

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board
held on 28th November 2019
in the Millennium Room, Health Board HQ, Baglan**

Present

Emma Woollett	Interim Chair
Tracy Myhill	Chief Executive
Richard Evans	Medical Director
Gareth Howells	Director of Nursing and Patient Experience
Chris White	Chief Operating Officer/Director of Therapies and Health Science
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member
Keith Reid	Interim Director of Public Health
Martin Sollis	Independent Member
Reena Owen	Independent Member
Maggie Berry	Independent Member
Jackie Davies	Independent Member
Lynne Hamilton	Director of Finance
Nuria Zolle	Independent Member

In Attendance:

Pamela Wenger	Director of Corporate Governance
Irfon Rees	Chief of Staff
Darren Griffiths	Associate Director – Performance
Matt John	Interim Chief Information Officer
Hannah Evans	Director of Transformation
Liz Stauber	Interim Head of Corporate Governance
Melanie Watson	KPMG
Hugh Patrick	Community Health Council (until minute 16/11/19)
Simon MacRory	Guardian Service (for minute 21/11/19)
Julie Lloyd	Staff Experience and Organisational Development Manager (for minute 21/11/19)

Minute No.	APOLOGIES	Action
01/11/2019	Apologies for absence were received from Martyn Waygood, independent member, Mark Child, independent member, Emrys Davies, Welsh Ambulance Service NHS Trust (WAST) and Alison Stokes, associate board member.	
02/11/2019	WELCOME / INTRODUCTORY REMARKS	

	Emma Woollett welcomed everyone to the meeting, particularly Nuria Zolle who had joined the organisation as an independent member.	
03/11/19	DECLARATION OF INTERESTS	
	Jackie Davies declared an interest in the Nurse Staffing Levels (Wales) Act 2016 item as a member of the Royal College of Nursing (RCN) due to a report to be published later in the year.	
04/11/19	PATIENT STORY	
	<p>A patient story was received detailing the experience of a teenager with learning disabilities admitted to Morriston Hospital for an operation. As the patient was 17, he was scheduled to be admitted to an adult ward, which made him anxious, particularly as he was needle phobic. On the day of the operation, the patient and his mum met the adult liaison officer on the ward to take a look around but it was evident that it would not be suitable for him to be treated there. As a result they went to the play room on the children's ward and where the anaesthetist met with the patient to talk through the process, helping him to relax him, and the play leader was also available. Thanks to the communication between the various teams, the patient was able to remain on the children's ward and his mum able to stay with him throughout. As part of the learning, a task and finish group had been established with key individuals from children and adult services to address the pathway for young people with additional learning needs, with further work to be undertaken for those aged between 18 and 25. The pathway would identify support from paediatric play therapists in relation the medical procedures.</p> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells stated that when listing Joel for surgery, staff had only looked at his age and not the context behind it in terms of additional learning needs. He added that the key learning from this was how to allocate beds more appropriately.</p> <p>Emma Woollett stated that transition from children to adult services across all specialties was challenging, more so when the service user had additional learning needs. Gareth Howells concurred, adding that the learning from the case had been used in a plethora of services, not just in surgery.</p>	
Resolved:	The patient story be noted .	
05/11/19	MINUTES OF THE PREVIOUS MEETING	

	The minutes of the meetings held on 26 th September 2019 were received and confirmed as an accurate record.	
06/11/19	MATTERS ARISING	
	<p>(i) <u>Singleton Minor Injury Unit</u></p> <p>Gareth Howells advised that an update on the temporary closure of the minor injury unit (MIU) had been deferred while further progress was made in relation to the acute care model as part of the clinical services plan, as this would need to be a part of the engagement for the process to be of worth. He added a further update would be received in January 2020 as to progress. Emma Woollett stated that the lack of update was disappointing and queried if the current pace was the best that could be achieved. She requested that an update was definitely received by the board in January 2020 and then ongoing as necessary. Gareth Howells responded that clarity was needed as to the right pathway for unscheduled and acute care in order to make best use of the services at Morriston, Singleton and Neath Port Talbot hospitals.</p> <p>Reena Owen commented that concerns were being raised across Swansea that the unit would never reopen therefore a decision needed to be made as soon as possible. Irfon Rees advised that it was recognised that the pace was not as the organisation would like it but it was important to note that resources were being used in other ways within the hospital to reduce unnecessary admissions.</p> <p>Tracy Myhill summarised that if the work in relation to the MIU was undertaken in isolation, it may not align with the longer term structure for acute care however where the process could be quickened, steps would be taken to do this.</p>	GH
07/11/19	ACTION LOG	
	The action log was received and noted .	
08/11/19	REPORT OF THE CHAIR	
	The report of the interim chair was received and noted .	
09/11/19	REPORT OF THE CHIEF EXECUTIVE	
	The report of the chief executive was received .	

	<p>In introducing the report, Tracy Myhill highlighted the following points:</p> <ul style="list-style-type: none"> - The unprecedented operational pressures were continuing and also affecting community and Welsh Ambulance Services NHS Trust (WAST) services; - A consolidated and ambitious plan was in place to improve performance with interventions due to commence in the next few months; - Safer patient flow guidance was set to be re-launched, which included the need for early board rounds and earlier discharges, and a patient flow co-ordinator had been appointed; - The Signal system was being implemented at Morriston Hospital following a successful installation at Singleton Hospital which would provide 'live' data as to whom was in each bed; - Work was ongoing to commence the hospital to home programme; - The health board had received 71% more red calls this year which meant patients were sicker but the volume not necessarily more; - The ring-fenced orthopaedic beds had not been breached for two months; - Keith Reid had joined the executive team as interim Director of Public Health; - The health board had had a number of successes at recent award ceremonies, including the RCN nurse of the year; - Thanks were offered to Chris White and the executive board for the support during a period of absence. 	
Resolved:	The report be noted .	
10/11/19	KEY ISSUE REPORTS	
	<p>(i) <u>Performance and Finance Committee</u></p> <p>A report setting out the discussions of the Performance and Finance Committee at its meetings in October and November 2019 was received and noted.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the meeting of the Quality and Safety Committee held in October 2019 was received and noted, with the following points raised in discussion:</p> <p>Emma Woollett noted the reports received in relation to suicide and substance misuse and queried if such work would be managed through</p>	

	<p>the public service boards. Keith Reid confirmed that it would be but it would also be important to discuss such issues at committee and board level for oversight.</p> <p>Maggie Berry noted the pilot work in Swansea in relation to suicide rates and queried why it was not in place in Neath Port Talbot. Keith Reid responded that more work was required in Neath Port Talbot to understand the extent of the issue before the pilot could commence. Chris White added that suicide had been discussed at the mental health and learning disabilities performance review with a view to developing an action plan which would be brought to Quality and Safety Committee in due course.</p> <p>(iii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions of the meetings of the Workforce and OD Committee held in October 2019 was received and noted.</p>	CW
12/11/19	HEALTH BOARD PERFORMANCE REPORT	
	<p>A report outlining the current health board performance was received. In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - As the performance report was the end-of-quarter update, it contained the detailed report cards; - Unscheduled care remained a challenge and while the health board reported 70.99% in October 2019, despite the continued pressures, some improvement had been seen in November 2019 with performance over 73% and daily performance ranging from 65% to 79%; - Planned care pressures remain in outpatients, inpatients and day cases particular. Forecasts for November 2019 showed a minor recovery in the 26-week position for the first time this year and a slowing in the rate of increase in long waiting patients; - Eight locum anaesthetist posts had been advertised with seven potential candidates to interview; - Cancer performance for the 31-day measure was likely to be 97% for October 2019 and the unvalidated position for the 62-day measure of 84%, with the backlog of patients reducing steadily; - <i>Clostridium difficile</i> was above profile but the other four infection control measures remained either at or within profile, even though a dip was scheduled to occur in October 2019. 	

Resolved:	The current health board performance against key measures and targets and the actions being taken to improve performance be noted .	
13/11/19	FINANCIAL POSITION	
	<p>A report outlining the current financial position was received.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - The month seven position was a deficit of £1.4m, with a cumulative deficit of £8.6m; - The capital position forecast was breakeven and the public sector payment performance was within the expected range; - A target of £22m savings had been set and the number of 'green' schemes was now in excess of this; - Some of the challenges to the financial position included the unscheduled care pressures, which was also impacting on income as procedures commissioned through the Welsh Health Specialised Services Committee (WHSSC) and other service level agreements were unable to take place; <p>In discussing the report, Emma Woollett referenced the delayed implementation of the Welsh Community Care Information System (WCCIS) and queried the significance. Matt John advised that the delays were national, not limited to the health board, and were due to technical issues within the NHS Wales system, as the local authorities had had no issues implementing the system. He added that a new company had taken over the implementation and the full business case was to be considered by the investment and benefits group in January 2020.</p>	
Resolved:	The current financial position be noted .	
14/11/19	HEALTH BOARD RISK REGISTER	
	<p>The health board risk register was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - Audit Committee had been closely involved in the development of the risk register, which had been completely 'revamped' over the last 12 months; - The register now reflected the top risks as signed off by the executive team; 	

	<ul style="list-style-type: none"> - A risk management group had been established and an escalation process put in place; - A draft board assurance framework had been discussed by the Audit Committee in November 2019 which would align with the risk process; - Risks would now be assigned to the relevant committees for scrutiny and to target the agenda appropriately; - The risk management policy had been revised. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen stated that the document needed to be 'live' in order for it to be relevant and queried if committees felt there was a risk requiring consideration, there was a process by which they could refer it. Pam Wenger responded that committee should be managing their agendas based on the highest risks therefore no new risks should be identified within committees if the process was working as it should.</p> <p>Martin Sollis commented that it was important that the board was aware of top risks and how they were being managed, therefore these should be covered in the reports from the committees. Emma Woollett concurred, adding that the revised risk process and board assurance framework would drive a new way of working from ward to board, through the committees.</p>	
Resolved:	<ul style="list-style-type: none"> - The updated health board risk register and the risks assigned to the board and its committees be noted. - The risk management policy be approved noting this has been considered by the Audit Committee in November 2019 for ratification. 	
15/11/19	RECOMMENDATIONS TO OPTIMISE THE DELIVERY OF THE ANNUAL PLAN 2019-20	
	<p>A report outlining the recommendations to optimise the delivery of the Annual Plan 2019-20 was received.</p> <p>In introducing the report, Tracy Myhill highlighted the following points:</p> <ul style="list-style-type: none"> - At the special board meeting in October 2019: <ul style="list-style-type: none"> • Members discussed the 2019-20 financial plan as well as the planned and unscheduled care trajectories within the annual plan 2019-20; • The financial position was reported as more than £7m adrift; • The £22m savings plan was £1.8m short; 	

	<ul style="list-style-type: none"> • It was noted that the operational challenges were continuing and affecting the cost pressures, including loss of income due to reduced elective activity; • Category M primary care drugs and the Welsh Risk Pool risk sharing protocols were risks but not in the forecast; • On this basis, the delivery challenge to breakeven was £8.7m and within this the health board was assuming receipt of the £10m from Welsh Government, but at risk if predicated on breakeven, £6.5m planned care support which also a risk if targets were not delivered as well as £2m support for the Bridgend boundary diseconomies of scale; • A number of meetings were scheduled with Welsh Government in the weeks that followed at which further clarity would be sought regarding expectations and support; • Consideration needed to be given as to whether breakeven was still an achievable year-end position; • There were further opportunities to improve, in part supported by KPMG (the external financial support commissioned by Welsh Government); • The revised planned and unscheduled care trajectories were approved; • The board supported the annual plan but did not approve it due to the financial position; <ul style="list-style-type: none"> - Following the meeting with Welsh Government after the October 2019 board meeting, Chris White had written to Welsh Government in Tracy Myhill's absence to confirm the planned and unscheduled care position and to set out the financial position; - The financial and performance challenges were national and not unique to the health board; - In the targeted intervention meeting, Welsh Government's view of the organisation's status was that continuous improvement was needed for unscheduled care, recognising that the right actions were in place; that the projected numbers for planned care were not acceptable and needed to be improved upon if at all possible; and that a deficit year-end forecast needed to be called as balance would not be achieved; - The health board was facing a significant short-term challenge for 2019-20, while working towards a sustainable position for future years by developing a three-year plan within the direction of the clinical services plan and organisational strategy; - The board needed to reconfirm its commitment to the planned and unscheduled care trajectories as a minimum but better if possible; 	
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	<ul style="list-style-type: none"> - There were actions in the paper which could reduce the current forecast deficit of £15.9m to £12.3m; - Actions were also identified to reduce the deficit further to £8.7m, but the advice of the executive team was that these would create unacceptable risks to patient safety and operational performance; - The call today was how far the organisation could go to optimise service delivery and quality while maximising the use of resources. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen sought assurance that plans were in place to address the impact of tax changes on planned care performance due to the reduced flexibility of the workforce. Hazel Robinson responded that the changes were due to take effect in 2020 and there were some short-term actions in place to encourage clinical staff to undertake additional work.</p> <p>Emma Woollett noted that the board and Performance and Finance Committee had scrutinised in detail the current financial position and the reasons for it were understood. She added that the board remained committed to the revised planned and unscheduled care trajectories.</p> <p>Nuria Zolle referenced the reduction in discretionary spend and level of activity over the Christmas period, seeking clarity that this would not impact on workforce sustainability or morale. Hazel Robinson responded that the executive team was clear that it did not want to take any action that would negatively impact on its workforce and this was critical for future years as well. She added that the team was mindful of the relationship it had with staff.</p> <p>Nuria Zolle sought clarity as to the £2m opportunities identified by KPMG which could increase to £4m. Tracy Myhill responded that a number of actions had already been tested and an assessment on delivery would be provided by KPMG. Lynne Hamilton added that the current assessment was that the board would be unlikely to be able to deliver better than a £12.3m deficit and this would also be tested.</p> <p>Reena Owen queried whether the actions to reduce the £15.9m to £12.3m had been discussed with service managers to ensure that they would not undermine operational plans. Chris White advised that there had been a number of discussions with the units with a holistic approach around performance delivery and confirmation had been received that the position could be held. Siân Harrop-Griffiths supported Chris White's comments, adding that if the board did decide to aim for a deficit control total of £8.7m there would be risks around the sustainability of services. Hannah Evans stated that the plans had also been discussed by the executives in terms of grip and control as a collective response was needed.</p> <p>Martin Sollis stated that the health board had a statutory obligation to breakeven and while he heeded the advice not to reduce the forecast</p>	
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	<p>lower than £12.3, the organisation needed to reach a sustainable position as soon as possible. Emma Woollett concurred, adding that the decision made for this year would have no bearing on the need to breakeven the following year.</p> <p>Emma Woollett summarised that the board was content to change its forecast to a £12.3m deficit but not to go any lower. Tracy Myhill concurred, suggesting that this was subject to the testing of the actions by KPMG the following week and some flexibility be delegated to increase the forecast to £14m if necessary. She gave assurances that if this was to increase further, she would seek approval from the board. This was agreed and Pam Wenger advised that should this occur, the interim Chair and Chief Executive would write to the board setting out the position.</p> <p>Emma Woollett concluded the discussion by stating that the board must deliver what it set out to and while this was not the place in which it wanted to be, it did not change the ambition to have an approved integrated medium term plan (IMTP – three-year plan) next year.</p>	
Resolved:	<ul style="list-style-type: none"> - The current position in relation to finance, unscheduled care and planned care performance be noted; - Commitment to the planned and unscheduled care trajectories confirmed at the board in October 2019 be reconfirmed; - The actions to deliver the performance and financial plan for £15.9m and £12.3m be approved; - The ambition to develop an approvable three-year IMTP going forward be noted; - The forecast financial position for 2019-20 be set at deficit of £12.3m, subject to the testing of the actions by KPMG, with flexibility delegated to increase the forecast to £14m if necessary. 	
16/11/19	CLINICAL SERVICES PLAN AND INTEGRATED MEDIUM TERM PLAN (IMTP) 2020/21 TO 22/23	
	<p>A report detailing an update on the development of the clinical services plan and IMTP 2020/21 to 2022/23 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The health board had an ambition to have a three year plan for 2020/21 to 2022/23 and was continuing to work on that basis; - A decision would be made before the end of the calendar year if this was to change to an annual plan; 	

	<ul style="list-style-type: none"> - The national deadline for IMTP submissions was end of January 2020, which the health board was working towards, but there was an understanding that it would submit it as and when it was ready; - There was a requirement this year for the primary care clusters to submit IMTPs, which had been achieved by the deadline of September 2019; - The financial and workforce templates had been issued. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that the expectation of the board had been that it would receive a draft IMTP at this meeting for consideration and queried as to why this had not been the case. Siân Harrop-Griffiths responded that all the financial, performance and workforce elements needed to fit together and work was continuing in relation to the financial elements.</p> <p>Martin Sollis commented that it was encouraging to hear how the organisation was bringing in opportunities, particularly targeted cost improvement schemes, as it was important that the efficiency agenda was driving forward the three-year plan.</p> <p>Emma Woollett queried as to whether a dedicated board session to discuss the IMTP needed to be arranged to go through the level of detail and provide pace. Tracy Myhill responded that this would be of benefit but there needed to be an assessment of when the health board could achieve a draft plan which incorporated primary care and preventative health measures. Siân Harrop-Griffiths added that while the planning process was aiming for January 2020 to keep pace, February 2020 would be a better timeframe for an informal board discussion.</p>	
Resolved:	<ul style="list-style-type: none"> - The progress made on delivering the clinical service plan be noted; - The progress in developing the health board's three-year plan 2020/21-22/23 be noted. - The next steps be endorsed. 	
17/11/19	THORACIC SURGERY	
	A report providing an update on the development of a single adult thoracic surgery service for south Wales was received and approved for submission to the next WHSSC joint committee.	
18/11/19	WINTER PLAN 2019-20	

	<p>A report setting out the winter plan for 2019-20 was received.</p> <p>In introducing the report, Chris White highlighted the following points:</p> <ul style="list-style-type: none"> - The plan was system-based and referenced interventions such as hospital to home and early supported discharge; - For the first time, the health board had plans in place to deliver 70 bed equivalents; - Performance was being managed through daily calls, weekly service director meetings and a monthly unscheduled care board; - Welsh Government feedback had been positive as to the actions; - It was important not to see the targets as a performance metric rather a quality one as it impacted on the care provided to the people the organisation served. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen provided assurance that a robust discussion of the plan had taken place at the November 2019 Performance and Finance Committee which had provided assurance as to the partnership working with the local authorities.</p> <p>Tracy Myhill stated that this work would be one of the most important elements for the organisation over the coming months as this was one of its biggest risks, therefore it was critical that the actions made a difference.</p>	
Resolved	The report be noted .	
19/11/19	MAJOR TRAUMA BUSINESS CASE	
	<p>The major trauma business case was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The business case was being considered by all health boards involved that week for approval in-line with the NHS Wales Health Collaborative's recommendations; - At previous meetings, the board had raised questions as to the impact on the health board, especially in terms of plastic surgery and the hosting of the operational delivery network; 	

	<ul style="list-style-type: none"> - The minimum requirement for the trauma unit was one year and it was possible further business cases would be received for years two and three; - A repatriation protocol was in development; - The aim was to launch the network in April 2020 but this was dependent on the ability to recruit the required workforce. <p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill stated that the network was an important development for Wales as it was behind the rest of the UK, and if recruitment was not started imminently, the timescales would not be met. Siân Harrop-Griffiths advised that WHSSC had confirmed the funds for the plastic surgery posts as well as the operational delivery network manager, but no final decisions could be made until the business case had been approved.</p> <p>Emma Woollett commented that assurance was still required as to the finances, governance arrangements and impact on patient flow for the health board, as these were still yet to be addressed.</p>	
Resolved:	<ul style="list-style-type: none"> - The report from the NHS Wales Health Collaborative be approved which included the following recommendations for boards to: <ul style="list-style-type: none"> • Receive and discuss the programme business case for the network. • Note that there has been significant scrutiny of the case, including three formal gateway reviews and professional peer review by UK clinical experts. • Approve the overall network model described in the case (clinical, operational and governance), including the: <ul style="list-style-type: none"> ▪ role of the operational delivery network ▪ role of the health board, as a provider of respective component of service model. • Note the importance of the repatriation policy and the importance of the operational delivery network having the authority to implement this, completion of which will form a critical activity in planning network implementation. • Note that there will be other business cases over the next two to three years to further develop the major trauma centre and trauma units. • Approve the content of the programme business case, subject to confirmation of the NHS resource allocation for 2020/21, the IMTP prioritisation process, and point 7 below. 	

	<ul style="list-style-type: none"> • Note that final commissioning decisions on prehospital services, the major trauma centre, relevant specialist services and the operational delivery network, will be taken at meetings of WHSSC and the Emergency Ambulance Services Committee (EASC). 	
20/11/19	COMPLIANCE WITH THE NURSE STAFFING LEVELS (WALES) ACT 2010	
	<p>A report setting out compliance with the Nurse Staffing Levels (Wales) Act 2016 was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - Work was continuing to maintain compliance with the act; - Uplifts had been factored into some unit plans and budgets; - Four compliance reviews had been undertaken since the act had come into being; - Work to determine if the act was having an impact had shown an improvement in falls, pressure ulcers, medical errors and complaints on the relevant wards; - There was a potential cost avoidance of up to £7m; - The next areas to be covered by the act included paediatrics and mental health. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies advised that she had attended a RCN event at the Senedd to discuss the benefits of the act in-line with quality and safety at which she had promoted the hard work and commitment of the health board.</p> <p>Emma Woollett stated that it was pleasing to see the positive impact on quality indicators. Martin Sollis concurred, adding that being able to plan rostering effectively would support the reduction in variable pay.</p> <p>Hazel Robinson informed the board that the executive team had agreed to triangulate the impact of the act on staff and patient experience, as well as quality indicators.</p>	
Resolved:	<ul style="list-style-type: none"> - The significant improvement with quality indicators, reduction in falls, pressure damage, complaints, length of stay and medication errors on wards previously invested in under the remit of the Nurse Staffing Levels (Wales) Act 2016 be noted. - The required uplift in funded establishments to ensure the board remain fully compliant with the Nurse Staffing Levels (Wales) Act 2016 be agreed. 	

	<ul style="list-style-type: none"> - The increased patient acuity levels within our health board over the last few years that have resulted in the need for increased levels of enhanced supervision (1:1) reducing the risk of patient falls, pressure damage and to improve the patient experience be noted. - the ongoing review of our bed base in line with the health board's clinical plan to ensure continued compliance with the act be supported. - the work being undertaken within other specialties in relation to 25A of the act be acknowledged. 	
21/11/19	GUARDIAN SERVICE	
	<p>A report setting out the six-monthly update from the Guardian Service was received.</p> <p>In introducing the report, Hazel Robinson highlighted the following points:</p> <ul style="list-style-type: none"> - As part of the findings of the staff survey, the health board committed to commissioning a service to which staff could raise concerns; - It was the only health board in Wales which offered the service and had done so of its own choice; - There were a number of initiatives in place to change the culture of Swansea Bay University Health Board including compassionate leadership, #loveourvalues campaign and leadership programmes; - Following anti-bullying week, a #loveactually programme was to be launched to build momentum on living the values. <p>In discussing the report, the following points were raised:</p> <p>Simon MacRory provided feedback on behalf of the Guardian Service advising that the programme had been managed well by the health board and was an example to other organisations. He advised that there had been 72 site visits from the guardians and 50 contacts made by staff within six months, with the majority of the feedback stated that having someone just to talk to was sufficient.</p> <p>Tracy Myhill commented that the Guardian Service was part of a 'suite' of initiatives in place to help staff trust that the health board wanted to know what was going on within the organisation and to listen to people's concerns. She stated that it would be useful to share the learning across NHS Wales. Hazel Robinson concurred, adding that the health board had been invited to share its findings with Welsh Government.</p>	

	<p>Tracy Myhill sought clarity as to the length of the contract with the Guardian Service. Hazel Robinson confirmed it had been commissioned for a year in the first instance and consideration was needed as to what to do next.</p> <p>Nuria Zolle stated that it was a helpful service and the indicators were a good source of knowing how to share the values. Martin Sollis concurred, adding that the benefits were already evident and staff were feeling that someone was listening.</p>	
Resolved:	<ul style="list-style-type: none"> - Assurance be taken that feedback from staff and staff survey results relating to bullying have been listened to through the action the health board has taken so far; - The update of progress on the #ShapingSBHB movement be noted. - The board was supportive of the continuation of such a service. 	
22/11/19	REPORT ON NHS WALES PARTNERSHIPS	
	A report providing an update on issues arising from meetings with NHS Wales partnerships was received and noted , with the proposal to dis-establish the joint regional planning and delivery committee with Hywel Dda University Health Board be approved .	
23/11/19	KEY EXTERNAL PARTNERSHIPS	
	A report setting out discussions held during meetings with key external partnerships was received and noted .	
24/11/19	MEETINGS WITH ADVISORY GROUPS	
	<p>(i) <u>Partnership Forum</u></p> <p>A report setting out the key discussions from the local partnership forum held in September 2019 was received and noted.</p> <p>(ii) <u>Stakeholder Reference Group</u></p> <p>A report setting out the key discussions from the stakeholder reference group held in September 2019 was received and noted.</p>	
25/11/19	A HEALTHIER WALES	
	A report providing an update on compliance with the national 'A Healthier Wales' strategy was received .	

	<p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill stated that the health board was well placed to bid for potential funding opportunities, and needed to ensure that it was in a position to do so. Siân Harrop-Griffiths concurred but stated that the bids needed to be submitted through the regional partnership board.</p> <p>Chris White commented that while the hospital to home programme provided opportunities for the 'back door' of the service, the focus next needed to be on the front door. He added more work was needed within primary and community services to prevent people needing to come to hospital sites and maintain their independence.</p> <p>Tracy Myhill stated that it would be beneficial for the health board to consider what projects were in place that could be taken forward as part of the programme as it did not have to be new ones submitted for funding bids. Chris White agreed, adding that the health board held several conferences for progression groups, such as nursing and allied health professionals, at which posters were displayed and could be used as a baseline.</p>	
Resolved:	The report be noted .	
26/11/19	TRANSFORMATION PROGRAMME	
	<p>A report setting out an update on the transformation programme was received.</p> <p>In introducing the report, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - A briefing session had been held with the independent members to outline the progress of the programme as well as an internal workshop to align key priorities; - A focus was being given to frontline improvement; - The health board contributed to a national workshop being held the same week as the board meeting; - The board and senior leadership team needed to give consideration as to how change and improvement would be taken forward. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried as to how staff were engaged with the programme. Tracy Myhill responded that the health board was starting to feel more like one organisation and the transformation programme was a significant part of that, as it was about bringing expertise together. She added that on a national basis, it was apparent that the trade unions were not fully apprised of the various transformation schemes and as</p>	

	<p>Siân Harrop-Griffiths regularly attended the partnership forum, this was an opportune way to share some of the service redesign work.</p> <p>Chris White stated that the organisation was not short on ideas so the challenge was how to take these forward and get the most value for money.</p>	
Resolved:	<ul style="list-style-type: none"> - The overall approach to the management of transformation within the health board and the establishment of a transformation board chaired by the Chief Executive be endorsed. - The agreed terms of reference of the transformation board be noted. - A further update be received in January 2020 and thereafter at alternate board meetings. 	
27/11/19	SENIOR INFORMATION RISK OWNER ANNUAL REPORT	
	<p>The annual report for the senior information risk owner 2018-19 was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - This is the third year that the report had been produced and demonstrated legislative and regulatory requirements relating to the handling, quality, availability and management of information; - A significant improvement had been evident in compliance with information governance training. 	
Resolved:	The report be noted .	
28/11/19	FORMAL TRANSFER OF ASSETS AND LIABILITIES TO CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD	
	<p>A report seeking approval of the formal transfer of assets and liabilities to Cwm Taf Morgannwg University Health Board was received.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - As part of the Bridgend transfer, all relevant assets on the balance sheet needed to be identified and formally transferred to Cwm Taf Morgannwg University Health Board as signed off by the Chief Executive and Wales Audit Office; - The health board's deficit position presented the health board with a challenge in relation to cash and this had been raised with Welsh Government. 	

	<p>In discussing the report, the following points were raised:</p> <p>Martin Sollis provided assurance that the Audit Committee had scrutinised the assets in detail and recognised the substantial piece of work that had been undertaken.</p> <p>Tracy Myhill noted that part of the assets included buildings in which health board staff were still working, therefore it was essential that these remained a priority for maintenance and action plans should be agreed with Cwm Taf Morgannwg University Health Board to ensure that this was the case. Pam Wenger undertook to confirm that this had been included in the memorandum of understanding signed by the two health boards.</p>	PW
Resolved:	<ul style="list-style-type: none"> - The value of the assets and liabilities to transfer to Cwm Taf Morgannwg Health Board with effect from 1st April as a result of the Bridgend boundary change be approved. - The sign-off of the S1 and S2 documents by the Chief Executive on behalf of the health board be approved. - Confirmation be provided that maintenance of buildings transferred in which health board staff remained was included in the memorandum of understanding. 	PW
29/11/19	REVISED STANDING ORDERS	
	A report seeking approval of the revised standing orders was received and approved .	
30/11/19	FUNDED NURSING CARE UPLIFTS	
	A report seeking approval of the funded nursing care uplifts was received and approved .	
31/11/19	KEY ISSUES	
	<p>(i) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the Audit Committee held in September 2019 was received and noted.</p> <p>(ii) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the Charitable Funds Committee held in October 2019 was received and noted.</p>	

32/11/19	CORPORATE GOVERNANCE ISSUES	
	<p>A report outlining corporate governance issues including the application of the common seal, Welsh health circulars issued and the board business cycle was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - Since the circulation of the report, the quality governance review of Cwm Taf Morgannwg University Health Board had been published; - The health board was now required to provide a self-assessment against the recommendations; - Good progress was already being made in a number of areas identified within the report such as risk, quality and leadership and this was reflected in the board agenda; - All health boards would be subject to a quality review by Wales Audit Office in the new year. <p>In discussing the report, Tracy Myhill stated that there would be some areas of learning for Swansea Bay University Health Board but also ones in which instant assurance could be taken. She added that it was important to keep in mind that some performance targets could be classed as quality ones, for example the four-hour unscheduled care metric.</p>	
Resolved:	The report be noted .	
33/11/19	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
34/11/19	DATE OF NEXT BOARD MEETING	
	The date of the next public board meeting was 30 th January 2020	

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 Emma Woollett (Interim Chair)

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 Date: