

ABM University LHB**Unconfirmed**

**Minutes of the Meeting of the Health Board
held on 29th March 2018
in the Waterfront Church, Swansea, SA1**

Present

Andrew Davies	Chair / Non-Officer Member
Tracy Myhill	Chief Executive
Emma Woollett	Vice-Chair / Non Officer Member
Ceri Phillips	Non-Officer Member
Martin Sollis	Non-Officer Member
Jackie Davies	Non-Officer Member
Chantal Patel	Non-Officer Member
Martyn Waygood	Non-Officer Member
Maggie Berry	Non-Officer Member
Tom Crick	Non-Officer Member
Angela Hopkins	Interim Director of Nursing & Patient Experience
Hamish Laing	Medical Director
Lynne Hamilton	Director of Finance
Christine Morrell	Director of Therapies and Health Science
Chris White	Interim Chief Operating Officer
Sandra Husbands	Director of Public Health
Siân Harrop-Griffiths	Director of Strategy
Alison James	Associate Board Member

In Attendance:

Pam Wenger	Director of Corporate Governance/ Board Secretary
Emrys Davies	Non-Executive, Welsh Ambulance Service NHS Trust
Sue Evans	Chair, ABM Community Health Council (until 43/18)
Clare Jenkins	Chief Officer, ABM Community Health Council (CHC)
Sharon Vickery	Head of Human Resources, Delivery Units & Medical Staffing
Carol Mosely	Wales Audit Office
Alison Clarke	Deputy Director of Therapies & Health Sciences (Observing)
Susan Bailey	Head of Communications ABMU (until 45/18)
Wendy Penrhyn-Jones	Head of Corporate Administration ABMU (minutes)

34/18	APOLOGIES	Action
	Apologies for absence were received from; Kate Lorenti, Acting Director of Human Resources; Sandra Husbands, Director of Public Health; Sue Cooper, Associate Board Member and Mark Child, Non-Officer Member.	
35/18	OPENING REMARKS	
	Andrew Davies welcomed everyone to the meeting and in particular Carol Mosely, Alison Clarke and Sharon Vickery. Andrew Davies	

	<p>also acknowledged that this was the first meeting for ABMU's newly appointed Chief Executive.</p> <p>Andrew Davies stated that this was the final Board meeting for Chantal Patel who was stepping down from her role as non-officer member on 31st March 2018 and said there would be an opportunity to pay tribute to her later in the meeting.</p> <p>Andrew Davies stated that Kate Lorenti, has not been able to attend the Board meeting that day as she had recently got married and was now on leave. He took the opportunity to pay tribute to her for the significant contribution she had made as interim Director of Workforce and Organisation Development over the past 18 months.</p> <p>Andrew Davies stated that it would also be the final meeting for Sue Evans of the ABM Community Health Council (CHC). He thanked her for the important role she had played as CHC Chair and the positive working relations she had fostered between the CHC and ABMU.</p> <p>Andrew Davies stated that various Health Boards were also considering the agenda item relating to Major Trauma at their Board meetings today which represented a major decision. This was scheduled to commence around 10am and he noted it may be necessary to slightly amend the agenda running order to accommodate this.</p>
36/18	DECLARATION OF INTERESTS
	<p>Martin Sollis declared an interest in the item relating to Transforming Cancer Services stating that in a former role he had been involved as an adviser on the original business case and therefore wished to withdraw from discussions.</p> <p>No other declarations of interest were made.</p>
37/18	PATIENT STORY
	<p>The patient's story was linked with ABMU's Arts Strategy objective 'to create environments that provided positive experiences for patients and staff'. In introducing this item, Siân Harrop-Griffiths stated that 1% of the budgets for patient facing capital projects was invested in fulfilling this objective through the use of arts.</p> <p>The video story related to a project undertaken to address inadequate accommodation for the ABMU Traumatic Brain Injury Service (TBIS) based at Morriston Hospital. She explained that TBIS staff worked closely with the appointed artists to plan a programme of practical workshops to explore themes and ideas for</p>

	<p>site specific artwork using a range of materials and processes. Service users expressed that they had found the workshops therapeutic and valued the project and had gained skills they which had moved them closer to recovery.</p> <p>In discussing the patient story the following points were raised:</p> <p>Siân Harrop-Griffiths stated that the Capital Planning team were continuing to invest in similar schemes with projects within Renal Dialysis, Mental Health and the corridors leading to operating theatres.</p> <p>Andrew Davies stated that the Brain Injury Service was inspirational and urged fellow Board members to visit the service. He stated that ABMU had also been commended by the Arts Council in Wales for being progressive in terms of the use of arts in patient therapy. He also stated that the projects were known for making effective use of scarce resources.</p> <p>Alison James agreed that the fact that staff were able to work side-by-side with service users made a significant difference to the success of such projects. She added that the use of such therapies enabled patients to make important progress in some cases enabling them to reduce the need for anti-depressive medication. Chris Morrell stated that such therapy had also made it possible for some service users to develop sufficient confidence to enable them to return to gainful employment.</p> <p>Maggie Berry stated that she had seen examples of impressive work at the carer's centres.</p> <p>Martyn Waygood stated that there was a clear role for Charitable Funds in pump priming such projects. Siân Harrop-Griffiths stated that charitable funds support had enabled the creation of the Arts in Health Co-ordinator post which from 2018/19 was now to be funded on a full-time basis from Patient Experience Team budgets.</p>
Resolved:	– The Patient Story be noted .
38/18	MINUTES OF THE PREVIOUS MEETING
	The minutes of the Health Board Meeting both held on 25 th January 2018 were received and confirmed as an accurate record.

39/17	MATTERS ARISING
	There were none.
40/18	ACTION LOG
	The action log was received and noted .
41/18	JOINT REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE
	<p>A report setting out key issues from the Chairman and Chief Executive was received.</p> <p>In discussing the report the following points were raised:</p> <p>Andrew Davies referenced the opportunity to review partnerships which was set out in report.</p> <p>Maggie Berry stated that she was pleased to see that staff were being given an opportunity to vote for the shortlisted nominees for the Chairman's Awards and that this was being linked with the 70th anniversary celebrations for the establishment of the National Health Service.</p> <p>Andrew Davies stated that when he took up his appointment as Chair there had been no means of recognising staff achievement and he was pleased to say there were now a range of means of doing so. Tracy Myhill stated that staff were working hard to support patient care and it was therefore important to celebrate their hard work.</p> <p>Tracy Myhill stated that during her first two months in post she had reflected, listened and gathered information and was finding her new role both exciting and inspiring. She said that she would be continuing to visit as many sites and staff as possible in the next few months. Whilst recognising that there were many challenges ahead, Tracy stated there was great potential for ABMU to become a leading organisation, not only in Wales but nationally. She said that she had found staff to be open and honest, upbeat, and inspiring. She acknowledged the existence of significant pressure in the system and the importance of the organisation in supporting staff through such times. Tracy Myhill said it would be important for the organisation to operate as a unified team and that there was an opportunity to bring together senior leaders during the next month to discuss this and the need to match this ambition with the necessary support.</p> <p>With reference to external partnerships, Tracy Myhill stated there had been positive exchanges with ABMU's three local authority partners who could see the opportunities arising from the</p>

	<p>Parliamentary Review of Health & Social Care in Wales. She stated Welsh Government wanted to support ABMU to rise out of its current 'Targeted Intervention' escalation status and that the improvements seen in terms of the positive steps to improve financial management within ABMU had been acknowledged.</p> <p>In referencing the pending agenda item regarding the development of joint working around tertiary and regional services, Tracy Myhill paid tribute to her predecessor Alex Howells who had begun those necessary conversations with Cardiff and Vale University Health Board which she and Hamish Laing had subsequently followed-up.</p> <p>Tracy Myhill praised the positive working relationship ABMU had with the ABM CHC and said that putting patients at the heart of all it did would be a key priority for her. She spoke of a pending meeting with Health Inspectorate Wales (HIW) and that she would be seeking to collate the conclusions arising from such meetings with information she was continuing to gather from her fact finding visits across ABMU sites along with service users feedback in order to develop a vision to take the organisation forward. She said that she would speak more around this at the next meeting.</p> <p>Andrew Davies thanked Tracy Myhill for her clear, comprehensive approach which had already made a positive impact upon the organisation.</p>
Resolved:	The report be noted .
42/18	CHANGE TO AGENDA ORDER
Resolved:	Agenda item 2(ii) be taken next followed by 2(iii).
43/18	DISCRETIONARY CAPITAL FINANCIAL PLAN 2018/19
	<p>A report seeking approval of ABMU's Discretionary Capital Finance Plan for 2018/19 was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths said all-Wales major capital monies were severely restricted as a result of the new hospital being built in Aneurin Bevan University Health Board and the proposed new Velindre Hospital in Cardiff. She said Welsh Government had however confirmed the funding of a transitional care facility on the Singleton Hospital site as part of the actions arising from the South Wales Programme which would help mothers and babies across south Wales.</p> <p>Siân Harrop-Griffiths stated that ABMU's discretionary capital requirements exceeded the amount of money allocated for this</p>

purpose and it had therefore been necessary to identify some £2.5m of schemes which would be placed 'on hold' by means of a risk based review agreed with delivery units until such time as there were opportunities later in the year as a result of scheme slippage. She added that the process was oversee via the Capital Investment Group and Investments Benefits Group.

Siân Harrop-Griffiths stated that whilst the digital programme had been 'curtailed' due to the funding challenges it was hoped that it would still be possible to make further investments later in the year. She said that in the meantime alternative avenues of funding were continuing to be considered including bids to the Charitable Funds Committee.

Andrew Davies stated that given the scale of the ABMU estate a sum of £15m for discretionary capital was very small. He sought clarity as to the level of risk ABMU faced as a consequence. Siân Harrop-Griffiths said ABMU's backlog maintenance was significant and that it had been intended to arrange a review via an asset survey but this had not been possible due to a cost of around £250,000. She said that as an alternative, risk assessments were being used leading to investment in environmental schemes such as ward refurbishments the nature of which was helping address infection prevention and control issues at both the Princess of Wales and Murrison hospital sites.

Siân Harrop-Griffiths spoke of the importance of rationalisation of the ABMU estate predicated on different models of care through joint working with local authority partners. She said there was an appetite for accelerating such work and that ABMU was also working with Swansea University and its local authority partners to progress City Deal developments and 'green growth' developments as part of seeking alternative funding opportunities. She said that progress would be a challenge as neither ABMU nor partner organisations had a great deal of experience in this regard. Lynne Hamilton stated that ABMU was not permitted to raise funds through borrowing although partner organisations were not subject to the same restrictions and that this underlined the need for greater joint working. She stated that this was an area of work which needed to be further explored during the next year and beyond. Hamish Laing stated that PWC had previously produced a report regarding alternative finance models and this may be of some assistance.

Hamish Laing stated that ABMU's Digital Strategy aimed to help make the health service operate more sustainably but it was not yet where it needed to be in this regard. He referenced the cost of refreshing IT systems, software and the investments required to provide cyber-security and suggested these needed to be treated in

	<p>the same way as such essentials as utility costs. Despite these challenges, Hamish Laing said it had been possible to make efficiencies through use of technology and there were opportunities to achieve benefits via digital aspects of the City Deal. He also referenced a Welsh Government Transformational Fund which would be subject to investment bids.</p> <p>Emma Woollett asked if there was a robust process in place for prioritising strategic schemes and said ABMU needed to develop its organisational strategy to ensure investment was based upon its priorities in terms of both primary and secondary care.</p> <p>Ceri Phillips stated that discussions between ABMU and Swansea University had been successful in the past in securing funding and that future collaborative approaches would need to include local authority partners.</p> <p>Siân Harrop-Griffiths stated that for major capital investments ABMU had a five-year forward view but acknowledged this would require alignment with an organisational strategy and clinical strategy once developed. She stated that it would also be important to include a view in terms of regional service delivery. Finally she stated that the need for an up-to-date estates strategy had been raised at the all-Wales Directors of Planning meeting and external support was being sought to take this forward.</p> <p>Tom Crick stated that beside the challenges that had already been mentioned it would also be necessary to support a cultural shift in the ways people worked in order to deliver the objectives arising from ABMU’s Digital Strategy.</p> <p>Martyn Waygood noted that developments related to infection prevention and control had needed to be halved in terms of the original level of investment that had been planned and he felt this was a concern. Angela Hopkins responded that ward improvements aided recovery and patient wellbeing as well as staff wellbeing. Siân Harrop-Griffiths stated that such work was being carried out as part of phased programme with the highest areas of risk being progressed first.</p> <p>Andrew Davies stated that there was much to be gained from greater collaborative working the context for which had changed over the last five-to-ten years. He said it was important that the Board addressed sources of innovative funding and agreed that ABMU needed an organisational strategy underpinned by other relevant strategies.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> – The balanced 2018/19 Discretionary Capital Financial Plan be approved; – The proposal that additional funding/slippage be co-ordinated

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	through the Capital Prioritisation Group subject to approval of the Investment Benefits Group be approved
44/18	CONSULTATION FOR A MAJOR TRAUMA NETWORK (MTN) FOR SOUTH AND WEST WALES AND SOUTH POWYS
	<p>A report seeking approval of the establishment of a major trauma network for South and West Wales and South Powys subject to mitigations identified was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths stated that South Wales did not currently have access to a MTN and the proposals had been developed on the basis this was required. She said that it had been disappointing that Morriston Hospital had not been recommended as the Major Trauma Centre (MTC) site but supported the Network being led from Morriston Hospital with the MTC being located at the University Hospital of Wales.</p> <p>Siân Harrop-Griffiths said the matter had been subject to formal consultation between November 2017 and February 2018 during which time meetings had been held involving the ABM CHC. The level of public attendance at these meetings had been low which resulted in no further meetings being held in the New Year. She stated that there had been a greater degree of public interest express though social media and it would therefore be important to feedback to Welsh Government so that they could give consideration to the required approaches to public consultation for future issues.</p> <p>Tracy Myhill stated that the current system for consultation and engagement had not been developed with this type of decision in mind. She said that ABMU had made efforts to influence and contribute as part of the process and agreed the process needed to be reviewed.</p> <p>Siân Harrop-Griffiths stated that around half of the overall 511 responses received were from ABMU and the key themes arising from this were set out in the report. She said that the NHS Collaborative had determined there was no cause to change the panel's recommendations but that there were a series of issues which required further assurances which had since been addressed.</p> <p>Siân Harrop-Griffiths stated that at the meeting of the Emergency Ambulance Services Committee (EASC) earlier that week it had been agreed to commission a review relating to the potential for better clinical outcomes were the EMRTS (Emergency Medical</p>

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Retrieval and Transfer Service) operating hours to be extended, enabling casualties to be attended by trauma and emergency doctors at the scene and then transported quickly.

A letter from Dai Lloyd, AM for South Wales West was referenced which called upon ABMU to formally reject the proposal put forward by NHS Wales Collaborative to establish the MTC in Cardiff. A letter from the ABM CHC was also referenced setting out their view following discussion of the issue at their Executive Committee on 27th March 2018. Both letters had been shared with Board members.

Andrew Davies stated whilst the decision as to whether to support the proposal rested with the Board it needed to take account of the views that had been expressed.

Clare Jenkins stated that the ABM CHC had expressed concerns at the start of the process and it had advocated separation between the question of the MTN and the issues relating to the location of the MTC itself. She said she had been disappointed that it was only possible for the CHC's Executive Committee to consider the proposal document on 27th March 2018 and that due to the timing and sequencing the commentary of the CHC could not be determined and considered prior to the final proposals and recommendations being made to Health Boards.

Claire Jenkins she said that it was not felt that all the issues raised had been responded to adequately and that the CHC were of the view that not everyone had understood the issues and how the proposals could impact upon them. She said that questions and concerns had been raised regarding the detail in relation to the different elements of the network which they felt would be necessary to ensure improvements in outcome were equitable across the region and throughout the patient pathway. She said that people had specific concerns about location of the units, improvements to rehabilitation pathways, IT infrastructure and the adequacy of transfer services including ambulances and the EMRTS.

Claire Jenkins said that people had also raised concerns or questions about the cost and affordability of the network and the impact of the cost on wider health board budgets and their ability to deliver other vital services. Furthermore she said that there were concerns about space and capacity within the University Hospital of Wales to accommodate a MTC. She said that the CHC remained concerned that the response was insufficient overall to enable it to take a strategic and 'whole system' view of the proposals. Therefore whilst acknowledging the level of support for the

development of a MTN, she said that the CHC were not in a position to agree or otherwise to the proposal at this stage.

Jackie Davies echoed the concerns around equality of access.

Andrew Davies stated that the relationship between ABMU and ABM CHC was positive and he hoped the document reflected the case that had been made by the NHS Collaborative. He suggested the Board may wish to add caveats to any decision it made in this regard and asked Board members to consider this.

Tracy Myhill said that ABMU needed to be cognisant of the issues raised by its population acknowledging that the organisation was part of a wider system. She said that commitment to the MTN being managed at Morriston was clear and ABMU would work with the CHC in this respect. Tracy Myhill stated that it was possible some of the responses which opposed the suggested way forward were arising from a fear of losing services from ABMU when in fact Morriston would continue to provide regional services. With reference to the points raised in respect of EMRTS, Tracy Myhill stated that ABMU had a key role to play. She acknowledged the points that had been raised relating to affordability stating that the work was a Ministerial priority and would be taken forward through the Integrated Medium Term Plan (IMTP) process and was therefore likely to be funded on a national basis. She said that it was important to see the proposals in the context of the whole patient care journey.

Hamish Laing stated that there was a potential for around 1000 patients to sustain major trauma per year across South Wales and that the MTN would benefit all of these patients wherever they lived by providing structured pathways for their care. As a member of the Major Trauma Programme Board he said it was frustrating a MTN had not been established sooner and that he had been part of the team which had submitted a bid advocating the establishment of the MTC at Morriston. He said that there were however strong arguments, both for Morriston and the University Hospital of Wales (UHW) hospital sites and that he felt that the case in favour of having the MTC at the UHW was a coherent one.

Hamish Laing stated that the co-dependencies with neurosurgery were strong as they were with regard to burns & plastics surgery but that the timing for the latter was less acute and that this factor had driven the decision regarding location. Hamish Laing stated that with the establishment of the MTN, clarity would be brought to the best place for patients to be cared for. He said that the EMRTS service which was hosted by ABMU provided care at the roadside

and was able to undertake all that hospital based services could with the exception of radiology. He said that there was a strong case for extending their operational hours although burns & plastic surgery and post-trauma rehabilitation would need further investment as part of this decision. He stated that ABMU was being asked to provide leadership for the MTN, holding the MTC to account and that the MTN would be hosted by the Collaborative, as were other networks.

Emrys Davies stated that WAST were not part of the decision making process for major trauma issues but he was pleased that EASC were looking at the opportunities to extend the out-of-hours EMRTS service. He expressed concern that there was a risk of ambulances from West Wales being temporarily unavailable to convey patients should ambulances be needed to transport patients to UHW. Finally he said he agreed there were lessons to learn from the consultation process.

Ceri Phillips stated that it was clear a 1000 patients would benefit from the undefined investment in a MTN but that this would result in an impact on other patient services. He said he was supportive of the MTN but felt that a decision was being sought without all the necessary information which meant that the appraisal was biased. He therefore felt he could not support the major capital scheme given costs were undefined.

Maggie Berry stated she felt there was more space for a MTC at the Morriston site and therefore felt she could not support the proposals.

Martin Waygood stated that overall the proposals suggested there would be better collaboration between Swansea and Cardiff and as Morriston Hospital still operated a large trauma unit it had a key role to play. He said that UHW's helipad had direct access to A&E which was a key factor. He stated that he supported the recommended way forward.

Emma Woollett acknowledged the points made by Ceri Phillips with regard to costs but expressed support for the recommended way forward on the basis it was a new service which had been informed by clinical advice as to where it was best established. She also said that potential extension of EMRTS operating hours was important as it could address concerns around equity of access. She agreed that changes needed to be made to ensure improved ways of consultation were in place for future developments.

Andrew Davies stated that ABMU operated in an environment

where it needed to needed to work collectively and collaboratively but that the decision today was one that needed to be made by each of the Boards involved. He said it remained important support local communities whilst as the same time recognising what was best for the local population.

In summarising the Board's discussions Andrew Davies noted there was unanimous support for the development of a MTN for South Wales and South Powys. He said he noted the board were in agreement with the premise of the proposals that having a MTN and MTC with supporting Major Trauma Units and Rehabilitation Centres would improve outcomes for the population of South Wales and South Powys. Further he noted that Board had decided by a majority vote to support the view of the Independent Panel's clinical expert that the co-location of Children's and Adult trauma care together, along with neurosurgery, was more important to improving clinical outcomes than the travel time from the MTC.

Andrew Davies noted there were two non-officer members who objected and Ceri Phillips abstaining due to lack of clarity over costs and the distance patients from South West Wales would need to travel to a MTC based in UHW.

In considering the issues raised by the public, organisations and groups in response to the public consultation, Andrew Davies said the Board agreed that there were various issues which needed to be raised in its response which would be shared with Board members in due course.

Andrew Davies stated the first issue related to the part ABMU would need to play in shaping the detail of how the Network would work, its accountability arrangements as well as clarity on the requirements of Morriston Hospital being a large Major Trauma Unit which needed to be clarified as the implementation progressed. Andrew Davies stated that there was a need to understand the overall costs so that these could be incorporated into ABMU's Integrated Medium Term Plan/ Annual Plan processes ensuring that the costs attributed to Morriston becoming a large Major Trauma Unit and leading the Network were supported.

Secondly Andrew Davies said there was also a need to ensure the implementation of the recommendations recognised Morriston's role as the specialist regional centre for South West Wales and did not adversely impact upon its ability to deliver quality, accessible services for the population of South West Wales.

Andrew Davies acknowledged the need for reassurance to the

	<p>population of South West Wales in terms of the distance from the MTC and the need for this to not adversely impact on clinical outcomes. He said that ABMU was fully committed to ensuring arrangements such as extending the operating hours of the EMRTS service were integral to the implementation arrangements noting that the Board had only learned of the decision by EASC (to commission an independent review of the benefits of extending the operational hours of EMRTS) at the Board meeting that day.</p> <p>In acknowledging feedback received from the ABM CHC at the Board meeting Andrew Davies noted that the timing of the decision making and some aspects of the engagement and consultation process had presented challenges for the CHC and that there were lessons that could be taken from this for future decisions.</p> <p>Based upon the understanding that the above issues were addressed during the implementation Andrew Davies concluded that the Board agreed to support the recommendations of the Independent Pan with the mitigations included with the Collaborative report.</p> <p>Andrew Davies thanked everyone for their contributions regarding this important issue.</p>
Resolved:	<ul style="list-style-type: none"> – A MTN for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed be – Approved – The adults’ and children’s major trauma centres should be on the same site – Approved – The MTC should be at University Hospital of Wales, Cardiff – Approved. – Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network – Approved. – A clear and realistic timetable for putting the trauma network in place should be set – Approved.
45/18	ANNUAL PLAN 2018/2019

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A report seeking approval of the ABMU Annual Plan 2018/19 and supporting documentation for submission to Welsh Government was **received**.

In discussing the report, the following points were raised:

Andrew Davies stated that the governance process around the development of the Annual Plan had been more robust than in previous years reflecting the fact ABMU was in a stronger position as regards Board assurance. He thanked Martin Sollis, Emma Woollett, Lynne Hamilton and Siân Harrop-Griffiths in this regard.

Siân Harrop-Griffiths stated that there was a focus on improving trajectories in a bid to move towards the development of a three-year IMTP. She said the current Annual Plan was comprised of four documents these being the Executive Summary; Annual Plan containing key actions and service improvement plans; narrative appendices and mandatory appendices.

With regard to healthcare acquired infections Siân Harrop-Griffiths said that the Welsh Government had recommended a revision to improvement trajectories which had been taken on-board. She said that there was also a plan to invest £2m in the first quarter of 2018/19 to support delivery of improved planned care performance, and the overall end-of-year performance was predicated on additional funding of £2m/quarter which would need to be the subject of further discussion with Welsh Government.

Tracy Myhill stated that it was important that trajectories were aspirational but deliverable.

With reference to the financial plan Lynne Hamilton stated there was a need to stabilise, recover and sustain performance. She said that Welsh Government had noted progress made during 2017/18 but required further detail in terms of savings plans going forward in order to gain the necessary assurances around delivery.

Lynne Hamilton stated that the draft financial plan had been discussed before the Board in January 2018 but required amendment to revise the forecast deficit from £19m to £25m. This was due to taking out potential service changes for the Bridgend population and delaying some of the other service and workforce changes which would not have delivered a full 12month effect. The original financial plan had been based upon 12 monthly assumptions beginning in April 2018 and the revisions reflected a wish to ensure the plan was realistic based upon when the savings derived from service delivery changes were expected to impact. Lynne Hamilton stated the objective was to risk manage and mitigate potential non-delivery via detailed contingency plans which would include the deployment of further spending control

mechanisms.

Lynne Hamilton stated the key financial assumptions underpinning the plan were challenging. She referenced the detailed account within the report of the underlying deficit which was based upon professional judgement which she felt to be a fair representation of ABMU's position. Lynne Hamilton said the organisation was endeavoring to move away from the use of 'cost improvement programmes' (CIPs) to service and change driven strategic budgeting and therefore 2018/19 would be seen as a transitional year.

Emma Woollett stated that as Chair of the Performance & Finance Committee she was working closely with the Directors of Strategy and Finance and the Chief Executive regarding the Annual Plan and Recovery & Sustainability Programme. She said that both the financial and the performance trajectories had been scrutinised by the Committee at the March 2018 meeting. Emma Woollett stated that while plans for 2018/19 did not deliver the operational or financial performance ABMU aspired to, the Committee had been assured that they were more realistic and, importantly, formed part of a 2-3 year improvement plan. She said the Committee had been pleased to receive confirmation that all executives and all delivery units had explicitly signed-up to the trajectories and the actions underpinning them. She added that the Performance & Finance Committee would hold executives and delivery unit leads to account for delivery and would expect to see robust mitigating action if service delivery did not match trajectory.

Emma Woollett stated that the financial plan still required some work but it represented an improved position compared with the previous year. She said that during 2018/19 there would be a real focus on improving unscheduled care delivery along with planned care. With regard to the latter, she said that the planning investments each quarter were an important part of those plans which was predicated on agreed trajectories being achieved in quarter 1. With regard to the improvements required in respect of healthcare acquired infection rates Emma Woollett stated that this would be driven through a robust three-year plan.

Emma Woollett confirmed that the financial plan was underpinned by the Recovery & Sustainability Programme, which had been refreshed and reconfigured to directly support each of the financial plan saving areas. Although the detail underpinning the savings plan still required some work, Emma Woollett noted that the position still represented an improved position compared with the previous year. She said that during 2018/19 there would be a real focus on improving unscheduled care delivery along with planned care. With regard to the latter, she said that the planning

investments each quarter were an important part of those plans which was predicted on agreed trajectories being achieved in quarter 1. With regard to the improvements required in respect of healthcare acquired infection rates, Emma Woollett stated that this would be driven through a three year plan.

Martin Sollis stated that he felt the Annual Plan had been subject to robust scrutiny as a result of governance arrangements being strengthened. He fully supported the work thus far and looked forward to seeing delivery trajectories being met reflecting continuous improvement.

Ceri Phillips said the document represented a 'step-change' in terms of the progress that had been made in refining the Annual Plan submission since January 2018. He referenced the importance of making links between the Annual Plan and the actions that would arise from the Parliamentary Review of Health & Social Care.

Jackie Davies stated that nursing workforce challenges were significant and were likely to increase following the introduction of the Nurse Staffing Act requirements.

Chris White stated that achievement of service trajectories in respect of planned care and Referral to Treatment targets would require further investments than had been planned for quarter one but that this would need to be monitored across the year.

Sharon Vickery stated that Kate Lorenti as the Acting Director of Workforce & Organisational Development had put strong foundations into place from which the organisation could build. With regard to the recruitment challenges that were being faced she stated that targeted training was key in order to 'skill-up' staff to better manage change. She said that compassionate leaders were required with enhanced people skills.

Emma Woollett stated that the current text in the report suggested signs of resilience in terms of the Mental Health Measure performance and felt that the Annual Plan needed to be clear in this respect as this was in relation to adult services only, as ABMU Child & Adolescent Mental Health Services performance remained unacceptable.

Emma Woollett also expressed disappointment that there was a lack of parity between the Annual Plan sections relating to acute and primary care services, the latter being mainly referenced as appendices. In response, Tracy Myhill stated that it was not possible to rebalance the position in the current iteration given ABMU's focus was currently on acute care due to the issues that given rise to its 'targeted intervention' status. However she agreed that work was needed across the system as whole with primary &

	<p>community services needing to drive the required changes across delivery units. Martyn Waygood and Siân Harrop-Griffiths concurred. Siân Harrop-Griffiths stated that each service improvement area would have a focus on prevention from 2018/19.</p> <p>Tracy Myhill stated that the need for ongoing review of the Annual Plan was important to ensure that there were no unforeseen delivery issues later in the year. She said it was important to push ahead with the £2m of investments planned for quarter 1 in relation to planned care and 'Referral to Treatment' waiting times reductions in order that ABMU gained as much ground as early as possible in 2018/19. She felt there needed to be alignment in terms of executive functions and service delivery units working collectively. Tracy Myhill went on to say that she acknowledged the need for ABMU to continually seek to improve on its delivery plans and that she agreed that it was important that the organisation had compassionate leadership with appropriate accountabilities and support.</p> <p>Andrew Davies stated that the composition of the ABMU Board was largely new with only four longer serving members. He referenced previous issues that the organisation had needed to address around openness and transparency and said there had been issues around financial reporting but he was pleased there had since been a significant change in the way finances were now being reported. He paid tribute to the Director of Finance for her leadership in this regard. He said that the organisation was now in a much stronger position albeit with some difficult decisions to make to get it to where it needed to be. He went on to say that it was therefore important that plans were put into place to help the organisation forge ahead to deliver better more sustainable services.</p>
Resolved:	<ul style="list-style-type: none"> - The draft Annual Plan and supporting documents be approved for submission to Welsh Government.
46/18	PUBLIC SERVICE BOARDS WELLBEING PLANS
	<p>A report providing an update on the development of the Wellbeing Plans for the Bridgend, Neath Port Talbot and Swansea local authority areas was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths stated there had been significant work in developing the Wellbeing Plans which were now before health boards, Fire & Rescue, Natural Resources Wales and local authority partners for consideration. She said that the Plans aligned with ABMU's Annual Plan.</p>

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	<p>Andrew Davies stated that with the potential for the Bridgend County Borough Council leaving ABMU's catchment area he had discussed the issues this raised with regard to future working arrangements with colleagues at local authority level in both Neath Port Talbot and Swansea with a view to improving alignment. Tom Crick praised ABMU for being proactive in this respect.</p> <p>Emrys Davies stated that thought needed to be given as to how this could be taken forward in light of the major capital shortfall as well as budgetary challenges. Andrew Davies stated that it would be important to be mindful of staff capacity considerations. Siân Harrop-Griffiths stated that this issue needed to become part of everyday business across the organisation. Andrew Davies concurred that such changes needed to be embedded.</p>	
Resolved:	<ul style="list-style-type: none"> – The report be noted. – The Wellbeing Plans be approved. 	SHG
47/18	WESTERN BAY REGIONAL PARTNERSHIP AREA PLAN & ACTIONS	
	<p>A report seeking agreement of the above Area Plans (to be included in ABMU's Annual Plan) and that the submission be countersigned by the Chief Executives of the four partner organisations was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths stated there had been significant engagement across ABMU to develop the area plans which sought set out priorities and the direction for the delivery of integrated care. She explained that whilst the requirement had been to produce a five-year plan, due to the potential implications of the Bridgend County Boundary changes it had been necessary to produce both one and five year versions. She stated the Area Plan aligned with the ABMU Annual Plan.</p> <p>Alison James stated that it was becoming increasingly difficult to sustain some of the outcomes produced as a result of successful bids for intermediate care funding as the criteria required schemes to be new.</p> <p>Andrew Davies stated that the role of Programme Director for Western Bay needed to be reviewed to drive further service integration. Siân Harrop-Griffiths stated that this needed to be discussed with the Director of Social Services.</p>	
Resolved:	<ul style="list-style-type: none"> – The Area Plans be approved. – The proposal that the Area Plan actions be included in 	SHG

	<p>ABMU's Annual Plan be supported</p> <ul style="list-style-type: none"> – The delegated countersigning of the submission subject to approval by all organisations be approved. 	<p>SHG</p> <p>SHG</p>
48/18	<p>PARTNERSHIP PROPOSALS BETWEEN ABM AND CARDIFF & VALE UNIVERSITY HEALTH BOARDS</p>	
	<p>A report seeking approval of the establishment of a partnership and the associated terms of reference was received.</p> <p>In discussing the report Hamish Laing stated that the proposal reflected discussions earlier in the meeting in terms of a commitment in both organisations to work more closely together with regard to the planning of specialised services.</p>	
Resolved:	<ul style="list-style-type: none"> – The report was received. – The proposed establishment of the partnership and the terms of reference be approved. 	<p>SHG</p>
49/18	<p>BUSINESS CASE FOR TRANSFORMING CANCER SERVICES</p>	
	<p>A report seeking support for a business case for the replacement of the Velindre Cancer Centre and ABMU's share of additional revenue costs was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths stated that she and the Director of Finance had reviewed the business case as part of an intense scrutiny process.</p> <p>As regards the revenue costs, she stated this would amount to around £320,000 per annum, which if the proposed changes to the Bridgend Boundary proceeded would fall to Cwm Taf University Health Board rather than ABMU. Hamish Laing questioned the governance of such a decision adding also that Velindre had a strong charitable and NHS funding base and he would expect similar monies to be invested in South West Wales services particularly given that ABMU was involved in the whole cancer pathway. It was noted that patients in South West Wales were disadvantaged by geography and that ABMU faced various clinical recruitment challenges.</p> <p>Tracy Myhill stated that these were valid points and asked if ABMU had put forward requests to enhance its services. Siân Harrop-Griffiths responded that funding for equipment replacement had been successful but that ABMU had not submitted a business case to replace its cancer centre as this issue was linked to ongoing</p>	

	<p>work being progressed through ARCH (A Regional Collaboration for Health). She reminded Board members that a Non-Surgical Oncology Strategy for South West Wales had been approved by the Board in November 2017, and this provided a solid foundation upon which to build developments going forward. She also added that models of care were more advanced within ABMU than in South East Wales and service developments in ABMU were linked to need for both an organisational and clinical strategy. Martin Sollis stated that he was aware ABMU had previously received substantial capital investment for services, particularly at Morriston.</p> <p>It was noted that the original plan had been much broader in its scope and that the current proposals may be seen as broadening the perceived inequity in provision between South East and South West Wales. Andrew Davies stated that ABMU consultants had previously expressed the view that its cancer services were vulnerable and the current business case may well exacerbate this.</p> <p>Emma Woollett stated that any decision taken by ABMU Board needed to be based upon an assurance that such an investment took account of service provision in south west Wales.</p>
Resolved:	<ul style="list-style-type: none"> - The outline business case be supported. - The preferred option, 'Do Minimum Plus', as detailed in the OBC be approved. - ABMU's share of the additional revenue costs associated with the business case be approved.
50/18	FUNDED NURSING CARE (FNC)
	<p>A report providing an update on developments advice on work underway to ensure compliance with a 2017 Supreme Court Judgement which also sought approval of an uplifted FNC rate was received.</p> <p>In discussing the report Lynne Hamilton stated that this report was being shared amongst health boards across Wales. She added that the funding associated with the report was set out in ABMU's accounts and going forward was part of its financial plans.</p>
Resolved:	<ul style="list-style-type: none"> - The background and legal challenges regarding FNC in recent years be noted; - The Judgement of the Supreme Court that to precedence over previous Health Board decisions and the previous arguments put forward by both Health Boards and Local Authorities regarding FNC rates be noted;

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	<ul style="list-style-type: none"> - The implications arising from the decision including the need to uplift the FNC rate to ensure compliance with the Judgement be noted; - The recommendation that the FNC rate being the responsibility of the Health Boards to fund and that this be uplifted to £162.75 be approved; - The work underway to develop processes to manage reimbursement and the need to consider the current policy model in conjunction with Welsh Government be noted.
<p>51/18</p>	<p>NURSE STAFFING ACT</p>
	<p>A report providing an update in relation to implementation of sections of the Act which took effect as of April 2018 was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Angela Hopkins stated that templates were to be utilised to allow comparisons and would be approved by herself with scrutiny from the Director of Finance and Director of Workforce and Organisational Development.</p> <p>Martin Sollis stated that the extent of the risk was not yet known and asked if this had been taken into account as part of the Annual Plan. Angela Hopkins stated there were two significant elements, firstly the need to move to a more sustainable workforce that was linked to ongoing work with universities. She said that until a sustainable workforce was achieved the organisation would continue to rely on bank and agency workers to fill vacant shifts and secondly the need to deploy the workforce according to prudent healthcare principles.</p> <p>Jackie Davies noted the ongoing work with universities to increase the number of qualified nurses. She suggested there needed to be a review of the costs and benefits of the scheme to train healthcare staff to become nurses as she was aware that most of the qualified staff tended to remain working within ABMU. She supported the work to move to a single staff rostering system. Finally she stated that it was important that a balanced approach was taken to avoid areas not currently come within the remit of the Act suffering staff depletion in order to achieve required staffing levels on medical and surgical wards.</p> <p>Ceri Phillips stated that there was a need to involve the organisations that commissioned training places as whilst the universities were content to accommodate additional students and be flexible in terms of the modes of educational delivery, student</p>

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	<p>placements nevertheless needed to be funded.</p> <p>Tracy Myhill sought confirmation as to ABMU’s forecast level of compliance compared with other organisations and the implications of partial compliance from 8th April 2018. Angela Hopkins stated that some Health Boards were less advanced but that the issue of compliance rested with the availability of the required information. She said that patient acuity was a complex issue and it was unlikely that some wards would have the required information until May 2018. She added that partial compliance reflected the fact that the required information was available but not yet fully in electronic form. Angela Hopkins stated that implementation was being undertaken on a unit by unit basis to provide ABMU with the ability to flex as was necessary. She added that whilst ABMU would be compliant with requirements by 8th May 2018, the electronic component was not yet fully in place.</p> <p>Chantal stated that the work to date did not address the quality of the performance of ward nurses nor how this linked to mandatory and statutory training. Angela Hopkins stated that the provision of good care was one of the outputs expected from the work around ward dashboards which were being implemented at Neath Port Talbot Hospital in the first instance.</p> <p>Tom Crick sought asked if the Allocate staff rostering system would replace the Kronos system and this was confirmed.</p> <p>Jackie Davies stated that there were increasing risks which needed to be addressed in terms of nurse training. She cited the example of national shortages of neonatal nurses and said that around 50% of ABMU’s learning disability nurses could potentially retire in the next five years. Angela Hopkins stated that work was ongoing to influence the commissioning of training places particularly to accommodate more part-time posts.</p> <p>Pam Wenger stated that a Welsh Health Circular had been issued which required amendment of the Scheme of Delegation within Standing Orders around the Nurse Staffing Act and this would be taken into account as part of the ongoing review of the document.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> – The report be noted. – That a report on the Nurse Staffing Act be prepared for the Board Development Session in April 2018.
<p>52/18</p>	<p>IMPLEMENTATION OF ANNUAL PLAN</p>

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	<p>A report providing an update on the implementation of the Annual Plan at the end of quarter three of 2017/18 was received.</p> <p>In discussing the report Siân Harrop-Griffiths stated that the report had not been submitted to the Performance & Finance Committee to date but that consideration could be given to this going forward.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted - The assessment due to be shared with Welsh Government be approved.
53/18	FINANCIAL POSITION – TO 28TH FEBRUARY 2018
	<p>A report setting out the revenue financial position for month 9 was received.</p> <p>In discussing the report the following points were raised:</p> <p>Lynne Hamilton said that the revenue financial position had continued to improve during period 11 (end of February 2018) with an in-month overspend of £0.633m equating to £27.43m cumulatively.</p> <p>Lynne Hamilton stated that it was important that savings schemes which had not delivered in 2017/18 did so early in 2018/19. She added that the underlying position for pay was positive and said the increased spend outlined in the report was directly attributable to the level of pressure on services which had this year included adverse weather most recently in the form of snow. Such pressures were being funded through 'winter monies'. With regard to areas of uncertainty she said that Welsh Government had been made aware that it had not been possible to put plans in place for around £3m of funding in relation to planned care and that it was likely that a sum would be 'claw backed' although the precise figure was as yet unknown. She said that this would therefore influence the end-of-financial year closing position even if it were taken back on a graduated scale. It was noted that the Chief Operating Officer and the Director of Finance were working closely as the sum clawed-back would have an impact going forward.</p> <p>Andrew Davies thanked Lynne Hamilton for the approach she had taken which had brought greater transparency to financial management.</p>
Resolved:	- The report be noted .
54/18	PERFORMANCE REPORT

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The performance report was **received**.

In discussing the report the following points were raised:

Emma Woollett welcomed the changes that had been made to the format of the report. She said that performance was scrutinised via the Performance & Finance Committee. February 2018 performance had been significantly impacted by the adverse weather and influenza. 4 hour performance was 2.3% below that in January and 3.4% lower than February 2017. Ambulance handover performance did see a slight in-month improvement, although performance remained lower than the equivalent period in 2017/18. Emma Woollett stated that patient cancellations were some 40% lower than in February 2017 through successful implementation of models of care. She said that unit action plans implemented and reflected in forward trajectories and that the Committee had requested monthly performance metrics by delivery unit to allow granular monitoring and scrutiny. A report had also been requested the evaluation of key initiatives such as 'Breaking the Cycle' to understand how this evaluation was informing action plans.

Emma Woollett stated that cancer performance had declined and that this was being driven by urology, breast and gynaecology in terms of specialties at the Princess of Wales Hospital. She said there were risks to cancer performance looking forward, notably around key personnel and a report as to how this was being managed had been requested for the next meeting.

With reference to Referral to Treatment (RTT) performance Emma Woollett said this had dropped significantly particularly following the adverse weather which meant that the trajectories set for delivery in quarter 1 were a top priority with investment being made on an 'at risk' basis.

Whilst cancer service performance had also declined Emma Woollett stated that the reasons behind this were understood and mainly related to urology, gynaecology and breast services and that action plans were being put into place. She added that the issue had benefited from strong leadership via Claire Birchall, Service Director, Neath Port Talbot Hospital.

Emrys Davies stated that Maggie Berry as Chair of the ABMU Quality & Safety Committee was welcome to attend the Welsh Ambulance NHS Trust (WAST) Quality & Safety Committee and suggested that WAST colleagues be invited to ABMU to share information. Chris White referenced ongoing work between ABMU and WAST around Amber 1's. Emrys Davies commended the positive working relationship between the two bodies.

Resolved:	— The report be noted .
55/18	WALES AUDIT OFFICE (WAO) ANNUAL AUDIT REPORT & STRUCTURED ASSESSMENT
	<p>A report setting out the key findings from the audit work undertaken at ABMU by WAO colleagues between January – December 2017 and a report examining the arrangements in place within ABMU to support good governance and efficient, effective and economic use of resources together were received.</p> <p>In discussing the documents, the following points were raised:</p> <p>Pam Wenger stated that both documents had now been finalised having previously being considered by the Executive Team and that a management response was being finalised. She added that the documents had also been scrutinised by the Audit Committee during March 2018.</p> <p>Martin Sollis stated that he felt the documents were a fair reflection of the organisation and confirmed that the Audit Committee would scrutinise the implementation of actions.</p> <p>Andrew Davies offered his thanks to Pam Wenger for the systematic way in which she approached such work and the focus she had brought.</p> <p>Emma Woollett raised the issue of auditor costs. Martin Sollis stated these were consistent with other health board's fees and offered to discuss this further outside the meeting.</p>
Resolved:	– The report be noted .
56/18	BOARD COMMITTEE ARRANGEMENTS
	<p>A report seeking approval of proposed changes to committee arrangements was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Pam Wenger stated the proposals were based upon discussions with the Executive Team and more recently at the Board Development Session when it had been agreed that governance arrangements should be consolidated. This had been completed as part of the governance stocktake and the findings would form a development programme to take account of recommendations arising from other reports such as the Structured Assessment</p>

produced by the Wales Audit Office.

Pam Wenger stated that it had been agreed that performance workforce metrics would be considered via the Performance & Finance Committee and that the Workforce & Organisational Development Committee would continue for the present time.

As regards the strategic role of the Board, Pam Wenger stated that feedback on the proposals suggested that it would be possible to dispense with regular meetings of the Strategy, Planning & Commissioning Group in favour of holding ad-hoc meetings as required. A new Health & Safety Committee was to be established to be chaired by Martyn Waygood.

Pam Wenger stated that if approved, the proposals would require final minor amendments and would be circulated to Board members following the meeting.

Siân Harrop-Griffiths stated that the non-Board level Health & Safety Committee had met earlier that week and was managed via the Assistant Director of Planning rather than Capital Planning. Pam Wenger noted this further amendment.

Tracy Myhill thanked Pam Wenger for the progress made to date.

Martyn Waygood suggested that a programme of site visits be drawn up for Executives and Non-Officer Members. Andrew Davies stated that the capacity for organising such visits presented a challenge which needed to be considered. Pam Wenger stated that she and Chris Morrell had met to discuss the possibility of a multi-disciplinary programme commencing in therapies as a first step. Hamish Laing stated that a programme of Ward Assurance Visits was currently being rolled-out and it had been agreed that Non-Officer Members would be invited to attend.

Andrew Davies referenced the existing 15 Step Challenge programme. Maggie Berry stated that she had met with Cathy Dowling, Deputy Director of Nursing & Patient Experience to discuss the separation of the current association between the Quality & Safety Committee and the 15 Step Challenge so that any Board members could attend. Hamish Laing explained that the ward assurance programme would replace the 15 Step Challenge for wards and that non-officer members would be encouraged to join the ward assurance visiting teams. A modified 15 Step Challenge was due to be introduced for clinics and settings outside hospitals.

Tracy Myhill stated that visibility was fundamental to the role of Board members.

Ceri Phillips stated that it was important that the non-metric workforce issues were discussed at an appropriate forum given that

	the organisation was underpinned by its workforce. Sharon Vickery concurred. Andrew Davies stated that it was important that the workforce & organisational development elements were centralised. Tracy Myhill stated that there were various ways of achieving this to best effect.
Resolved:	<ul style="list-style-type: none"> – The report be noted; – That the Governance Work Programme to be monitored and reviewed through the Audit Committee at each meeting; – The revised committee structure and membership arrangements be approved with minor changes needing to be accommodated; – The proposal to consider the structure annually be agreed; – That the changes to the Performance & Finance Committee be approved; – That the Terms of Reference for the Health & Safety Committee be approved.
57/18	STRATEGIC RISK
	A report providing an update on ongoing work to progress the strategic risk agenda and the development of a Board Assurance Framework and review of the Corporate Risk Register was received and noted .
58/18	KEY ISSUES ARISING FROM BOARD COMMITTEE MEETINGS
	<p>A report outlining discussions undertaken by board committees and other groups reporting to the board which also sought approval of terms of reference for the Audit Committee and Charitable Funds Committee was received.</p> <p>In discussing the report, the following points were raised:</p> <p>A change to the format of the report content was being piloted via the Audit Committee prior to roll-out across all Board committees at a later stage.</p> <p>Siân Harrop-Griffiths referenced a recent meeting of the EASC where it was confirmed that performance around ‘red’ ambulance calls had improved and that the focus was on ‘amber’ response times.</p> <p>With reference to the meeting of the Joint Regional Planning & Delivery Committee Hamish Laing stated that at its last meeting there had been discussion around the need to review long term agreements between the Hywel Dda and ABMU Health Boards to ensure they better reflected service specifications. Andrew Davies</p>

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	<p>stated that there was a lack of transparency in the figures for complex local services which was managed via a tariff system within NHS England. Tracy Myhill stated that consideration needed to be given to how this could be addressed for Wales.</p> <p>Emma Woollett referenced the Joint Regional Planning & Delivery Committee's discussion around ABMU's draft service specification and pathway for a Hyper Acute Stroke Unit (HASU) and sought clarity as to Hywel Dda's support in this regard. Siân Harrop-Griffiths stated that Hywel Dda clinicians and Executive Team were supportive of the HASU but this matter had not yet been formally discussed at their Board meeting. She added that ABMU's decision was not predicated upon this.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The terms of reference for the Audit Committee and Charitable Funds Committee be approved.
59/18	ANNUAL REPORT ON EMERGENCY PREPAREDNESS RESILIENCE & RESPONSE (EPRR)
	<p>An annual EPRR update was received.</p> <p>In discussing the report Siân Harrop-Griffiths stated that significant work had taken place to strengthen business continuity arrangements and this had enabled the organisation to demonstrate its resilience at time of the greatest pressure.</p> <p>Hamish Laing took the opportunity to pay tribute to the contribution made by Karen Jones, Head of Emergency Preparedness Resilience and Response which had enabled ABMU to improve its business continuity arrangements. He stated that NHS Wales Informatics Service (NWIS) had now invited to her to provide advice.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted.
60/18	MATTERS REPORTED IN-COMMITTEE AT PREVIOUS MEETING
	A report on items considered during the in-committee meeting of the Board in January 2018 was received and noted .
61/18	AFFIXING OF THE COMMON SEAL

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	A report outlining documents to which the common seal had been applied since the last meeting was received and noted .
62/18	SUMMARY OF WELSH HEALTH CIRCULARS (WHC)
	A summary of WHCs issued since the Board last met was received and noted .
63/18	ANY OTHER BUSINESS
	There was no further business and the meeting was closed.
64/18	DATE OF NEXT BOARD MEETING.
	31 st May 2018, venue to be confirmed.
65/18	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: