

## Swansea Bay University Health Board

### Unconfirmed

#### Minutes of the Meeting of the Health Board held on 26th September 2019 in the Millennium Room, Health Board HQ, Baglan

#### Present

Emma Woollett	Interim Chair
Martyn Waygood	Interim Vice-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 (until minute 10/09/19 and from 12/09/19 (ii))
Hazel Robinson	Director of Workforce and Organisational Development (OD) (until minute 22/09/19 ii)
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member
Sandra Husbands	Director of Public Health
Martin Sollis	Independent Member
Julian Hopkin	Independent Member
Maggie Berry	Independent Member
Alison Stokes	Associate Board Member

#### In Attendance:

Pamela Wenger	Director of Corporate Governance
Irfon Rees	Chief of Staff (until minute 10/09/19 and from 12/09/19 (ii))
Darren Griffiths	Associate Director – Performance
Sam Lewis	Assistant Director of Finance
Matt John	Interim Chief Information Officer
Hannah Evans	Director of Transformation
Liz Stauber	Interim Head of Corporate Governance
Nia Leather	Graduate Trainee
Sue Evans	Community Health Council
Mwoyo Makoto	Community Health Council
Hilary Dover	Service Director, Primary Care and Community Services (for minute 28/09/19)

Minute No.	APOLOGIES	Action
<b>01/09/2019</b>	Apologies for absence were received from Jackie Davies, Independent Member; Lynne Hamilton, Director of Finance; Reena Owen, Independent Member; Malcolm Lewis, Associate Board Member; Mark Child and Emrys Davies, Welsh Ambulance Service NHS Trust (WAST).	
<b>02/09/2019</b>	<b>WELCOME / INTRODUCTORY REMARKS</b>	

	<p>Emma Woollett welcomed everyone to the meeting advising that it was Sandra Husbands's last board meeting before taking up a new post and thanked her on behalf of the board for her work and commitment to the organisation's public health agenda. She added that it was potentially Alison Stokes's last meeting also due to a role change but confirmation was still needed as to whether she could remain as chair of the Stakeholder Reference Group.</p>	
<b>03/09/19</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>04/09/19</b>	<b>PATIENT STORY</b>	
	<p>The patient story focused on a mental health service user's transition from children's services to adult who had developed negative coping mechanisms in response to an abusive childhood. She was diagnosed with an 'emotionally unstable personality disorder' but told that this was not a 'real condition' which made her feel overlooked and lose faith in the service. However, following the transition to adult services, staff advised that it was a real condition, enabling treatment to start and triggers to be identified. While she was skeptical at the beginning, after a few sessions, she realised not only did she feel listened to but it was okay to feel upset, angry and not alright, and learnt methods to care for herself. She stated that she was a 'different girl' now and was due to start nurse training in September, volunteering in the meantime at Neath Port Talbot Hospital.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that the story had a powerful impact. Gareth Howells concurred, adding that it was about listening and believing young people during a difficult period of their lives.</p> <p>Hannah Evans sought clarity as to the learning for children's services. Gareth Howells responded that the transition to adult services was not consistently good across all services and there needed to be better partnership working between the clinical teams. He added that the story was a good way of highlighting this.</p> <p>Maggie Berry stated that it was an uplifting story to hear someone who had come out of the other side, adding it was a good way to start the meeting.</p> <p>Chris White commented that the service user was a good advocate as she was to join the nursing profession. He stated that it would be useful for the story to be shared more widely with other service users and communities as inspiration.</p>	

<b>Resolved:</b>	The patient story be <b>noted</b> .	
<b>05/09/19</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	<p>The minutes of the meetings held on 23<sup>rd</sup> July and 26<sup>th</sup> September 2019 were <b>received</b> and <b>confirmed</b> as an accurate record except to note the following amendments:</p> <p>(i) <u>09/07/19 Report of the Chief Executive</u></p> <p>Martyn Waygood stated that a staff vote as to the new logo for the health board charity had selected a preferred option <i>had been agreed by the Charitable Funds Committee</i>.</p> <p>(ii) <u>21/07/19 (ii) Charitable Funds Committee</u></p> <p>A report outlining the key discussions from the <i>Charitable Funds Committee</i> held in <i>June</i> 2019 was <b>received</b> and <b>noted</b>, with the following points discussed.</p>	
<b>06/09/19</b>	<b>MATTERS ARISING</b>	
	There were no matters arising.	
<b>07/09/19</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> .	
<b>08/09/19</b>	<b>REPORT OF THE CHAIR</b>	
	<p>The report of the Chair was <b>received</b>.</p> <p>In introducing the report, Emma Woollett highlighted that a national induction programme for new independent members was to commence from December 2019 and a health board specific one had been agreed by the chair's advisory group.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>09/09/19</b>	<b>REPORT OF THE CHIEF EXECUTIVE</b>	
	<p>The report of the Chief Executive was <b>received</b>.</p> <p>In introducing the report, Tracy Myhill highlighted the following points:</p>	

	<ul style="list-style-type: none"> <li>- A formal letter had been received from Welsh Government confirming the joint escalation and intervention arrangements as remaining as targeted intervention but noting the progress made. The coming months would be critical to the challenge of de-escalation;</li> <li>- The outcome of the arbitration process in relation to the financial position and the Bridgend boundary change had been received and the external financial support provided by Welsh Government had also commenced;</li> <li>- Planned care and unscheduled care performance remained off trajectory;</li> <li>- Work was progressing on a three-year plan with Cwm Taf Morgannwg University Health Board in relation to the service level agreements following the boundary change and the next meeting of the joint executive group was to take place the following week;</li> <li>- The operational pressures over the last six weeks have been similar to winter season which was having an impact on unscheduled and planned care and the situation was being monitored weekly to determine what more could be done;</li> <li>- The newly appointed deputy chief operating officer was to take up post in November 2019 as well as the new unit nurse director for Morriston Hospital;</li> <li>- The health board had been successful in two categories at the NHS Wales Awards 2019.</li> </ul> <p>In discussing the report, Emma Woollett advised that Tracy Myhill had been shortlisted for public sector leader of the year and the winner was being announced later that day.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>10/09/19</b>	<b>PUBLIC SERVICES OMBUDSMAN ANNUAL LETTER</b>	
	<p>The Public Services Ombudsman annual letter was <b>received</b>.</p> <p>In discussing the report, Mwoyo Makoto noted the increase in the number of complaints referred to the Ombudsman Gareth Howells advised that the recent backlog had since been cleared but the health board needed to improve the way it managed all complaints to reduce the number of people who felt they had no option to refer to the Ombudsman if they were unhappy with the response. He added that such referrals were not taken lightly but the process had improved over the last 12 months.</p>	

<b>Resolved:</b>	The contents of the report and actions being taken to improve complaint management and learn from the Ombudsman cases be <b>noted</b> .	
<b>11/09/2019</b>	<b>SINGLETON MINOR INJURY UNIT (MIU)</b>	
	<p>A report providing an update in relation to the temporary closure of the minor injury unit (MIU) at Singleton Hospital was <b>received</b>.</p> <p>In introducing the report, the following points were raised:</p> <ul style="list-style-type: none"> <li>- Work was ongoing to develop the options and engagement plan for the future of the unit which would be formally received by the board in November 2019;</li> <li>- Alongside this, the future models for board-wide urgent care needed to be considered.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett sought assurance that the engagement would commence soon after the November 2019 board meeting. Gareth Howells confirmed that it would, adding that between now and then feedback would be sought from a number of stakeholders to develop the framework. Mwoyo Makoto advised that the community health council was content with the proposed approach and welcomed the fact that the health board was considering the system as a whole. She added that further information was awaited in response to a letter sent to the health board on this issue.</p> <p>Siân Harrop-Griffiths stated that a number of helpful discussions had taken place with the community health council and it had been made clear that one of the potential options on which to engage had to be the returning of the unit to its original function.</p> <p>Martin Sollis queried the level of engagement by clinicians and the unscheduled care board. Siân Harrop-Griffiths responded that engagement by both was integral to the work as would be the assistance of the delivery support team.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The further work carried out to date to address the issues raised by the community health council be <b>noted</b>.</li> <li>- The draft engagement document and engagement plan will be presented to November board meeting be <b>agreed</b>.</li> </ul>	
<b>12/09/19</b>	<b>KEY ISSUE REPORTS</b>	

(i) Performance and Finance Committee

A report setting out the discussions of the Performance and Finance Committee at its meetings in August and September 2019 was **received** and **noted**, with the following points raised:

Emma Woollett stated that unscheduled care pressures had been a significant part of the discussions given the implications on other areas of performance and the aim to breakeven financially remained a challenge. She added that mental health, primary care and public health sections had been added to the integrated performance report and a deep dive in relation to continuing healthcare had also been received, which had highlighted the need to include more detail as to the move to community care in the forecasts given the impact it was having on the financial position.

Gareth Howells advised that a high-cost panel for continuing healthcare had been established to put some challenge into the system.

Siân Harrop-Griffiths commented that the committee had considered the revised unscheduled care trajectories for the annual plan 2019-20 as well as the range for planned care. Emma Woollett responded that the committee had not received the planned care trajectories but had received assurance as to the underpinning process.

Mwoyo Makoto queried if the increasing trend of more people needing care in the community was similar across Wales and if this was to be part of the health board's strategic direction for the future. Tracy Myhill advised that due to the aging population and people living longer, there was an increasing trend across the UK of needing more care in the community, but what was unique to the health board was the provisions it had in place to manage these needs, including community resource teams. She added that providing more care out of hospitals and in the community was a key part of the clinical services plan and good progress was being made.

(ii) Quality and Safety Committee

A report setting out the key discussions of the meeting of the Quality and Safety Committee held in June 2019 was **received** and **noted**.

(iii) Workforce and OD Committee

A report setting out the key discussions of the meetings of the Workforce and OD Committee held in July and August 2019 was **received** and **noted**.

(iv) Health and Safety Committee

A report setting out the key discussions of the meeting of the Health and Safety Committee held in September 2019 was **received** and **noted**.

13/09/2019	<b>HEALTH BOARD PERFORMANCE REPORT</b>	
	<p>A report outlining the current health board performance was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The unscheduled care performance was well below the trajectory agreed in January 2019 and was affecting other performance areas such as planned care and healthcare acquired infections;</li> <li>- HMRC (Her Majesty's Revenue and Customs) tax changes were affecting the ability to work flexibly in relation to planned care.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Chris White stated that while the performance report was becoming bigger, it was beneficial to be able to triangulate the data and provide a 'golden' thread through what the health board was doing and Darren Griffiths and his team were to be congratulated for the way in which they had developed it.</p> <p>Martyn Waygood noted that the number of patients waiting more than 26 weeks had increased by almost 500 in one month and sought an explanation. Darren Griffiths advised that as a result of the HMRC changes, 1,700 fewer outpatients had been seen in five months but sustainability plans had been developed.</p> <p>Tracy Myhill stated the recommendations of the report were to note but in future they should be to discuss performance and support the actions being taken, with the cover report highlighting key issues.</p>	
<b>Resolved:</b>	The current health board performance against key measures and targets and the actions being taken to improve performance be <b>noted</b> .	
14/09/19	<b>FINANCIAL POSITION</b>	
	<p>A report outlining the current financial position was <b>received</b>.</p> <p>In introducing the report, Sam Lewis highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The current financial position was challenging but stabilising through the positive impact of the delivery support team;</li> <li>- The external support commissioned by Welsh Government was now in place for the new few months to assist with financial delivery, identification of opportunities and development of a sustainable financial plan.</li> </ul>	

<b>Resolved:</b>	The health board year-end breakeven forecast and the risks associated with delivery be <b>noted</b> .	
<b>15/09/2019</b>	<b>ANNUAL AND FINANCIAL PLAN</b>	
	<p>A report outlining the annual and financial plan was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A draft annual plan was approved by the board in January 2019 but without a financial plan due to the uncertainty around the Bridgend boundary change;</li> <li>- While this had now been resolved, the planned and unscheduled care trajectories had been revised due to various pressures over recent months affecting performance and delivery;</li> <li>- The board was asked to approve the revised plan subject to further revision of the planned and unscheduled care trajectories and development of improvement plans, for which regular updates would be provided to the Performance and Finance Committee.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett reiterated that the main body of the annual plan had been approved in January 2019, for which the content was good and aligned with the aspirations of the organisational strategy. She suggested that dependent on the discussion that ensued, a caveat approval could be given to the revised plan. Tracy Myhill concurred, adding that there would need to be regular monitoring of progress. Pam Wenger advised that the process would be for the elements requiring further work to be circulated to members outside of the board meeting for comments, after which they would be finalised for chair's action to be taken.</p> <p>Tracy Myhill stated that it was important that the unscheduled trajectories reflected a position that the health board genuinely believed it could achieve, taking into account the risks and high operational pressures across Wales. She added that in terms of planned care, the impact on patient and staff needed to be taken into account over being able to describe the achievable range and risks, as the critical component would be whether the forecast trajectory was an acceptable number to Welsh Government, but the health board was doing all it could to achieve as low a number as possible.</p> <p>Darren Griffiths advised that a consolidated unscheduled care improvement plan was now in place and work had to commence on some components soon in order to have an impact. He added that the work began five weeks ago in relation to planned care to craft a range on</p>	

a specialty basis in order to have the biggest system benefit and there would be a number of choices to make, for which work was ongoing on a daily basis to refine.

Chris White commented that a decision needed to be made in terms of capacity at Neath Port Talbot Hospital and what elective work could be transferred from Morriston Hospital, but it would take some time to 'map' this. He added that bed equivalents were to be considered and an anaesthetics plan was now in place to address some of the issues in relation to the HMRC tax changes. A decision had also been made to recruit therapists as part of the first stage of the hospital to home programme and the early supported discharge team in Neath Port Talbot Hospital had been extended as well as services put in place to support patients to rehabilitate at home to facilitate earlier discharges. In terms of Singleton Hospital, ward 12 was to be back in use in the new year following the fire and a bid had been agreed by the investment and benefits group to start the second phase of the chronic obstructive pulmonary disease (COPD) pathway. Additional winter monies had been received from Welsh Government and the allocation process was to commence imminently.

Martyn Waygood queried if there was an intention to roll-out the early supported discharge service to Swansea based on its success in Neath Port Talbot. Chris White advised that there was given it was such an invaluable service.

Gareth Howells advised that a number of initiatives were also in place in terms of patient safety and experience for urgent care including the relaunch of the safer bundle, but the health board needed to be able to evidence all the actions it was taking. Darren Griffiths responded that this would be discharged through the consolidated action plan for unscheduled care.

Tracy Myhill commented that the actions being taken needed to be kept under constant review in order to determine if they were enough and if they were delivering, with risk and patient experience part of the consideration. She added that there needed to be a more collaborative approach with neighbouring health boards as well as thought given to some alternative solutions for unscheduled care, such as a temporary structure on the grounds of Morriston Hospital to provide more capacity for ambulances to offload.

Julian Hopkin referenced the medical and nursing schools at Swansea University, querying if the right relationship was in place to encourage newly qualified graduates to apply for posts. Chris White advised that the relationship was strong in this regard as well as in others, for example in the development of academic posts to make clinical roles more attractive.

Richard Evans queried if there was a communications plan in place to

	<p>highlight current pressures in place and encourage patients to seek treatment from the most appropriate source. Chris White advised that there was but suggestions had also been made to Welsh Government that the national 'Choose Well' campaign needed 'revamping'.</p> <p>Emma Woollett suggested that the board agree the annual plan with the exception of the unscheduled and planned care trajectories as well as the financial implications which required further work. She suggested that these be circulated the week commencing 6<sup>th</sup> October 2019 along with the improvement plans for planned and unscheduled care for comments, after which they would be finalised in order for chair's action to be taken to approve for submission to Welsh Government. This was agreed.</p>	<b>SHG</b>
<b>Resolved:</b>	<p>The annual plan for 2019-20 be <b>approved</b> with the exception of the unscheduled and planned care trajectories as well as the financial implications, which were to be circulated week commencing 6<sup>th</sup> October 2019 along with the improvement plans for planned and unscheduled care for comments, after which they would be finalised in order for chair's action to be taken to approve for submission to Welsh Government.</p>	<b>SHG</b>
<b>16/09/2019</b>	<b>DEVELOPMENT OF THE THREE YEAR PLAN AND CLINICAL SERVICES PLAN</b>	
	<p>A report detailing the work to develop a three year plan and clinical services plan was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A whole system approach was being taken to developing the three-year plan;</li> <li>- The first drafts of the unit plans had been received;</li> <li>- Each primary care cluster was now required to produce a plan;</li> <li>- Good progress was being made in relation to the clinical services plan;</li> <li>- Expectations had been set out for each of the key service areas;</li> <li>- Welsh Government was pleased with the integrated approach being taken with finance, performance and workforce;</li> <li>- Consideration was needed to as to how to test the units' plans.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that it was not clear by what timescales the plan would need to be developed. Siân Harrop-Griffiths advised that the</p>	

	<p>aim was to have a draft in place by November 2019 to discuss if the board felt it would be able to approve.</p> <p>Tracy Myhill stated that the next meeting to consider the health board's escalation status was taking place in December 2019 so the next three months would be critical.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The progress in developing the health board's three-year plan 2020/21-22/23 be <b>noted</b>.</li> <li>- The whole system plans be <b>approved</b>;</li> <li>- The approach to the emerging plan content and structure be <b>endorsed</b>;</li> <li>- The progress made in delivering the clinical services plan be <b>noted</b>; The arrangements to address the issues in delivering the clinical services plan be <b>endorsed</b>.</li> </ul>	
<b>17/09/19</b>	<b>WELLBEING OF FUTURE GENERATIONS ACT</b>	
	<p>A report detailing the health board's progress against delivering on the ambitions of the Wellbeing of Future Generations Act was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A sustainable management group had been established;</li> <li>- It was important to take note of every day practices already in place which were supportive of the act, such as use of electronic vehicles;</li> <li>- There were some areas in which improvements could be made and opportunities to take a strategic look;</li> <li>- Access to sites was an area which needed to be considered in detail but some of the work required for Morriston Hospital could be covered through capital work already planned.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that the health board was already undertaking a lot of work as part of normal business which related to the act so it was important that this was reflected in the narrative. Irfon Rees concurred, adding that there was a risk of underselling the health board in some areas, particularly in terms of partnership working.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The health board's progress on embedding the Wellbeing of Future Generations (Wales) Act 2015 to date be <b>noted</b>.</li> <li>- The commissioner's challenge to the health board on how we are embedding the act across the organisation be <b>noted</b>.</li> </ul>	

18/09/2019	<b>SEXUAL ASSAULT REFERRAL CLINIC (SARC)</b>	
	<p>A report seeking support for phase one of the south and mid-Wales SARC project was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Phase one supported the implementation of SARC hubs for children and adults as well as the establishment of the network and commissioning roles;</li> <li>- All other elements of the new service model would be subject to further business cases, and reports outlining these were presented to future board meetings for approval.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett sought clarity as to whether approving phase one of the project would mean phase two would be agreed by default. Siân Harrop-Griffiths responded that there would be opportunities to amend the proposed future models as they were developed.</p> <p>Emma Woollett stated that it would have been beneficial for the board to see the phase one proposals at an earlier stage in order to be part of a more engaged collaborative approach.</p>	
	<ul style="list-style-type: none"> <li>- The recommendations made by the SARC project board for the implementation of phase one be <b>endorsed</b>;</li> <li>- The proposed changes to the service model in west Wales be <b>noted</b>;</li> <li>- The required financial commitment for phase one and the increased revenue costs of the new SARC facility in SA1 (Swansea), which is within the current financial commitment to this service, be <b>approved</b>.</li> <li>- Be <b>noted</b> that future papers will be submitted to the board for approval outlining the implications of implementing the further phases of the SARC work programme, some of which will have increased financial commitments and potential capital requirements for accommodation. Further developments will be considered through the three-year plan process.</li> </ul>	
19/09/2019	<b>ADULT THORACIC SURGERY SERVICE</b>	
	<p>A report providing an update on the development of a single adult thoracic surgery service for south Wales was <b>received</b>, with the designation of Morriston Hospital as the location <b>approved</b>.</p>	

<b>Resolved</b>	The report be <b>noted</b> .	
<b>20/09/19</b>	<b>REPORT ON NHS WALES PARTNERSHIPS</b>	
	<p>A report providing an update on issues arising from meetings with NHS Wales partnerships was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The joint regional planning and delivery committee had met in August 2019 which was the first meeting for both health board chairs;</li> <li>- At that meeting, the draft regional services plan was considered which would come to the board in due course as part of the three-year plan;</li> <li>- A workshop had taken place the week before with Hywel Dda University Health Board and Swansea University to discuss streamlining governance arrangements;</li> <li>- The work in relation to the major trauma network was progressing well.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Tracy Myhill stated that there was a plan for the emergency medical and retrieval transfer service (EMRTS) to function 24/7 and recruitment would need to commence soon in order for it to be in place from spring 2020. She added that there was more work to be done to improve partnership working, such as strengthening the relationship with the community health council and public service boards, and there was a 'Healthier Wales' workshop coming up with community partners.</p> <p>Pam Wenger advised that an all-Wales workshop was taking place on 23<sup>rd</sup> October 2019 to discuss the business case for major trauma and the intention was to have a formal board session later that month to agree it.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>21/09/19</b>	<b>CHANGE IN AGENDA ORDER</b>	
	The agenda order be changed and item 3.8 be taken next.	
<b>22/09/19</b>	<b>MEETINGS WITH ADVISORY GROUPS</b>	

	<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 <b>received</b> and <b>noted</b>.</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 <b>received</b> and <b>noted</b>.</p>	
<b>23/09/19</b>	<b>KEY EXTERNAL PARTNERSHIPS</b>	
	A report setting out discussions held during meetings with key external partnerships was <b>received</b> and <b>noted</b> .	
<b>24/09/2019</b>	<b>CHANGE IN AGENDA ORDER</b>	
	The agenda order be changed and items 4.2, 4.3 and 4.4 be taken next.	
<b>25/09/19</b>	<b>KEY ISSUES</b>	
	<p>(i) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the Audit Committee held in July 2019 was <b>received</b> and <b>noted</b>.</p> <p>(ii) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions of the Mental Health Legislation Committee held in August 2019 was <b>received</b> and <b>noted</b>.</p>	
<b>26/09/19</b>	<b>MATTERS REPORTED IN-COMMITTEE AT PREVIOUS MEETING</b>	
	A report outlining matters reported in-committee at the January 2019 meeting was <b>received</b> and <b>noted</b> .	
<b>27/09/19</b>	<b>CORPORATE GOVERNANCE ISSUES</b>	
	A report outlining corporate governance issues including the application of the common seal, Welsh health circulars issued and the board business cycle was <b>received</b> and <b>noted</b> .	
<b>28/09/19</b>	<b>PRIMARY CARE STRATEGIC REFLECTIONS REPORT</b>	

	<p>Hilary Dover was welcomed to the meeting.</p> <p>A report outlining primary care strategic reflections was <b>received</b>.</p> <p>In introducing the report, Hilary Dover highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The all-Wales 2018-19 strategic reflections report had been developed by the directors of primary and community care to provide an overview of progress based on the draft forward work plan;</li> <li>- The second report presented the ABMU University Health Board (as was) primary and community services strategic reflections report for 2018-19 which can be read alongside the national report.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Chris White thanked Hilary Dover for her team’s work to produce the report, adding that it demonstrated the work to support unscheduled care, planned care and cancer systems as well improve sustainability of services.</p> <p>Hannah Evans queried whether consideration had been given as to whether learning could be taken from across Wales. Hilary Dover confirmed that it had, particularly in relation to pacesetter projects, and other organisations were also taking the opportunity to learn from the health board.</p> <p>Tracy Myhill stated that it would be beneficial to share some of the progress and learning at the next joint executive team meeting.</p> <p>Martin Sollis commented that it would be useful to see how the work aligned with that of the three-year plan. Hilary Dover responded that this was the first year that the primary care clusters were required to produce three-year plans and work was ongoing with Siân Harrop-Griffiths’s team to ensure they aligned with the core document.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The 2018-19 all-Wales strategic reflections report be <b>noted</b>.</li> <li>- The Swansea Bay University Health Board primary and community services strategic reflections report for 2018-19 be <b>approved</b>.</li> </ul>	
<p><b>29/09/19</b></p>	<p><b>ANY OTHER BUSINESS</b></p>	
	<p>(i) <u>Operational Pressures</u></p> <p>Tracy Myhill stated that it was key for the board to be aware of and recognise the operational pressures that staff were experiencing and the quality of relationships would be critical to delivery over the next three to six months. She added that it was important that staff felt cared for. Emma Woollett concurred, adding that staff had the support of the board.</p>	

	There was no further business and the meeting was closed.	
<b>30/09/19</b>	<b>DATE OF NEXT BOARD MEETING</b>	
	The date of the next public board meeting was 28 <sup>th</sup> November 2019.	

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 Emma Woollett (Interim Chair)

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 Date: