

ABM University LHB**Unconfirmed****Minutes of the Meeting of the Health Board
held on 8th December 2017
in the Board Room, Health Board HQ****Present**

Andrew Davies	Chair / Non-Officer Member
Alex Howells	Interim Chief Executive
Emma Woollett	Vice-Chair / Non Officer Member
Ceri Phillips	Non-Officer Member
Maggie Berry	Non Officer Member
Martin Sollis	Non-Officer Member
Jackie Davies	Non-Officer Member
Chantal Patel	Non-Officer Member
Martyn Waygood	Non-Officer Member
Cathy Dowling	Interim Deputy Director of Nursing
Rob Royce	Recovery & Sustainability Director
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
Kate Lorenti	Acting Director of Human Resources
Siân Harrop-Griffiths	Director of Strategy
Alison James	Associate Board Member

In Attendance:

Clare Jenkins	Chief Officer, ABM Community Health Council
Dorothy Edwards	Assistant Programme Director – 111 Service (from minute 265/17 onwards)
Melanie Harris	Welsh Government Delivery Unit (from minute 266/17 onwards)
Pam Wenger	(Observer)
Wendy Penrhyn-Jones	Head of Corporate Administration

254/17	APOLOGIES	Action
	Apologies for absence were received from; Angela Hopkins, Interim Director of Nursing & Patient Experience; Tom Crick, Non-Officer Member; Mark Child, Non-Officer Member; Steve Combe, Director of Corporate Governance/Board Secretary; Sue Cooper, Associate Board Member; Emrys Davies, Non-Officer Member, Welsh Ambulance Service NHS Trust.	

255/17	OPENING REMARKS
	<p>Andrew Davies welcomed everyone to the meeting, sending best wishes to Steve Combe who was unable to attend due to illness.</p> <p>Andrew Davies introduced Chris White to his first meeting as Interim Chief Operating Officer and stated that Angela Hopkins had also take up post as Interim Director of Nursing & Patient Experience. He added that she had been unable to attend the meeting due to a prior commitment. Andrew Davies said that Tom Crick and Mark Child had also joined the organisation in their respect roles as Non-Officer Members. Finally he welcomed Pam Wenger to the meeting who would be taking up post as Director of Corporate Governance / Board Secretary from January 2018.</p> <p>Andrew Davies formally congratulated Alex Howells on her appointment as Chief Executive, Health Education and Improvement Wales and on behalf of the board wished her every success in her new role, thanking her for the huge contribution she had made in the various roles she had held in ABMU since her appointment in 2009. Alex Howells thanked everyone for giving her the opportunity to undertake various roles which she felt had provided invaluable experience.</p> <p>Whilst handover arrangements had yet to be confirmed, Andrew Davies stated he was delighted to confirm the appointment of ABMU's new Chief Executive, Tracy Myhill (who was currently Chief Executive at the Welsh Ambulance Service NHS Trust (WAST)) who would be taking up post as of 1st February 2018. He extended thanks to Mick Giannasi, Chair, WAST and its Board in agreeing an early commencement date for Tracy Myhill.</p>
256/17	DECLARATION OF INTERESTS
	There were no declarations of interest.
257/17	PATIENTS STORY
	<p>Cathy Dowling introduced the audio story which featured a patient who was being cared for via ABMU's Forensic Mental Health Services who was preparing to move out into the community.</p> <p>The patient said she had been detained due to the danger she</p>

	<p>presented to herself and had required support from staff due the risk of self-harm. She said that the care and treatment plan had taught her how to better cope, trust people and to recognise when to seek help. She acknowledged that whilst she would still require 24hr care, she now had coping strategies which empowered her to manage her own condition.</p> <p>Cathy Dowling stated that there had been various inspections carried out of ABMU's Mental Health & Learning Disability services during 2016/17 as well as unannounced visits over the past year. She said that the resultant reports had noted improvements in culture and care which was said to have been provided in a respectful manner with dignity and tailored to meet the needs of individuals.</p> <p>In discussing the patient story, Andrew Davies said that he was pleased to hear that there was confidence in ABMU Mental Health & Learning Disability Services which had been echoed in positive comments following ABM Community Health Council (CHC) site visits.</p> <p>Sandra Husbands and Chris White asked how staff were sharing the learning from such examples across the organisation. Cathy Dowling stated that whilst the ABMU Communications Team were proactively publish good news stories and that celebratory events were held.</p> <p>Kate Lorenti stated that managers were also utilising values based recruitment.</p> <p>Emma Woollett stated that part of her remit related to Mental Health Services and she had been impressed by the range of care that was available.</p> <p>Andrew Davies said that internal and external appointments were important and needed to be reviewed to ensure that lessons arising from such improvements were systemised. Andrew Davies suggested that consideration be given to the value that could be derived from the sharing of staff stories. Kate Lorenti stated that this was being considered by the Workforce & Organisational Development Committee.</p>
Resolved:	The Patient Story be noted .
258/17	MINUTES OF THE PREVIOUS MEETING
	The minutes of the Health Board Meeting both held on 28 th September 2017 were received and confirmed as an accurate record.

259/17	MATTERS ARISING
	<p>1. Minute 233/17 – Charitable Funds Committee (CFC) – Key Issues Report</p> <p>Martyn Waygood stated that the CFC had now established a Charitable Funds Bids Panel.</p> <p>2. Minute 222/17 – Major Trauma Services</p> <p>Siân Harrop-Griffiths stated that the matter had been subject to public consultation and the first event had been held to provide the public with an opportunity to attend. Two further events were planned but to date feedback had been limited through traditional means with social media providing a stronger platform for gathering views. Andrew stated that given the importance of social media it was important that ABMU’s review of communications included the opportunities that could be harnessed by this means.</p> <p>3. Minute 223/17 - Thoracic Surgery Engagement</p> <p>Siân Harrop-Griffiths stated that the engagement phase had now ended. A project board meeting was pending which would consider the advantages of the various options and this would be followed by a meeting of the Welsh Health Specialist Services Joint Committee in a month’s time.</p> <p>4. Minute 233/17 3. - Quality & Safety Committee</p> <p>Alex Howells stated that the terms of reference had not yet been received in relation to the planned Health Inspectorate Wales review of actions taken thus far in relation to the case of the former employee Kris Wade. She advised she had now met with the families of the service users involved in this matter and some further learning points had been gained from these meetings.</p> <p>5. Minute 234/17 – Carer’s Partnership Annual Report 2016/17</p> <p>Alison James advised that Welsh Government would be providing an additional £1m for carers which would help the sustainability of various aspects of this important work.</p>
260/17	ACTION LOG
	<p>The action log was received.</p> <p>With regard to item 16 in relation to A&E attendances resulting from alcohol/drug misuse, Siân Harrop-Griffiths stated that this had been raised through the Area Planning Board.</p>

261/17	CHAIRMAN AND CHIEF EXECUTIVE'S REPORT
	<p>A report setting out key issues from the Chairman and Interim Chief Executive was received.</p> <p>In introducing the report Alex Howells stated that formal notification was awaited in relation when the consultation would commenced regarding the proposed changes to Bridgend Health Boundaries. Andrew Davies stated that this proposal did not just relate to public services but wider public services also such as local government.</p> <p>In discussing the report Emma Woollett sought clarity as to the level of influence ABMU would have in relation to how the changes were taken forward.</p> <p>Alex Howells stated that high level service scoping had been undertaken to ascertain if services may need to be provided on a service level agreement basis. She added that the issue was complex as it related to both operational service provision and corporate functions and the necessary issues had been drawn to the attention of Welsh Government as this would require project management support. Alex Howells said there were also infrastructure type issues such as information technology. She added that she was meeting with the Chief Executive of Cwm Taf University Health Board to discuss the issues with a view to a plan being developed.</p> <p>Alex Howells referenced the need to consider the terms of reference of the Joint Regional Planning & Delivery Forum.</p> <p>Cathy Dowling referenced the need to consider the ratification of the Nursing Strategy.</p>
Resolved:	<ul style="list-style-type: none"> - The terms of reference of the south central & east Joint Regional Planning & Delivery Forum be adopted. - The Nursing Strategy be ratified.
262/17	FINANCIAL POSITION – TO 31ST OCTOBER 2017
	<p>A report setting out the revenue financial position for month 7 was received.</p> <p>In introducing the report Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> - The revenue financial position had further improved to the end of October to an in-month overspend of £2.567m and £22.361m cumulatively; - The risks and opportunities associated with the delivery of the year-

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	<p>end planned deficit/control total of £36m;</p> <ul style="list-style-type: none"> - The capital budget break-even year-end forecast position, cash position and key balance sheet movements. - The cumulative performance of Public Sector Pay Policy was marginally below the required target of 95% although performance for October stood at just over 97%. - The pay spend was stabilising with agency pay being the greatest challenge. - Cash support being sought from Welsh Government <p>In discussing the report the following points were raised:</p> <p>Lynne Hamilton stated that part of the improvement in the position had been due to crystallisation of corporate benefits. She said that a weekly dashboard and control totals had been introduced which was being used in management meetings to inform decision making and understanding of the movement of figures.</p> <p>In relation to cash support via Welsh Government, Martin Sollis supported the overall approach being taken suggesting that on discussing this with Welsh Government there was a need to reference working balances which were not in ABMU's control.</p> <p>Alex Howells stated that the Recovery & Sustainability Board had been reconfigured to report progress to the Performance & Finance Committee and had representation from staff-side, CHC, delivery unit representatives and executives. She explained that this was why there was no longer a separate report on this issue to the Board.</p> <p>Andrew Davies commended Lynne Hamilton, her team and the executive in relation to the transparency of the report which enabled the board to consider the issues and the required actions.</p> <p>Lynne Hamilton thanked the Chairman and reported that there had been a continued improvement in the financial position for month 8 which had shown a reduction in the monthly overspend to £1.868m. She paid tribute to the hard work of the service delivery units in this regard as the organisation was now close to achieving its 'run-rate'. She added that Murrison had seen challenging non-pay pressures over the past month with the main issue relating to variability in drug costs which was being considered on an all-Wales basis.</p> <p>Andrew Davies stated that this commendable performance demonstrated leadership and that grip was being exerted.</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. - The letter to Welsh Government in relation to cash support be amended as discussed above.

263/17	KEY ISSUES REPORT - PERFORMANCE & FINANCE COMMITTEE
	The key issues report arising from the meetings held on 27 th October and 14 th November 2017 was received and noted .
264/17	HEALTH BOARD PERFORMANCE REPORT
	<p>The integrated performance report was received.</p> <p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths stated that performance against the 4 hour and 12 hour targets had deteriorated and continued to decline in November and thus far into December due to the age and acuity of patients.</p> <p>Emma Woollett sought clarity around the extent to which all the actions within ABMU's control were being explored in relation to workforce issues in emergency departments. Alex Howells stated that updates had been sought on service delivery unit unscheduled care plans to provide assurances that all the relevant actions were in place in readiness for quarter 4. She said that it was important to keep reinforcing the need to progress the discharge of medically fit patients. She referenced the 'SAFER' (Senior Review, All patients have an expected date of discharge, Flow from assessment units, Early Discharge, Review of patients with extended length of stay) bundle which focus attention on managing the care pathway for each individual patient. Alex Howells stated that whilst improvements had been seen in this regard, there was more that needed to be achieved.</p> <p>With regard to the acuity of patients, Hamish Laing stated that due to staff managing the lesser acuity patients better, there were fewer of this category of patients waiting. He said that whilst emergency departments were traditionally staffed by relatively junior medical staff this was due there being a shortage of consultants which impacted upon the overall flow of patients. He added that to address this, senior decision makers were deployed to manage times of peak demand. Chris White stated that the issue related to the ability to move patients through the system and did not solely relate to issues in the emergency department.</p> <p>Martin Sollis suggested there was a deep-dive into unscheduled care (USC) performance at the forthcoming Performance & Finance Committee. Alex Howells stated that the focus for the December meeting was planned care but that USC would be reviewed at the February 2018 meeting.</p> <p>Andrew Davies noted that the data showed that numbers of 'minor' attendances to A & E had dropped in June. Alex Howells said that this was not due to service change but could be connected with classification. She undertook to review the figures.</p>

Deteriorating performance in term of Stroke services over the past four months was noted to be related to the pressures in USC. Emma Woollett noted that compliance with the 4 hour target stood at 40% and asked what the implications were for patient outcomes. Hamish Laing stated that outcomes were in general considered to be good for stroke patients within ABMU. He said it was easier to meet stroke bundle requirements if patients were managed on a designated stroke ward but there did not appear to be an adverse impact if the target was not met.

Siân Harrop-Griffiths stated there were particular challenges in the Bridgend area in terms of care home placements and this was impacting in delayed transfers of care.

Siân Harrop-Griffiths stated there were particular challenges in delivering the 36 week waiting time position for planned care. She added that firm plans were in place to deliver this for 3,100 with further work ongoing to seek to reduce this with funding having been made available to support this.

Alex Howells stated that there were an increasing number of patients who were waiting beyond 52 weeks which had quality and safety implications. She said that more robust plans were needed to treat these patients and this would be a key action within the annual plan for 2018/19.

Siân Harrop-Griffiths stated Cancer Service performance had improved in recent months and that an all-Wales workshop was pending regarding the decision to implement a single pathway for cancer treatment. Alex Howells stated that the specialties with cancer patient backlogs related mainly to urology and gynaecology.

With regard to healthcare acquired infections it was noted there had been a 'deep-dive' at the Princess of Wales Hospital to help focus specific actions for improvement. Emma Woollett stated that plan needed to contain specific, measurable targets. Andrew Davies agreed that this was needed to deliver step change to current performance. Sandra Husbands stated that an action plan was now in place for each infection area.

Ceri Phillips sought confirmation of the average length by which a patient's stay in hospital could potentially be extended due to C diff. This was noted to be around 14 days.

Alex Howells stated that there was a need to verify that all organisations were applying the same criteria when counting levels of infection as she was aware that community based cases were included in ABMU figures. Sandra Husbands stated that around 80% of instances were hospital acquired cases and therefore the community aspect represented a small proportion of instances.

	<p>Sandra Husbands stated that work was ongoing with primary care to increase the uptake of flu vaccine and that 53% of ABMU staff had received the vaccine thus far.</p> <p>Emma Woollett referenced performance around the Mental Health Measure which needed to improve. Siân Harrop-Griffiths stated that this service was delivered on ABMU's behalf via Cwm Taf University Health Board and that regular commissioner meetings were held where this was discussed. She advised that funding had been secured to help address waiting times up to the end of March 2018 and undertook to provide a briefing to the Vice-Chair outside the meeting.</p> <p>Chantal Patel about work with GPs to help manage the services pressures as a whole system issue. Siân Harrop-Griffiths stated that there was now a designated primary care lead in this regard which was helping the support of such work.</p> <p>Jackie Davies noted that administrative and clerical staff had the highest rates of sickness absence. Kate Lorenti stated that the figures needed further analysis to understand whether there had been an unintended consequence as a result of the drive to limit recruitment into this staff category.</p>
<p>Resolved:</p>	<p>The report be noted.</p>
<p>265/17</p>	<p>111 SERVICE EVALUATION REPORT</p>
	<p>A report regarding the independent evaluation undertaken between November 2016 and April 2017 was received. Dorothy Edwards was welcomed to the meeting and congratulated on her management of the project.</p> <p>In discussing the report the following points were raised:</p> <p>Dorothy Edwards stated that to date there had been 190,000 calls in to the service and that it was generally perceived as a success. She advised that clinical hub was in place and was instrumental in delivering the necessary benefits and helped avoid patients defaulting into acute care. She said there had been no untoward incidents and only a low level of complaints. Clare Jenkins stated that all feedback from patients to date had been positive and that she felt it had great potential.</p> <p>Alex Howells stated that whilst it had been a challenge to act as the pathfinder, she had been pleased to see clinicians embrace it.</p> <p>Hamish Laing stated that as a result of the success of the roll-out of 111 there had been fewer minor ambulance calls and no additional 'default' A&E attendances. He added that the service in respect of ABMU and Hywel Dda was accountable through himself for clinical</p>

	<p>governance issues.</p> <p>Ceri Phillips highlighted the need for continuous learning. Jackie Davies echoed this point asking if there had been issues in retaining staff. Maggie Berry stated she had used the service and found it to be excellent. Martyn Waygood concurred asking if once it was further rolled out across Wales whether there would be an issue in resourcing it.</p> <p>Dorothy Edwards stated that whilst at the initial launch of the service staff resources had been stable this had become less stable subsequently. She agreed there was a need to look at the scale of the roll-out and alternative approaches which would include extending the clinical hub. She added that work to date provided a platform to develop a regional model of working which would include creation of different roles and opportunities. She added that the Welsh Government were looking to support roll-out across Wales.</p> <p>Andrew Davies commended Dorothy Edwards and her rest of the 111 management team for a well-led project. He also took the opportunity to welcome her back to ABMU in her new role in Recovery & Sustainability.</p>
Resolved:	– The report be noted .
266/17	MEDICAL LOCUM CAP
	<p>A report regarding the implementation plan relating the recent introduction of medical locum cap was received.</p> <p>In discussing the report the following points were raised:</p> <p>Hamish Laing stated that it was proposed that the scrutiny around breaches be reported to the Performance & Finance Committee.</p>
Resolved:	<p>The report be noted.</p> <p>The Medical Locum Cap Implementation Plan be approved</p>
267/17	DEVELOPMENT OF THE INTEGRATED PLAN FOR 2018/2019
	<p>A report setting out progress in the development of the ABMU Integrated Plan was received.</p>
	<p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths stated that further work was planned next year in terms of capacity redesign which would be discussed with the CHC.</p> <p>Lynne Hamilton stated that it would be necessary to have as many</p>

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	recurrent aspects in the plan as possible. She added that cost pressures for 18/19 were currently being managed-down to around £5m.
Resolved:	The report be noted .
268/17	QUARTER 2 UPDATE ON IMPLEMENTATION OF THE ANNUAL PLAN
	<p>A report providing a detailed analysis of achievements in the second quarter of 2016/17 was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths noted that the non-delivery of actions related to workforce issues or changes that had occurred since the plan was put into place. She said that the development of an organisational strategy would be progressed following discussion with the new Chief Executive.</p>
Resolved:	– The report be noted .
269/17	OLDER PERSON'S CHARTER
	<p>A report providing an update on the development of an ABMU Older Person's Charter was received.</p> <p>In discussing the report Christine Morrell highlighted that this initiative had been patient driven and would be launched on 13th December 2017 and would underpin ABMU's Older Person's Strategy. Andrew Davies said the Older Person's Commissioner had commended this work. Christine Morrell stated that WAST had produced an Older Person's Promise which was similar to ABMU's Charter.</p>
Resolved:	The report be noted .
270/17	ADULT MENTAL HEALTH STRATEGIC FRAMEWORK
	A report around the development of the above framework was received .
	<p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths stated that framework had been subject to in-depth discussions as to what challenges the services faced and what</p>

	<p>improvements could be made. This had included sessions with ‘hard to reach’ individuals. She said that if supported by the board it would be subject to consultation in the New Year with a view to a final version for approval.</p> <p>Emma Woollett commended the work thus far with local authorities and hard to reach user groups. She said that a robust implementation plan would be required to ensure success and the issues raised by the proposed boundary changes would need to take account of this.</p> <p>Alex Howells stated that whilst it was important to work with partner organisations the framework needed to be embedded within ABMU and for this reason its implementation needed to take account of all the service delivery units within ABMU.</p> <p>Chantal Patel sought clarity as regards GP involvement. Siân Harrop-Griffiths stated that GP colleagues had been part of the service development model meetings and would be more formally involved via the GP Cluster Networks for the consultation phase.</p>
Resolved:	<p>- Mental Health Strategic Framework Proposals supported.</p>
271/17	JOINT REGIONAL PLANNING & DELIVERY COMMITTEE REPORT
	<p>A report setting out key decisions and matters considered by the above committee when it met on 18th October 2017 was received.</p> <p>In discussing the report the following points were raised:</p> <p>Siân Harrop-Griffiths stated that the committee had been established between ABMU and Hywel Dda University Health Board at the request of the Welsh Government.</p> <p>With reference to the South West Wales Non-Surgical Cancer Strategy, Siân Harrop-Griffiths stated that this reflected the need for a single region approach. She said there was good clinical leadership around this and it was proposed that an implementation plan be developed. This had been considered and supported by the Hywel Dda Board the previous week.</p> <p>Andrew Davies stated that this evidenced the constructive relationship that was developing in the region and paid tribute the respective executive teams driving this forward.</p> <p>Clare Jenkins reminded the board that it needed to be involved in such matters in order that it was able to appropriately influence decisions. Siân Harrop-Griffiths undertook to raise this issue with colleagues in Hywel Dda.</p> <p>Martin Sollis noted that the document quoted the implementation costs as ‘nil’. Siân Harrop-Griffiths stated that this was not the case and the</p>

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	<p>figures had yet to be worked through. She added that the project would need to be implemented in a phased approach depending on levels of funding available but would be based on value based healthcare principles.</p> <p>Emma Woollett stated that the implementation plan would need to set out the aims and timescales involved. Siân Harrop-Griffiths stated this would become clearer following further work. She said she planned to hold relevant discussions to develop a project plan around the implementation.</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The Non-Surgical Cancer Strategy be approved subject to further work to refine the implementation plan.
272/17	KEY ISSUES REPORTS
	(I) Audit Committee
	The key issues report arising from the meeting held on 16 th November 2017 was received .
Resolved:	The losses and special payments outlined in the report be approved .
	(II) Strategy Planning & Commissioning Group
	The key issues report arising from the meeting held on 4 th October 2017 was received and noted .
	(III) Quality & Safety Committee
	The key issues report arising from the meeting held on 19 th October 2017 was received and noted .
	(IV) Workforce & Organisational Development Committee
	<p>The key issues report arising from the meeting held on 19th September 2017 was received.</p> <p>In discussing the report, Chantal Patel highlighted that there were challenges in taking forward the Recovery & Sustainability work programme as there were no additional resources in place to</p>

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	support operational work.
Resolved:	The report be noted .
	(V) Charitable Funds Committee
	<p>The key issues report arising from the meeting held on 11th October 2017 was received.</p> <p>In discussing the report, Martyn Waygood highlighted the scope for approving bids by the panel had been reduced to £20k and that this forum would meet monthly for the immediate future.</p> <p>Andrew Davies sought clarity as the reporting arrangements for the Cancer Charity – Golau. Martyn Waygood stated this was an ABMU Charity and the Charitable Funds Committee received reports as to its performance. He said that a planned review was due to be undertaken in the New Year looking at the operation of the charity.</p>
Resolved:	The report be noted .
273/17	SENIOR INFORMATION RISK OWNER ANNUAL REPORT
	<p>The first ABMU report for the period 2016/17 was received.</p> <p>In discussing the report the following points were raised:</p> <p>Hamish Laing stated that ABMU had received a limited assurance report from the Information Commissioner’s office but had been commended on progress made since that time.</p> <p>In respect of the forthcoming introduction of the General Data Protection Regulations effective from May 2018, Hamish Laing stated a report would be prepared for the next meeting in this regard.</p>
Resolved	The SIRO Annual Report be noted .
274/17	WELSH HEALTH SPECIALIST SERVICES COMMITTEE
	<p>The minutes of the meeting held on 25th July were received.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett sought clarity around the reference to undeclared patients on waiting lists relating to TAVI (Transcatheter Aortic Valve Implantation). Hamish Laing explained that patients undergo a number</p>

	of investigations in consideration for TAVI and that there had been an error in describing such patients as “being on the TAVI waiting list” when in fact they were still undergoing assessment for suitability.
275/17	EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE
	The minutes of the meeting held on 27 th June and key issues arising from a meeting on 26 th September 2017 were received . In discussing the report, Kate Lorenti stated that a plan was in place to roll-out ESR across the organisation and progress in this regard would be reported to the Workforce & OD Committee.
276/17	NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE
	A key issues report of issues arising at the meeting held on 19 th September 2017
277/17	ABMU BOARD COMMITTEE ARRANGEMENTS
	A report setting out proposals to consolidate and streamline board committee and group arrangements was received . In discussing the report Andrew Davies proposed that apart from the allocation of NOMs to existing committee meetings, the remainder of the proposals be deferred for consideration as part of the committee structure review to be undertaken by the Pam Wenger in the New Year.
Resolved:	<ul style="list-style-type: none"> - Proposed changes to existing committee membership be approved - A review of committee meeting arrangements be undertaken by the incoming Director of Corporate Governance/ Board Secretary.
278/17	PRIMARY CARE ANNUAL REPORT
	A report setting out the context within which directly managed and contracted services had been operating during 2016/17 was received . In discussing the report it was noted that no comments had been received on the document since it was initially presented to the Board in September 2017.

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Resolved:	The Primary Care Annual Report be approved .
279/17	AFFIXING OF THE COMMON SEAL
	A report outlining documents to which the common seal had been applied since the last meeting was received and noted .
280/17	BOARD BUSINESS CYCLE
	The revised board business cycle was received and noted .
281/17	ANY OTHER BUSINESS
	There was no further business and the meeting was closed.
282/17	DATE OF NEXT BOARD MEETING.
	This was noted as 25 th January 2018.
283/17	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: