficial was the engagement and enthusiasm of those involved.</p> <p>Emma Woollet queried the frequency with which the health board would be updated. Sian Harrop-Griffiths advised that there would be a report to every meeting for the next six months but consideration would also be given to having a small group to test developments.</p> <p>Martyn Waygood stated that there was still some work to be done in relation to ‘making every contact count’. Sian Harrop-Griffiths responded that there would be five key areas in terms of prevention but every part of the organisation would have a part to play, and identifying eight enabling actions was part of each performance review.</p> |  |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Next steps be <b>supported</b>.</li> </ul>  |  |

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| 14/07/19         | <b>CHANGE IN AGENDA ORDER</b>   |  |
| <b>Resolved:</b> | The agenda order be changed and items 3.3 to 3.6 be taken next.   |  |
| 15/07/19         | <b>REPORT ON PARTNERSHIPS</b>   |  |
|                  | <p>A report providing an update in relation to partnerships was <b>received</b>. In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- It had been six months since the board had received an update and work was ongoing with the local authorities to gain more traction;</li> <li>- Welsh Government had called for more integration through regional partnership boards with more capital and transformation monies;</li> <li>- A governance review had been undertaken for the public service boards and how arrangements could be streamlined with the Regional Partnership Board. Emma Woollett had been confirmed as the new Vice-Chair of the West Glamorgan Regional Partnership Board.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that this was an important report and some of the work would be fundamental to the progression of the health board, so it was critical that members were aware of the ongoing work. She added that she was working with Sian Harrop-Griffiths to determine how reports could be brought more frequently to the board.</p> <p>Reena Owen commented that she found the report encouraging as it was public money, therefore there should be more joined up working.</p> |  |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- West Glamorgan Regional Partnership Board priorities for 2019-20 be <b>agreed</b>.</li> <li>- The changes and programme with other strategic partners be <b>noted</b>.</li> </ul>   |  |
| 16/07/19         | <b>KEY ISSUES REPORTS</b>   |  |



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|                  | <p>(i) <u>ARCH Programme Board</u></p> <p>A report setting out the key discussions from the ARCH (A Regional Collaboration for Health) Programme Board was <b>received</b> and <b>noted</b>.</p> <p>(ii) <u>Joint Regional Planning and Delivery Committee</u></p> <p>A report setting out the key discussions from the Joint Regional Planning and Delivery Committee was <b>received</b> and <b>noted</b>.</p>  |           |
|                  | <b>CARERS' ANNUAL REPORT</b>  |           |
|                  | The carers' annual report for 2018-19 was <b>received</b> and <b>noted</b> .  |           |
| <b>17/07/19</b>  | <b>RESEARCH AND DEVELOPMENT ANNUAL REPORT</b>   |           |
|                  | <p>The research and development annual report for 2018-19 was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Lynne Hamilton advised that she had written to Welsh Government to request that the business and finance partner for Singleton Hospital be included in the national task and finish group.</p> <p>Chris White commented that now the health board had a learning forum with Swansea University, there could be merit in the executive teams for both organisations meeting to discuss further benefits and opportunities. Emma Woollett concurred and suggested that an update be brought to the September meeting in relation to a workplan for collaboration between the two organisations. This was agreed.</p> | <b>RE</b> |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Update be brought to the September meeting in relation to the opportunities for collaboration between the two organisations</li> </ul>  | <b>RE</b> |
| <b>18/07/19</b>  | <b>SINGLETON MINOR INJURY UNIT</b>  |           |
|                  | <p>A report providing an update in relation to the temporary closure of the Singleton Minor Injury Unit (MIU) was <b>received</b>.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The temporary urgent closure of the MIU was agreed by the board in November 2018 to accommodate the refurbishment of the assessment unit;</li> </ul>   |           |

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|  | <ul style="list-style-type: none"> <li>- Due to a loss of staff, the health board was not in a position to safely re-open it when planned, and had sought agreement from the community health council to extend the temporary closure;</li> <li>- Consideration was being given to a range of options for the future of the unit in partnership with the community health council which was also taking into account the future 'front door' of the hospital;</li> <li>- While the unit has been closed, the staff remaining have had the opportunity to work in others ways, for example within the acute GP unit or reviewing the ambulance calls to reduce the need for unnecessary conveyances to hospital.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Mwoyo Makoto stated that the case which had been put to the community health council had identified that there was a benefit to the way in which the resources were currently being used but the case made to close the unit had not been sufficiently made nor was it clear that alternative options had been explored. She added that the engagement process needed to include discussions with the public to determine what they wanted for the unit as the process was yet to be as transparent as it should be.</p> <p>Malcolm Lewis commented that the role of the GP within the unit and the acute GP unit differed so it would not be as easy to transfer the resources should the MIU close.</p> <p>Jackie Davies stated that the nursing staff would have specialist skills and assurance was needed that they would be able to continue to work in an area which used these appropriately. Gareth Howells responded that during the temporary closure, staff had the opportunity to work at Neath Port Talbot Hospital's MIU but chose to remain at Singleton Hospital. He added that a potential option for Singleton Hospital was a nurse-led MIU.</p> <p>Mark Child advised that when the board agreed the temporary closure, a number of members had raised concern and sought assurance that it would re-open and those reassurances had been provided. He noted that the community health council had been contacted in May 2019 about the extension to the closure so it was disappointing that the board had only just been informed. Chris White responded that while the reassurances had been provided in November 2018, this had been subject to the level of resources not deteriorating further and apologised to the board for the lack of information, adding that lessons would be learnt.</p> <p>Stephen Greenfield stated that upon closure of the unit, staffing levels were low but during the closure period, the number of GPs had reduced further. He added that expressions of interest had been sought with few being submitted but it was important to note that the number of</p> |  |
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|                  | <p>ambulance admissions had reduced by 50% as a result of the remaining GPs reviewing the calls.</p> <p>Reena Owen commented that it was a high profile matter and a full options appraisal was needed which took into account the views of the board, community health council and local community.</p> <p>Emma Woollett stated that a further report was needed in September 2019 outlining all the potential future options for the unit, which included it remaining open, as well as the timeline for engagement. She added that assurance was needed that the community health council was fully involved in the process. Mwoyo Makoto responded that the engagement period was yet to be agreed as more information was awaited from the health board.</p>   | <b>GH</b> |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Further report be received in September 2019 outlining all the potential future options for the unit, which included it remaining open, as well as the timeline for engagement.</li> </ul>  | <b>GH</b> |
| <b>19/07/19</b>  | <b>NON-EMERGENCY PATIENT TRANSPORT SERVICE</b>  |           |
|                  | <p>A report setting out a proposal to transfer commissioning arrangements for non-emergency transfer service (NEPTS) to the Welsh Ambulance Service NHS Trust (WAST) was <b>received</b>.</p> <p>In introducing the report, Chris White highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The proposal had already been considered by the executive boards;</li> <li>- The majority of the risks highlighted as part of the review of the proposal had been mitigated;</li> <li>- Assurance had been provided by WAST that the service model currently used by Swansea Bay University Health Board would remain extant;</li> <li>- Additional vehicles were to be commissioned for Singleton Hospital;</li> <li>- There were still some discussions to be had regarding recurrent funding after the initial five years.</li> </ul> |           |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The transfer of the commissioning arrangements for NEPTS to WAST on 1<sup>st</sup> September 2019 be <b>approved</b>.</li> </ul>  | <b>CW</b> |

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| 20/07/19         | <b>DISPOSAL OF GLYNNEATH AND RESOLVEN CLINICS</b>   |  |
|                  | <p>A report seeking approve to dispose of Glynneath and Resolven Clinics 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>- A new primary care centre was to open in the Vale of Neath therefore it was proposed to dispose of the old facilities;</li> <li>- It was suggested that a panel be established to consider the options for disposal in order to ensure the Wellbeing and Future Generations Act was reflected in the process following the discussions round a similar decision for Fairwood Hospital the previous year.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Mark Child stated that the disposal of a property should be done with the best outcome for health however he recognised that there were Welsh Government guidelines to follow, so it was encouraging to see the health board taking into account the Wellbeing and Future Generations Act.</p> <p>Reena Owen commented that the estates code was guidance as opposed to mandatory so there was potential to include in the disposal advert the need to include social benefits. Siân Harrop-Griffiths advised that advice was being sought as to the flexibility of the guidelines and if necessary, legal advice would be sought before the advert was finalised to ensure it complied with the requirements.</p> |  |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Glynneath Clinic and Resolven Health Centre be declared surplus to requirements and available for disposal on the open market and that the health board's common seal be affixed to the conveyance document.</li> <li>- Guidance on disposals at a concessionary price would be sought and the same criteria will now be applied to all future disposals on the open market including Coelbren Surgery, which has previously been declared surplus to requirements, be <b>noted</b>.</li> </ul>   |  |
| 21/07/19         | <b>KEY ISSUES</b>   |  |
|                  | <p>(i) <u>Audit Committee</u></p> <p>A report outlining the key discussions from the Audit Committees held in May 2019 was <b>received</b> and <b>noted</b>.</p>  |  |

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|                  | <p>(ii) <u>Charitable Funds Committee</u></p> <p>A report outlining the key discussions from the Audit Committees held in May 2019 was <b>received</b> and <b>noted</b>, with the following points discussed:</p> <p>Chris White sought clarity as to whether the new fundraising manager would be supporting broader health board charity work. Martyn Waygood responded that one of the initial tasks was to bring all the work under her remit and raise the profile of the health board charity. He added that plans were being developed for the next one, two and five years to engage people in activities and raise money for the services. Siân Harrop-Griffiths advised that a joint fundraising event between the south-west Wales cancer service and Velindre was to be held with the monies raised split equally.</p>  |  |
| <b>Resolved:</b> | The report be <b>noted</b> .  |  |
| <b>22/07/19</b>  | <b>MINUTES OF JOINT COMMITTEES</b>  |  |
|                  | <p>(i) <u>Welsh Health Specialised Services Committee</u></p> <p>The minutes of the June 2019 meeting of the Welsh Health Specialised Services Committee (WHSSC) were <b>received</b> and <b>noted</b>, with the following points discussed:</p> <p>Siân Harrop-Griffiths advised that there were to be further discussions relating to the thoracic medical workforce before the work to centralise the service at Morriston Hospital could commence but there had been support for an additional consultant who would be based in Cardiff but work across the regions and the health board had been asked to provide unconditional support for the work to progress. This was <b>agreed</b>.</p> <p>(ii) <u>NHS Wales Shared Services Partnership (NWSSP)</u></p> <p>The minutes of the May 2019 meeting of the NWSSP Shared Services Committee were <b>received</b> and <b>noted</b>.</p> <p>(iii) <u>Joint Transition Board</u></p> <p>The minutes of the April 2019 meeting of the Joint Transition Board were <b>received</b> and <b>noted</b>.</p> |  |
| <b>23/07/19</b>  | <b>KEY ISSUES</b>   |  |
|                  | <p>(i) <u>Local Partnership Forum</u></p>   |  |

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|                 | <p>A report setting out the key issues discussed by the local partnership forum held in July 2019 was <b>received</b> and <b>noted</b>, with the following point discussed:</p> <p>Jackie Davies stated that the trade unions remained concerned about the all-Wales process should a nurse registration lapse as pay would stop until the issue was addressed and it could take several weeks or months to resolve. Gareth Howells commented that there did need to be a degree of ownership but a decision had been made locally to use annual leave.</p> |  |
| <b>24/07/19</b> | <b>MATTERS REPORTED IN-COMMITTEE AT PREVIOUS MEETING</b>  |  |
|                 | A report outlining matters reported in-committee at the January 2019 meeting was <b>received</b> and <b>noted</b> .   |  |
| <b>25/07/19</b> | <b>CORPORATE GOVERNANCE ISSUES</b>  |  |
|                 | 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> , with the policy for the management of health board-wide policies, processes and other written control documents <b>approved</b> .  |  |
| <b>26/07/19</b> | <b>ANY OTHER BUSINESS</b>   |  |
|                 | <p>(i) <u>Organ Donation</u></p> <p>Jackie Davies advised that the first week of September 2019 was organ donation week and a stand would be available on 4<sup>th</sup> September 2019 to which board members were invited.</p>  |  |
| <b>27/07/19</b> | <b>DATE OF NEXT BOARD MEETING</b>   |  |
|                 | The date of the next board meeting was 25 <sup>th</sup> September 2019.   |  |

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 Emma Woollett (Interim Chair)

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 Date: