

ABM University LHB**Unconfirmed**

**Minutes of the Meeting of the Health Board
held on 29th November 2018
in the Millennium Room, Health Board HQ, Baglan**

Present

Andrew Davies	Chairman/ Independent Member
Tracy Myhill	Chief Executive
Emma Woollett	Vice-Chair / Independent Member
Martyn Waygood	Independent Member
Maggie Berry	Independent Member
Martin Sollis	Independent Member
Jackie Davies	Independent Member
Raymond Ciborowski	Independent Member
Tom Crick	Independent Member (until minute 228/18)
Richard Evans	Medical Director
Gareth Howells	Director of Nursing and Patient Experience
Chris White	Chief Operating Officer (part-meeting attendance)
Hazel Robinson	Director of Workforce & Organisational Development
Siân Harrop-Griffiths	Director of Strategy
Lynne Hamilton	Director of Finance
Sandra Husbands	Director of Public Health (until minute 235/18)
Pam Wenger	Director of Corporate Governance/Board Secretary

In Attendance:

Hannah Evans	ABMU, Director of Transformation
Matt John	ABMU, Associate Director, Informatics / Interim Chief Information Officer
Brian Moon	Chair, ABM Community Health Council (CHC) (until minute 233/18)
Cathy Moss	ABM CHC (until minute 233/18)
Emrys Davies	Non-Executive Director, Welsh Ambulance Services Trust (WAST)
Darren Griffiths	ABMU Associate Director, Performance
Paul Lewis	ABMU Communications Team (Observing)
Lee Leyshon	ABMU Programme Manager, Executive Engagement (Observing)
Abi Young	Graduate Trainee (Shadowing Tracy Myhill)
Hilary Dover	ABMU Service Director, Primary & Community Services Delivery Unit (for minute 231/18)
Wendy Penrhyn-Jones	ABMU Head of Corporate Administration (minutes)

Minute	APOLOGIES	A
218/18	Apologies for absence were received from Ceri Phillips, Independent Member; Mark Child, Independent Member; Alison James, Associate Board Member and Sue Cooper, Associate Board Member.	

219/18	INTRODUCTORY REMARKS
	<p>Andrew Davies welcomed Dr Richard Evans to his first meeting of the Board since taking up post as Medical Director. He stated that Dr Malcolm Lewis had recently had his appointment as an Associate Board member confirmed and would be joining the Board at its Development Session in December 2018.</p> <p>Andrew Davies stated he was now Chair of Swansea Public Service Board and that one of his aims would be to streamline local and regional partnership arrangements.</p>
220/18	DECLARATION OF INTERESTS
	There were none.
221/18	PATIENT STORY
	<p>The story related to work to reduce the incidence of pressure ulcers at community level. In introducing the patient story, Gareth Howells took the opportunity to commend the Patient Experience team for their work in capturing patient stories like the one the Board were about to hear which enabled the Board to hear direct from the patient.</p> <p>The patient at the centre of the story had been suffering with sore areas to her buttocks and had lost a significant amount of weight. Her condition was restricting her ability to leave the home and this was contributing to low spirits. The patient spoke of an assessment being carried out as to her needs and then a special pressure relieving mattress and soft cushion being allocated to her which had enabled her ulcers to heal and continued to be used to prevent a recurrence. The availability of the cushion was allowing the patient to better mobilise and leave her home when she wanted to.</p> <p>In discussing the patient story the following points were raised:</p> <p>Andrew Davies said that the story had been presented to the Arts in Health Board and was felt to be powerful. He added that Prue Thimbleby had led the work within ABMU to gather patient stories and more about how this project and its governance would come to a future Board meeting.</p> <p>Richard Evans sought clarity as to whether information was available at community level as to the range of aids to help prevent pressure sores developing and assist in the healing process for those who already had them. Gareth Howells stated that information was available but needed to be reviewed.</p>

	Chris White stated that there were lessons to be learned in terms of the communication of such issues, as patients did not need to be referred into hospital to access the pressure ulcers treatment. Gareth Howells concurred saying that patients had the right to live well in their own homes and with dignity.
Resolved:	- The Patient Story be noted .
222/18	MINUTES OF THE PREVIOUS MEETING
222/18a.	The minutes of meeting held on 27 th September were received and confirmed as an accurate record with the following amendments: <u>186/18 - All-Wales Primary Care Annual Report</u> Martyn Waygood referenced the ‘My Health On-Line’ facility which he felt lacked consistency in terms of its operation.
222/18b.	<u>189/18 - Key Issues Report - Other Board Committees</u> Typographical error in final paragraph, final sentence, penultimate line: ‘...that there was significant.....’ The minutes of the meeting held on 25 th October 2018 were received and confirmed as an accurate record, apart from recording Reena Owen as present.
223/18	MATTERS ARISING
	There were none.
224/18	ACTION LOG
	The action log was received . Maggie Berry sought clarity around the action in relation to the brief that was being prepared for the Chairman around process for receipt of funding around third sector Service Level Agreements. It was confirmed this had been completed that week.
225/18	JOINT REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE
	A report setting out key issues from the Chairman and Chief Executive was received . In introducing his report the Chairman highlighted the engagement that had been undertaken around the need to find a new name for the Health Board from April 2019, which was also the subject of a separate report later in the agenda. He stated that if the Board

was in agreement regarding proposals around the organisational name, he would write to the Cabinet Secretary putting the proposal forward.

In introducing her report, the Chief Executive highlighted the following points:

- The position as regards ABMU's Targeted Intervention (TI) enhanced monitoring status meeting with Welsh Government representatives earlier that month;
- Feedback regarding performance for unscheduled care, referral to treatment, cancer services and healthcare associated infections; and
- Approaches to strategic planning issues.

In discussing the reports the following issues were raised:

Tracy Myhill stated that the recent TI meeting with Welsh Government colleagues had been constructive and paid tribute to the meaningful and confident contributions made by each member of the Executive Team.

With reference to service delivery targets, Tracy Myhill stated that these remained a challenge particularly in terms of unscheduled care. She said that ABMU's plans regarding the management of the 'front door' and discharge processes and the 4-hour waiting time target had been discussed at length, and that work with local authority partners continued in this regard. Tracy Myhill stated that Welsh Government recognised both the internal and external actions being implemented to bring about stability and improvement. With reference to 12-hour waits, Tracy Myhill stated that these had improved when compared with the previous year along with ambulance handover times.

Tracy Myhill stated Welsh Government colleagues recognised the progress made in terms of referral to treatment times with less patients now waiting compared with 2017. She added that assurances had been taken regards ABMU's plans with further improvements in terms of the outturn expected.

With regard to cancer services, Tracy Myhill stated Welsh Government recognised the significant progress made over the past year despite the downturn in performance in recent months. For healthcare associated infections, performance was on-profile.

Tracy Myhill stated that the work underway to develop an integrated three-year plan, an organisational strategy and the process of refreshing the clinical services plan had been discussed with Welsh Government as had the links to the transformation programme. She said that support had already been provided by to help such work and ABMU would be having further discussions on the availability of transitional support particularly given the work

	<p>required in the disaggregation of Bridgend based services as of 31st March 2019. Tracy Myhill stated that if ABMU was able to continue to demonstrate progress in its service delivery then it may be possible to attract further financial support.</p> <p>Andrew Davies offered thanks to Tracy Myhill for her leadership, which had resulted in increased levels of confidence in ABMU. Tracy Myhill thanked Andrew Davies for his comments. Tracy Myhill added that the next scheduled TI meeting would take place early in 2019.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted.
226/18	BRIDGEND TRANSITION UPDATE
	<p>A report seeking approval of the preferred name change for the organisation from 1st April 2019 which also provided a general update on Bridgend transition programme issues was received.</p> <p>In introducing an update Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Both ABMU and Cwm Taf University Health Board had been engaging with staff and stakeholders on potential name changes to better reflect the new geographical footprint and communities each organisation would serve from April 2019; - Within ABMU, the engagement had indicated a preference for Swansea Bay University Health Board/ Bwrdd Iechyd Prifysgol Bae Abertawe. Were the Board to approve this, the Chairman would write to the Cabinet Secretary seeking a final decision; - By utilising a digital approach and sequencing of signage, ABMU had estimated costs relating to organisational name change would be in the region of £100k; and - A general update on transitional programme progress, the staff consultation around which ended at the beginning of December 2018. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood asked if there had been any common themes. Hannah Evans replied there had not been any particular themes emerging from ABMU's engagement other than debate around whether the organisational name should be English, in bilingual form or solely Welsh. She added that there had also been feedback regarding geographical links and whether costs would impact on front-line services. Hannah Evans stated that having considered the commitments within the Welsh Language Scheme</p>

	<p>and also the draft Welsh Language Standards it was clear that the organisational name would need to place the Welsh language first.</p> <p>With reference to the staff consultation, Hannah Evans stated that this related to the process for transfer of staff. With regard to corporate functions she said that ABMU and Cwm Taf were operating a dual process recognising the changing size of both organisations. Hannah Evans stated that Cwm Taf representatives had also attended ABMU stakeholder events in the Bridgend area to provide assurances and responses to questions and, similar events were pending for Swansea and Neath Port Talbot localities.</p> <p>Andrew Davies stated that the Bridgend boundary changes were impacting on everything ABMU did. Citing the core principles that had been agreed between ABMU and Cwm Taf University Health Board at the beginning of the Bridgend transition process Andrew Davies said these had proved useful in shaping the way the changes were being brought about.</p> <p>Andrew Davies paid tribute to the significant amount of work being undertaken by a great many staff lead by Hannah Evans, to enable the implementation of the required changes by 31st March 2019.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The preferred option for organisational name change (Bwrdd Iechyd Prifysgol Bae Abertawe/ Swansea Bay University Health Board be approved.
227/18	ADULT THORACIC SERVICES
	<p>A report advising the Board of the outcome of the public consultation on the future of Thoracic Surgery services in South Wales seeking agreement to the recommendations prepared by Welsh Health Specialised Services Committee (WHSSC) was received.</p> <p>In introducing the report Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - WHSSC had produced a summary on the outcome of the public consultation on a single centre for adult Thoracic service located at Morriston Hospital based upon recommendations from an independent panel; - There had been significant discussions with the ABM CHC around this issue which had been most recently considered at its Executive Committee in October 2018; and

	<ul style="list-style-type: none"> - The CHC had confirmed support for the proposal that there be a single centre for this service at Morriston Hospital with caveats which were detailed in the report. <p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths thanked CHC colleagues for the way they had constructively engaged with the health board around the proposals. Andrew Davies echoed these thanks, in particular to Cathy Moss.</p> <p>Siân Harrop-Griffiths proposed that the caveats set down by the CHC and the assurances on each of these points both of which were outlined in the report be included in a letter to the WHSSC outlining the Board’s decision regarding the proposals.</p> <p>Andrew Davies stated that at a meeting of Health Board/Trust Chairs he had suggested it may be helpful for a ‘lessons learned’ exercise in due course to take account of the concerns that had been expressed by the CHC regarding the decision making process around such matters.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - The successful implementation of the consultation plan and communication between WHSSC, health board engagement leads and CHC during the period of public consultation be noted; - The comments received through the public consultation including key themes and issues raised and the number, demography and geographic distribution of respondents be noted; - The response to the consultation feedback and actions that would be taken through implementation to mitigate issues of concern be noted; - The recommendations of the Joint Committee of WHSSC be supported and: <ul style="list-style-type: none"> o The recommendation that thoracic surgery services for south east Wales, west Wales and south Powys are delivered from a single site be approved; o The location of that single site as being Morriston Hospital, conditional upon the detail workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within six months be approved; o The mitigating actions set out the WHSSC report on Public Consultation to be deliver in line with the implementation of the service change be approved.

	<ul style="list-style-type: none"> - The views of the ABM CHC and the proposed approach set out within this report to address the outstanding issues raised by the CHC be noted; and - A letter be sent to WHSSC seeking assurances as outlined in this report be agreed.
228/18	<p>ORGANISATIONAL STRATEGY , CLINICAL SERVICES PLAN (CSP) AND THREE YEAR INTEGRATED PLAN 2019-22</p>
	<p>A report setting out the progress regarding the Organisational Strategy, CSP and the integrated approach to align with the concurrent development of the three-year plan for 2019/22 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The three documents had been developed over the last 5-6 months in parallel and with full Board engagement; - The draft Organisational Strategy was being presented for approval and set out purpose, ambition, strategic aims and enabling objectives; and - There would be a need to adopt wellbeing objectives and to finalise the document which included making it accessible in an 'easy to read' format. <p>In discussing the report the following points were raised:</p> <p>Andrew Davies commended the approach that had been taken, which brought confidence to Board members. Emma Woollett echoed these sentiments stating that to date this was a significant achievement and that she looked forward to considering the detail once this was available. Emma Woollett made suggestions as regards formatting changes and the combining of the well-being objectives with the enabling objectives if possible.</p> <p>Siân Harrop-Griffiths referenced Hywel Dda University Health Board which was considering a draft Clinical Strategy at its Board meeting that day. She added that ABMU was progressing a 'long list of options' in relation to its CSP which were due to be prioritised via clinical engagement sessions taking place during December. The outcome would drive the ABMU service change programme over the next five years and in doing so, delivery its three-year plan. Siân Harrop-Griffiths stated that the second iteration of delivery unit plans for the IMTP had been received and plans were on track to deliver a draft three-year plan for consideration by the Health Board at its meeting on 31st January 2018.</p>

	Lynne Hamilton stated that there was a need to achieve a breakeven financial plan for 2019/20 and the opportunities for doing so were being analysed in conjunction with clinical colleagues.
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The draft Organisational Strategy be approved; - The organisational well-being objectives included within the draft Strategy be approved; - Progress to date in the development of the Organisational Strategy, CSP and Three-year Integrated Plan be noted; - The proposed next steps be endorsed.
229/18	CHANGE TO AGENDA ORDER
Resolved:	Agenda item 2iv & 2v be taken next.
230/18	DIGITAL UPDATE – NATIONAL & LOCAL ISSUES
	A report providing an update on national digital issues and progress made within ABMU across digital projects and initiatives was received .
	<p>In introducing the report Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - An update on national digital issues; - Progress within ABMU with regard to digital projects and initiatives; - The significance of boundary change and the intention to submit a case for investment from 2019/20; and - Progress in supporting digital inclusion for both staff and patients. <p>In discussing the report the following points were raised:</p> <p>With reference to the Wales Audit Office national report published in January 2018 which had been further discussed by the Public Accounts Committee more recently, Matt John said there had been criticism of NHS informatics issues. He said that as a result several actions were being progressed by the NHS Wales Informatics Service (NWIS) and Welsh Government such as the review of national architecture. He also referenced a governance review of informatics across NHS Wales, the report from which was expected</p>

during December 2018. With regard to digital outages that had been experienced during 2018 within ABMU, Matt John said there had been no further instances since August and none of those prior to this had resulted in reports of patient harm.

Matt John spoke of the need to feed information into priorities over the next three years and the investments that would be required to support this across NHS Wales. He said this would require close working with Welsh Government.

In terms of ABMU's progress, Matt John said there was evidence of clear benefits and efficiencies arising from community care systems and that an outline business case had been approved the previous week.

With reference to Bridgend boundary changes, Matt John said that there was complex work underway. He said that it was important that IT systems supported the new working models and provided valuable business intelligence for patient pathways. Matt John said that it would be necessary for ABMU to put into place a service level agreement with Cwm Taf University Health Board for the first few years following boundary change to ensure that systems continued to be supported for both organisations until transition between the organisations was possible.

Matt John said that ABMU had been the first to sign a Digital Charter and projects such as 'Patient Knows Best' involving the sharing of patient records between the clinician and the service user and the community worker mobilisation project which had rolled-out the use of iPads. Jackie Davies said that the mobilisation of community staff via iPads was helping increase productivity as it made information more readily available to staff which enabled a faster response and had the potential to decrease staff stress levels.

Matt John referenced a workshop planned for the New Year looking at how ABMU could deliver on the Digital Charter.

With reference to NWIS, Andrew Davies said that there was a need for similar reporting and decision-making mechanisms as existed in WHSSC. Matt John said NWIS Directors would agree and welcome the strengthening of accountability.

With reference to the policy 'Once for Wales' Andrew Davies said that there was a danger that this restricted organisations to following at the pace of the slowest. Matt John said that there was still some inconsistency as to how the terms 'Once for Wales' was interpreted. He said a good balance had been struck in terms of the standards for sharing information in terms of electronic prescribing and patient held records and ABMU was seen as a trailblazer in this respect.

	<p>Martyn Waygood referenced the 'Patient Knows Best' pilot that was currently underway which he noted was currently limited to 102 patients. He asked if there was a danger that such applications may result in more questions and requests for appointments from service users. Matt John said that the pilot was being carefully introduced and was changing the way clinicians worked, and although an increase in demand had been a concern amongst the GP community this had not been evidenced either in ABMU or in the English NHS. He added that the aim was eventually to enable the capture of patient outcomes and to move to service users being able to book their own appointment slots.</p> <p>Darren Griffiths suggested he and Matt John had a discussion outside the meeting around the information systems that captured out-of-hospital data. He added that the text reminder system in place was currently helping to make better use of around 20% of appointments.</p> <p>Chris White stated that ABMU's IT team were helping put a system into place to move patients through the hospital system. Andrew Davies referenced Renal Services, which used embedded technology. Andrew Davies and Tracy Myhill both thanked Matt John for the report.</p>
Resolved:	<ul style="list-style-type: none"> - The update be noted.
231/18	ADULT MENTAL HEALTH FRAMEWORK
	<p>A report outlining work undertaken on behalf of ABMU and local authority partners to develop an Adult Mental Health Strategic Framework was received.</p> <p>In introducing the report Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The Framework had been led by ABMU on behalf of the Western Bay Partnership; - Its development had involved close working with service users and carers and had included an extensive period of detailed engagement; - There was a need to focus on integration and alignment with GP clusters and involved intervention as well as prevention; - The document had been considered by two regional partnership boards and was due before the local authority cabinets in coming weeks; and - The document would form part of ABMU's three-year plan and CSP.

	<p>In discussing the report the following points were raised:</p> <p>Andrew Davies thanked both Siân Harrop-Griffiths and Joanne Abbott-Davies, Assistant Director of Strategy, for their work in developing the Framework and, also their involving in making improvements to Child and Adolescent Mental Health Services.</p> <p>Emma Woollett expressed strong support for the approval of the Framework, which represented an important step forward for the organisations involved.</p> <p>Reena Owen said that it would be important to feedback to those who had contributed as part of the engagement process to demonstrate they had influenced the direction of travel in terms of the way services were provided.</p>
	<ul style="list-style-type: none"> - The significant work undertaken to develop the Adult Mental Health Strategic Framework which had included engagement resulting co-production involving service users, carers and the voluntary sector be noted; - The Adult Mental Health Strategic Framework be approved pending approval at forthcoming local authority cabinet meetings.
232/18	WELSH GOVERNMENT'S TRANSFORMATION FUND
	<p>A report providing information regarding proposals relating to the Welsh Government's Transformation Fund was received.</p>
	<p>Hilary Dover was welcomed to the meeting. In introducing the report Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - There was a need to ensure the 'New Western Bay' Regional Offer (Our Neighbourhood Approach) and the Cwm Tawe Whole System Approach dovetailed; - The Western Bay Regional Partnership Board had agreed to support both the above proposals as well as third proposal for the Neath Cluster Whole System Approach (to match the Regional Offer which covered both areas); - A further joint proposal relating to local authorities and ABMU was pending around the roll-out of the Welsh Community Care Information System and Mobilisation as well as a joint proposal for transforming Learning Disability Services. <p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths said that the 'New Western Bay' Regional Offer used clusters as a planning base providing care for patients</p>

	<p>when they needed it most which also took a preventative approach were possible, thereby reducing demands upon statutory services. There was a focus on community resilience and £6m had been put forward to Welsh Government for the initial project and there was a degree of confidence that approval would be gained.</p> <p>Hilary Dover stated that the Cwm Tawe Cluster and Western Bay models were aligned and £1.7m had been secured for the Cwm Tawe Cluster. The model that would work across the GP cluster would involve close working with the third sector and would seek to avoid admittance to hospital where possible. She added that Welsh Government had indicated a need to strengthen the mental health element of the bid and was encouraging a bid covering the remaining eight GP clusters. Hilary Dover stated that whilst GP clusters varied in terms of their degree of maturity, the Neath Cluster was ready to proceed with another two other clusters able to proceed within six months and the remainder within a year. She stated there would need to be a tapered proposal based upon the expected learning that would arise from the project. In total, it was estimated the cost would fall between £11.6-16m.</p> <p>Andrew Davies thanked to Hilary Dover for the role she had played in this positive development.</p> <p>Emma Woollett conveyed her own thanks to Hilary Dover and indicated her support for the work that was underway which demonstrated the importance of close working relations with local authority partners.</p> <p>Tracy Myhill added that the developments were positive and enhanced the organisation's reputation.</p> <p>Hannah Evans stated that the bids were evidence that there was capacity to change and would help keep acute services agile.</p> <p>Emrys Davies stated that these represented positive initiatives and advocated the involvement of the Welsh Ambulance Services Trust (WAST) in terms of any impact on non-emergency transport.</p> <p>Lynne Hamilton stated that the funding represented pump-priming and therefore it would be important to be diligent as to its use in moving ABMU to a more sustainable model.</p> <p>Andrew Davies stated that today's meeting had provided examples of leadership at all levels.</p> <p>Hilary Dover left the meeting.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report regarding the various proposed bids be noted; - The proposed development of a proposal for a whole system model for Neath GP Cluster be supported;

	<ul style="list-style-type: none"> - The development of a proposal for submission mirroring the Neath GP Cluster model for all eight clusters be supported.
233/18	STAFF SURVEY AND ENGAGEMENT PLANS
	<p>A report providing an update regarding the results of the NHS Wales Staff Survey including how these would be shared with staff and actioned was received.</p> <p>In introducing the report, Hazel Robinson highlighted the following key issues:</p> <ul style="list-style-type: none"> - This survey had attracted feedback from more than 4,000 staff giving a 27% response rate, the second highest in the Welsh NHS; - There were improved results in 39 areas (75%) which signalled an important message to the organisation; - Some areas which required more work, in particular bullying and harassment and ACAS had been commissioned to work with ABMU in this respect; - An option appraisal had recently been considered by the Executive Team in terms of providing a system for registering staff concerns; - Wellbeing was another area of concern and a small team of investigating officers were being appointed to improve performance in terms of taking staff through formal processes; and - Staff were being encouraged to engage in the plans to address areas of concern. <p>In discussing the report the following points were raised:</p> <p>Andrew Davies thanked Hazel Robinson for her work in this regard adding that staff-side colleagues appreciated the actions being put into place in particular the appointment of a dedicated investigatory team. With reference to 'Trusted to Care', Andrew Davies recalled that staff who fed into the process at that time had felt that they could not raise concerns. He noted that steps were being taken to discuss the establishment of 'Freedom to Speak-Up' processes which would provide a 'safe space' for such matters to be aired in the future.</p> <p>Tracy Myhill said that it was important that there was appropriate engagement with staff and she congratulated Hazel Robinson and staff-side colleagues for the strides taken in responding to the results from the Staff Survey, which meant they were ahead of other organisations in this regard. Tracy Myhill stated that she felt there had been a positive exchange at the recent meeting of the</p>

	<p>Partnership Forum with a common goal in terms of helping the organisation further improve. Jackie Davies agreed that the Partnership Forum meetings were now much more positive and that the involvement of Hazel Robinson had made a significant impact with many issues being taken forward since she had taken up post in the Spring.</p> <p>Tracy Myhill said that there also had been significantly positive feedback from the Meet the Executive Sessions held thus far.</p> <p>Raymond Ciborowski stated that whilst there were various solutions these would not necessarily be simple to implement. He added that it was important to demonstrate good leadership at all times.</p> <p>Martyn Waygood referenced the issue of bullying. Hazel Robinson stated that the ACAS led workshops would help educate staff in this respect and these sessions were initially being targeted to areas with the greatest need acknowledging could sometimes have occurred between different areas.</p>
Resolved:	<ul style="list-style-type: none"> - The report regarding the Staff Survey results timetable and staff engagement be noted.
234/18	<p>UPDATE ON THE DELIVERY OF THE ANNUAL PLAN 2018-19 – QUARTER 2</p>
	<p>An update on the delivery of the Annual Plan 2018-19 in respect of quarter 2 was received.</p>
	<p>In introducing the report Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The report needed to be considered alongside the integrated performance report later in the agenda; - Whilst the report focused upon actions, this did not necessarily currently correlate with improved service performance however there would be a need to more closely align this from 2019/20 onwards; and - The report required submission to Welsh Government for assurance purposes and therefore the Board was asked to endorse it. <p>In discussing the report the following points were raised:</p> <p>With reference to the section relating to flu vaccination uptake Emma Woollett sought clarity as to why this was classed as ‘green’.</p> <p>Siân Harrop-Griffiths responded that this was because the action had been delivered despite the desired outcomes not having been achieved. Sandra Husbands stated that good progress was being made in vaccinating the over 65 age-group despite some issues</p>

	with supply of the vaccine. With regard to staff vaccinations she said that this had achieve almost 50% to date against an overall target of 60% which meant it was on trajectory to deliver the target.
Resolved:	<ul style="list-style-type: none"> - The proposal that the report be submitted to Welsh Government for assurance be endorsed.
235/18	<p>KEY ISSUES REPORTS – PERFORMANCE & FINANCE COMMITTEE AND QUALITY & SAFETY COMMITTEE.</p> <p>Key issues reports in relation to meetings of the Performance & Finance Committee on 22nd October 2018 and the Quality & Safety Committee on 4th October 2018 were received.</p> <p>In introducing the Performance & Finance Committee key issues report Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - The clear requirement for better alignment of actions with desired outputs had been issued by the Performance & Finance Committee the previous day, and as a result certain update reports would be returning for further discussion; - Whilst vacancy rates remained a concern there had been positive news in terms of nurse recruitment; - Concerns around theatre efficiency and follow-ups not booked remained and were due to provide further reports; - Child & Adolescent Mental Health Service (CAMHS) performance was not where it needed to be but assurance had been gained from robust action plans at community level. <p>Andrew Davies paid tribute to Emma Woollett’s role in chairing this key committee as well as the positive influence she was bringing to mental health, primary care and CAMHS services.</p> <p>In introducing the Quality & Safety Committee key issues report Maggie Berry highlighted the following points:</p> <ul style="list-style-type: none"> - The committee had noted the work to develop a Board Assurance Framework and revise the Corporate Risk Register; - The annual report from the Public Services Ombudsman had been received; and - The decision to cease the Clinical Outcomes Group and the establishment of a Clinical Senate had been noted.
Resolved:	<ul style="list-style-type: none"> - The reports be noted;

236/18	BOARD PERFORMANCE REPORT
	<p>A report on current performance was received.</p> <p>In introducing the report Darren Griffiths and Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - Further data had been included within the report around unscheduled care (USC), planned care and theatre efficiencies as well as a workforce metrics and Delivery Unit Performance data; - Performance around the 4 hour waiting time for USC had increased by 0.4% and remained off-track with both 12 hour breaches and 1 hour handover also off profile during October 2018; - In terms of stroke cases, there had been the highest number of admissions for six months. Whilst there was evidence of some improvement in performance, there was still opportunities for improvement; - Levels of cancer referrals had increased which meant the way in which demand was managed needed to be reviewed; - The level of patients not attending pre-planned outpatient appointments was falling therefore increasing efficiency; - Theatre efficiency was due to be the subject of further focus by the Performance & Finance Committee; - Cancer service performance had improved during October 2018 however urology, breast and gynaecology remained pressure areas in terms of timely service delivery; - All healthcare associated infections were within expected performance levels and the focus would continue on this area; - Incident reporting had increased; and - Statutory & mandatory training compliance had improved along with personal assessment & development reviews. <p>In discussing the report the following points were raised:</p> <p>Andrew Davies commended the report, which provided the Board with important assurances. Maggie Berry concurred advising that data in respect of primary care and public health was also to be included in due course.</p> <p>Andrew Davies referenced the need to continue to pursue the need for real-time data.</p> <p>Martin Waygood stated that the report was comprehensive. With reference to theatre utilisation, clarity was sought around the</p>

	<p>variance in some of the figures. Andrew Davies stated that the Neath Port Talbot Hospital Service Director had identified this as a key area of work to be taken forward. Emma Woollett stated that if theatres were used more efficiently there would be fewer challenges around the delivery of referral to treatment times.</p> <p>With regard to Statutory & Mandatory Training Compliance, Hazel Robinson stated that the improvement represented an additional 37,000 competencies. She added there had been a decrease to 7.5% in nurse vacancies, which was a significant step change during the year. She said that staff turnover was also decreasing currently standing at 8% with half being for non-discretionary reasons such as retirement.</p> <p>Darren Griffiths stated the spike noted on page 12 of the report in terms of Emergency Department admissions may represent the beginning of increased patient acuity associated with the winter period.</p> <p>Tracy Myhill thanked Darren Griffiths for the report advising that he had recently changed his role and was now focusing on performance issues.</p>
Resolved:	<ul style="list-style-type: none"> - The report on service delivery performance against key measures and targets and the actions being taken to improve performance be noted. - The submission of service user experience reporting template to Welsh Government be endorsed.
237/18	FINANCIAL POSITION – 31ST OCTOBER 2018
	<p>A report regarding financial performance to month 7 was received and a draft letter from ABMU to Welsh Government around cash assistance was tabled.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - Month 7 had seen an improved deficit outturn of just over £2m with a year-to-date financial position of £13,679k deficit against a current year-end forecast deficit of £20,000k; - The key reasons for the overspend above the planned forecast deficit related to the non-delivery of savings and increasing operational pressures, particularly medical staff costs; - The position was being partially offset in-month by the use of mitigating opportunities such as slippage on some committed reserves and other recurrent and non-recurrent opportunities;

	<ul style="list-style-type: none"> - The positive developments in terms of nurse recruitment were expected to manifest from December 2018 onwards; - A series of risk and opportunities were being managed with four months of the financial year remaining. Executive-led work streams were managing the delivery of savings requirements and a real focus remained around this; - The capital position in the report was incorrect and would be republished following the meeting. The capital position was being managed through the Investments & Benefits Group and was forecasting a break-even position; and - A letter had been prepared from Tracy Myhill to Welsh Government around cash support to ABMU, which with the Board's agreement would be signed and submitted. <p>In discussing the report the following points were raised:</p> <p>Emma Woollett sought confirmation that the cash letter would result in strategic cash support amounting to around £75m needing to be paid back to Welsh Government over a period. Lynne Hamilton confirmed this to be the case. Tracy Myhill stated that this demonstrated the importance of moving to a break-even position through a sustainable financial plan. She added that improving service performance would contribute to this goal.</p>
Resolved:	<ul style="list-style-type: none"> - The control total set for ABMU by Welsh Government of £20m deficit be noted; - The report regarding financial performance during month 7 be noted.
238/18	KEY ISSUES REPORTS – BOARD COMMITTEES
	<p>An update on matters considered by various Board committees was received.</p> <p>In discussing the report, the following points were raised:</p> <p><u>Audit Committee – 20.9.18 & 15.11.18</u></p> <p>Martin Sollis referenced the excellent work being led by Pam Wenger around a Board Assurance Framework and Corporate Risk Register. He stated that with regard to Audit Report recommendations, there were significant numbers of overdue actions and members of the Executive Team were being called to present to the Audit Committee in this regard. Gareth Howells had been the first to attend and had provided assurances as regards delivery of outstanding matters. Martin Sollis said there was a need to improve such compliance as this was reflected with the Wales Audit Office's annual Structured Assessment and</p>

	<p>governance reviews. Finally he asked the Board to ratify amendments to the scheme of delegation arising from the Audit Committee meeting of 20th September 2018.</p> <p><u>Mental Health Legislative Committee – 8.11.18</u></p> <p>Emma Woollett stated that staff training compliance had been raised as a concern. Gareth Howells stated that this was linked to Deprivation of Liberty Safeguards (DoLS) and he asked for assurances that a plan was in place to address staff training requirements.</p> <p><u>Workforce & Organisational Development 13.11.18</u></p> <p>Andrew Davies stated that the Committee was maturing and there would be a need to realign workforce topics that had been transferred to other Board committees. Emma Woollett concurred.</p> <p>With reference to the exception report provided to the committee Pam Wenger stated that there was discussion around shift patterns. It was confirmed that there had been work to reduce the number of different types of shift patterns and these had been reduced to three. Hazel Robinson stated that 12hr shifts were in use across the NHS.</p> <p><u>Charitable Funds Committee 9.10.18</u></p> <p>Martyn Waygood stated that the committee had approved a number of bids including funding for a PhD student for the traumatic brain injury service. He added that such positions were time-limited due to the way the funding was being provided.</p> <p>Andrew Davies thanked Martyn Waygood and Andrew Biston for their input into the Charitable Funds Committee business noting that a new post dedicated to fundraising was close to finalisation.</p>
Resolved:	<ul style="list-style-type: none"> - The key issues Board Committee update report be noted. - The updated Scheme of Delegation be ratified
239/18	ANNUAL REPORT OF THE SENIOR INFORMATION RISK OWNER (SIRO)
	<p>The SIRO Annual Report for 2017/18 providing an overview of the information governance (IG) agenda across the disciplines of IG, health records, clinical coding, data quality and cyber security was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The Director of Corporate Governance/ Board Secretary currently assumed responsibility as SIRO for an interim basis;

	<ul style="list-style-type: none"> - Reports were being channelled via the Audit Committee, IG Board and Executive Board; and - There had been significant work to improve compliance/performance for the year being reported such as IG training, which now stood at 60% which represented a marked improvement on the previous year. <p>In discussing the report the following points were raised:</p> <p>Andrew Davies stated the Board was able to take positive assurance regarding the management of information and risks which was a tribute to Sian Richards, Head of Digital Records and Information Assurance and her team.</p> <p>Emma Woollett referenced the 99% compliance achieved in terms of the year-end clinical coding position, which brought confidence. She sought clarity as to when the electronic clinical record would be in place. Matt John stated that it was an incremental journey, which was progressing via the health records modernisation project, aiming to get the records to the right place at the right time. He added that clinical letters were in the process of being uploaded so that they were available in due course across NHS Wales.</p>
Resolved:	<ul style="list-style-type: none"> - The SIRO Annual Report for 2017/18 be noted; - The assurances and progress, objectives and priorities provided across all areas be noted.
240/18	KEY ISSUES DISCUSSED AT STAKEHOLDER REFERENCE GROUP (SRG)
	The key issues summary report relating to the meeting held on 7 th November 2018 was received and noted .
241/18	KEY ISSUES REPORT – NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE
	A key issues report from the above committee which had met on 20 th September 2018 was received and noted .
242/18	JOINT REGIONAL PLANNING & DELIVERY COMMITTEE (JRPDC) UPDATE
	<p>An update from the meeting held on 11th October 2018 was received.</p> <p>In discussing the report the following points were raised:</p> <p>Pam Wenger stated that whilst Steve Moore would continue to Chair JRPDC meetings ABMU was taking over responsibility from</p>

	<p>2019 for servicing these meetings. The next JRDDC meeting was taking place on 3rd December 2018.</p> <p>Siân Harrop-Griffiths stated that Hywel Dda University Health Board and ABMU would have sections within their respective IMTPs reflecting joint working issues.</p> <p>Pam Wenger stated that the second Joint Board meeting with Hywel Dda was being planned.</p> <p>Andrew Davies stated that good progress had been made in joint planning and he offered thanks to all concerned.</p>
243/18	ITEMS FOR INFORMATION
	A. Seasonal Pressures Plan
	A report providing the Seasonal Plan arrangements for 2018/19 was received .
Resolved:	– The Seasonal Plan be approved .
	B. Report on matters reported in-committee at the previous meeting
	A report on items considered during the in-committee meeting of the Board was received and noted .
	C. Reports on Corporate Governance Issues
	<p>A report outlining corporate governance issues including the application of the Common Seal, Welsh Health Circulars issued, the Board Business Cycle and changes to the provision of voting for Health Board Joint Committees was received.</p> <p>In discussing the update the following points were raised:</p> <p>Confirmation had been received of revised criteria for the taking of decisions by WHSSC, EASC and NHS Wales Shared Services Partnership joint committee which meant that this process would be subject to a two thirds majority with nominated deputies (who required Executive Director status) for the Health Board Chief Executives formally contributing to the quorum and having delegated voting rights. It was therefore important that nominated deputies attended whenever necessary.</p>
Resolved:	<ul style="list-style-type: none"> – The report be noted. – The changes to the Standing Orders for WHSSC, EASC and NWSSP voting rights be adopted.
244/18	ANY OTHER BUSINESS

	Andrew thanked everyone for contributing to the meeting. There was no further business and it was closed.
245/18	DATE OF NEXT BOARD MEETING
	The date of the next Board meeting was 31 st January 2019
246/18	MOTION TO EXCLUDE THE PRESS AND PUBLIC
Resolved:	Press & Public be excluded in accordance with Section 1(2) and (3) of Public Bodies (Admission to Meetings) Act 1960

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Andrew Davies (Chairman)

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Date: