

## ABM University LHB

**Unconfirmed**

Minutes of the Meeting of the Health Board  
held on 27<sup>th</sup> September 2018  
in the Boardroom, ABMU Headquarters, Baglan

**Present**

Andrew Davies	Chairman/ Independent Member
Tracy Myhill	Chief Executive
Emma Woollett	Vice-Chair / Independent Member
Ceri Phillips	Independent Member
Martyn Waygood	Independent Member
Maggie Berry	Independent Member
Martin Sollis	Independent Member
Mark Child	Independent Member
Jackie Davies	Independent Member
Raymond Ciborowski	Independent Member
Tom Crick	Independent Member (until minute 182/18)
Gareth Howells	Director of Nursing and Patient Experience
Chris White	Interim Chief Operating Officer
Hazel Robinson	Director of Workforce & Organisational Development
Alastair Reeves	Interim Medical Director
Lynne Hamilton	Director of Finance
Sandra Husbands	Director of Public Health
Chris Morrell	Director of Therapies & Health Science
Hannah Evans	Director of Transformation
Pam Wenger	Director of Corporate Governance/Board Secretary
Alison James	Associate Board Member

**In Attendance:**

Matt John	Associate Director, Informatics / Interim Chief Information Officer
Darren Griffiths	Associate Director, Performance
Claire Mulcahy	Corporate Governance (Shadowing Wendy Penrhyn-Jones)
Ruth Tovey	Graduate Trainee (Shadowing Tracy Myhill)
Hilary Dover	Service Director, Primary & Community Services Delivery Unit (for minute 185-188/18)
Wendy Penrhyn-Jones	ABMU Head of Corporate Administration (minutes)

170/18	WELCOME AND APOLOGIES	Action
	Apologies for absence were received from: Siân Harrop-Griffiths, Director of Strategy; Reena Owen, Independent Member; Brian Moon Chair, ABM Community Health Council (CHC); Emrys Davies, Non-Executive Director, Welsh Ambulance Services Trust (WAST) and Sue Cooper, Associate Board Member.	

<b>171/18</b>	<b>INTRODUCTORY REMARKS</b>
	Andrew Davies welcomed everyone to the meeting.
<b>172/18</b>	<b>DECLARATION OF INTERESTS</b>
	Maggie Berry stated that she was a Bridgend County Borough Council resident with regard to the Bridgend Boundary Changes Report.
<b>173/18</b>	<b>PATIENT STORY</b>
	<p>A summary of the patient story was <b>tabled</b>.</p> <p>The story related to a Facebook post with thanks extended by a grieving family grateful for the comfort and support received from staff at Morriston Hospital in the last few days of their grandmother's life. They paid tribute to the warmth and positive energy they had seen in staff both on the ward and more generally at the hospital.</p> <p>In discussing the story the following points were raised:</p> <p>Board members felt the story to provide evidence of ABMU's values and was an example of the hard work and dedication of staff. Gareth Howells confirmed he had thanked the ward staff concerned in caring for this particular patient.</p> <p>Tracy Myhill stated that each month the organisation relayed examples to Welsh Government of positive issues such as this patient story.</p> <p>Martyn Waygood conveyed thanks to the ABMU Communications Team for the support they had recently provided in respect of a recent fundraising event for the Neonatal Intensive Care Unit.</p>
<b>Resolved:</b>	– The Patient Story be <b>noted</b> .
<b>174/18</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>
	The minutes of meeting held of the Annual General Meeting 26 <sup>th</sup> July 2018, Board Meeting 26 <sup>th</sup> July 2018 were <b>received</b> and <b>confirmed</b> as an accurate record, apart from recording Alison James as present and a typographical error under the minute:

	<p><u>135/18 ABMU RESPONSE TO WALES AUDIT OFFICE REVIEW OF INFORMATICS (sixth bullet).</u></p> <ul style="list-style-type: none"> <li>• Opportunities to work alongside Hywel Dda and the ARCH project needed to be <b>progressed</b>;</li> </ul> <p>The minutes of the Special Board Meeting held on 30<sup>th</sup> September 2018 were <b>received</b> and <b>confirmed</b> as an accurate.</p>
<b>175/18</b>	<b>MATTERS ARISING</b>
	There were none.
<b>176/18</b>	<b>ACTION LOG</b>
	<p>The action log was <b>received</b>.</p> <p>With reference to item 7 (Digital Issues), Tom Crick said ABMU need to celebrate its unique achievement in terms of developing a Digital Charter and suggested that the Communications Team consider this further.</p> <p>Andrew Davies stated that actions relating to item 9 (Proposal to obtain best value criteria in future land and property disposals) was being progressed but had not yet been completed and therefore the action log needed to be amended to reflect this position.</p>
<b>177/18</b>	<b>JOINT REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE</b>
	<p>A report setting out key issues from the Chairman and Chief Executive was <b>received</b>.</p> <p>In discussing the report the following points were raised:</p> <ul style="list-style-type: none"> <li>– The recent meeting of the ABMU/Cwm Taf Joint Transition Programme Board (JTPB) and the productive relationship between the two health bodies in progressing a demanding timetable of actions which also included the a wish to put forward to the Cabinet Secretary a new organisational name for adoption from 1<sup>st</sup> April 2019;</li> <li>– Following the September 2018 Targeted Intervention (TI) meeting between ABMU and Welsh Government, the decision to reduce the Health Board's financial control total to £20m;</li> <li>– The ABMU Leadership Summit at the end of September 2018 which had been attended by more than 100 staff;</li> </ul>

- The meeting the previous day in Hywel Dda University Health Board regarding their service change proposals.

In discussing the report the following issues were raised:

Tracy Myhill stated that the TI meeting had been positive confirming growing confidence in ABMU which she intended to further build upon. She added that whilst the position unscheduled care performance position remained challenging there had been evidence of improvement in terms of delivery of the cancer service target. Tracy Myhill stated that discussions had included the actions that were being taken to further reduce Referral to Treatment Times and the efforts that were being made to engage the organisation to support the delivery of the end-of-year financial control total.

With reference to the leadership summit, Tracy Myhill stated that this had enabled discussion of performance around TI issues and the need to 'test' ABMU's medium and longer term plans. She added that there remained a need to systematise the organisation and systems to this was being actioned.

Andrew Davies stated that the positive dialogue at the TI meeting reflected the changes brought about by Tracy Myhill since taking up post in February 2018.

Andrew Davies stated that strong representations had been made to Hywel Dda University Health Board around the potential impacts that their proposed service changes could have in terms of ABMU's services particularly at Morriston Hospital. He extended thanks to the Chair and the Hywel Dda Board in general for acknowledging these issues. Pam Wenger stated that she had circulated the relevant Hywel Dda meeting papers the previous day to ABMU Board Members. Mark Child stated that the local authority would be happy to comment in this regard if necessary.

Pam Wenger stated that ABMU had held its first joint Board meeting with Hywel Dda in June 2018 and a further such meeting was pending.

In relation to Bridgend Boundary Change, Hannah Evans stated that whilst there had been a significant amount achieved in the past two months there remained much to do over coming months to work through clinical service transitional arrangements. With reference to corporate functions, she confirmed that a methodology had been agreed in terms of transitional arrangements. Cwm Taf University Health Board colleagues were joining ABMU in supporting engagement sessions for ABMU staff and communication plans were in place

to address the issues that were beginning to be raised by service users and the local population.

Andrew Davies referenced the establishment of ABMU in 2009 as a result of the merger of the former Swansea and Bro Morgannwg NHS Trusts. He said that with the removal of the Bridgend locality from its catchment population at the end of the financial year, the organisation would mean there was a need for a new organisational identity as the existing name would no longer be relevant to its service footprint. Bearing in mind a significant proportion of its work related to the provision of regional services, Andrew Davies said that there was possible benefit with aligning a new name with Welsh Government regions. He cited the example of 'Swansea Bay University Health Board'. Andrew Davies stated that whilst the overall decision around the organisational name was one for the Cabinet Secretary, if this proceeded it would be important that any costs associated with it were kept to a minimum.

Sandra Husbands stated that it was important that any new name recognised the locality served by the organisation. Jackie Davies stated that feedback received thus far from staff suggested that they were receptive to a new organisational name. Maggie Berry stated that she felt it would be helpful to have dialogue with staff as regard name suggestions. Mark Child stated that the name of the organisation need to provide the public with something they could identify with. Andrew Davies stated that existing name had not proved helpful in terms of staff recruitment outside the immediate area.

Tracy Myhill stated that there was a period of four weeks in terms of the deadline for making a submission to Welsh Government around the benefits and costs associated with any name change and, that as a consequence engagement around the issue may need to be limited. She added that it was essential that the costs of any change did not result in any impact on front-line service budgets. Pam Wenger stated that there were minimal requirements in terms of the changes required by 1<sup>st</sup> April 2019 and remaining actions such as internal signage changes could be taken forward later.

Tracy Myhill stated that Cwm Taf University Health Board were meeting that day to discuss the issue of organisational name change.

Alison James stated that there were continuing concerns amongst Third Sector organisations with regard to Integrated Care Fund (ICF) allocations. Cwm Taf University Health Board did not operate the same arrangements as ABMU. She added that there was a fear this could lead to carers being put at a

	disadvantaged as a direct result of the boundary changes. Andrew Davies stated that this issue had been raised at the JTB meeting and was therefore being considered.
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>.</li> <li>– The Terms of Reference of the JTB be <b>approved</b>.</li> <li>– A letter be drafted to the Cabinet Secretary on behalf of the Board to recommend an organisational name change for ABMU.</li> </ul>
<b>178/18</b>	<b>WINTER PLAN</b>
	<p>A report providing an update regarding the Winter Plan was <b>received</b>.</p> <p>In introducing an update Chris White highlighted the following points:</p> <ul style="list-style-type: none"> <li>– The Plan was a single element of the wider planning process to deliver a safe, sustainable and effective unscheduled care system;</li> <li>– Various proposals were being developed to improve system resilience which included local authority schemes which aimed to provide additional system support;</li> <li>– The conclusions of the multi-agency winter planning process would inform the completion of the ABMU Winter Plan by the end of October 2018.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry said there was a potential for more to be achieved in partnership with the Third Sector. She cited the example of service users requiring safe and secure home surroundings to help avoid hospital admissions and for those who were being discharged following an inpatient stay. The forthcoming housing symposium was referenced and Maggie Berry encouraged Board colleagues to attend. Chris White stated that ABMU was currently working with the Third Sector and gave the example of a presentation given by the Red Cross to the recent ABMU Unscheduled Care Board.</p> <p>Ceri Phillips stated it was important that partner organisations and ABMU were able not only commit but to also deliver on actions to support unscheduled care processes. Chris White concurred stating that there was a maturing relationship between the various organisations with a common goal to achieve best value for money. He added there were a number of unscheduled care issues for medicine, surgery and other specialities requiring close scrutiny of bed capacity which would be captured within the organisational medium term plan.</p>

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	<p>Mark Child said that it was positive to note the inclusion of local authorities in the winter planning process.</p> <p>Andrew Davies stated that the report did not set out the challenges across the healthcare system instead focusing on the actions arising from these. He added that the corresponding implementation plan would require SMART objectives and deliverables.</p> <p>Emma Woollett stated the 2019/20 Winter Plan would need to be finalised during the summer. She added that October meeting of the Performance &amp; Finance Committee was due to consider the next iteration of the Winter Plan.</p> <p>Andrew Davies stated that ABMU was enjoying improved relationships with both Neath &amp; Swansea local authorities largely due to the input from the respective director of social services. Mark Child undertook to relay this.</p> <p>Martyn Waygood sought clarity as to the arrangements in place to support vital clinical staff traveling to hospital sites in poor winter weather. Chris White stated that ABMU had an Adverse Weather Plan and Emergency Planning arrangements for such instances. He added that there had been more patient throughout to the Emergency Departments during July and August 2018 than in January &amp; February 2018.</p>
<b>Resolved:</b>	- The report be <b>noted</b>
<b>179/18</b>	<b>QUARTER 1 UPDATE ON THE DELIVERY OF THE ANNUAL PLAN 2018-19</b>
	An update on the delivery of the Annual Plan 2018-19 was <b>received</b> .
	<p>In introducing the report Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>– The report provided an update on quarter one performance based on ABMU's five service improvement plans arising from TI reporting which had been mapped to corporate objectives;</li> <li>– Following discussion at the September 2018 meeting of the Performance &amp; Finance Committee there would be a change of approach and format for this report going forward;</li> <li>– In discussing the report, Andrew Davies stated it had improved in terms of content over the last few years providing valuable information to Board members.</li> </ul>

<b>Resolved:</b>	- The report be <b>endorsed</b> for onward submission to Welsh Government.
<b>180/18</b>	<b>ORGANISATIONAL STRATEGY , CLINICAL SERVICES PLAN (CSP) AND THREE YEAR INTEGRATED PLAN 2019-22</b>
	<p>A report setting out the progress regarding the Organisational Strategy, CSP and Three Year Integrated Plan 2019-22 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 alignment of the organisational strategy, CSP and three-year integrated plan;</li> <li>- The workshop taking place on 8<sup>th</sup> October 2018 to help formulate strategic content;</li> <li>- The CSP was being refreshed with important input from clinical leaders via a series of workshops;</li> <li>- The first draft of the strategy and CSP would be brought to the Board in November with the final draft in January 2019 prior to onward submission to Welsh Government.</li> </ul> <p>In discussing the report the following points were raised:</p> <p>Emma Woollett referenced the importance of Regional Partnership Boards being involved in the process. She added that the population needs assessment process was powerful in helping the organisation to decide how to invest for maximum gain. Darren Griffiths replied that work had begun to map this information to quality objectives.</p> <p>Tracy Myhill stated that the level of clinical engagement secured around the CSP refresh was positive. She added that there would need to be a separate meeting with Cwm Taf to discuss the future planning requirements around Bridgend based services as this would no longer be included in ABMU's medium term plan. Tracy Myhill said that despite the number of ongoing key initiatives to shape the organisation's future, it remained important to continue to develop sustainable operational performance.</p>
<b>Resolved:</b>	<u>—</u> The report be <b>noted</b> .



181/18	<b>UPDATE ON PARTNERSHIPS</b>
	A report providing update on Partnerships was <b>received</b> .
	<p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Progress made in terms of implementing key strategic priorities such as the Western Bay Programme and Regional Partnership Board;</li> <li>– Work underway with Public Service Board (PSB) partners on their wellbeing objectives and the need for ABMU to realign its wellbeing objectives to those of PSBs.</li> </ul> <p>In discussing the report the following points were raised:</p> <p>Andrew Davies stated that the report was helpful. He added that from April 2019 ABMU's service catchment area would reduce and it would then be working with two local authorities which may help to simplify working arrangements.</p> <p>Emma Woollett stated that there was currently a degree of overlap in the system and therefore potential for confusion regarding the remit and responsibility of the individual partners. She advocated a more regular reporting interval to the Board providing an update on progress. Mark Child concurred, saying that whilst the report provided detail of certain priorities there were indeed overlaps. He suggested that given the ongoing organisational changes within ABMU this should be taken as an opportunity to consider partnership structures.</p> <p>Andrew Davies said that going forward there could still be degree of variation in approaches taken by the various organisations. Maggie Berry added that this was also true of ABMU in that not all its services were provided across the organisation.</p> <p>Tracy Myhill acknowledged that the arrangements were complicated and said that Irfon Rees, Chief of Staff would be working with partners in this regard. She added that executives needed to work proactively to manage these relationships and suggested a quarterly report to the Board setting out details of what was being delivered through the various partnerships.</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>.</li> <li>– Future updates be prepared on a quarterly basis;</li> <li>– ABMU's wellbeing objectives be reviewed with the aim of more closely alignment with those of PSBs and present</li> </ul>

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	these to Board in November 2018 for agreement as part of the organisational strategy.
<b>182/18</b>	<b>KEY ISSUES REPORTS – PERFORMANCE &amp; FINANCE COMMITTEE AND QUALITY &amp; SAFETY COMMITTEE.</b>
	<p>The above key issues reports along with revised Quality &amp; Safety Committee terms of reference were <b>received</b>.</p> <p>Emma Woollett stated that the Performance &amp; Finance Committee had noted improvement particularly around cancer services but that unscheduled care performance was behind planned trajectories. She added that there was an over reliance on non-recurrent measures in terms of financial delivery and that there were significant medical and nursing vacancies resulting in higher variable pay spends.</p> <p>Andrew Davies commended the areas where sustained service improvement was being delivered.</p> <p>In respect of the Q &amp; S Committee, Maggie Berry said that the Clinical Outcomes Steering Group was being relaunched with new membership that included Executive Directors and Service Directors which would improve service delivery.</p> <p>Chris Morrell stated work to realign the groups reporting to the Committee would streamline assurance information.</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The reports be <b>noted</b>;</li> <li>- The Terms of Reference of the Q &amp; S Committee be <b>approved</b>.</li> </ul>
<b>183/18</b>	<b>PERFORMANCE REPORT</b>
	<p>A report on current performance was <b>received</b>.</p> <p>In introducing the report Darren Griffiths and Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> <li>– The August 2018 position for the emergency department 4 hour metric had deteriorated compared with July 2018 (77.93% against 79.87%) and was well below the internal profile of 88%. Performance against the 12 hour target had improved compared with July 2018 (511 breaches). Ambulance response times were consistently above the national target achieving 79.2% at the end of August 2018 with the breaches of the 1 hour ambulance handover target increasing to 270 (up 49) in August 2018;</li> </ul>

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- Emergency department attendances during August 2018 stood at 14,994 (down 1,006 on July 2018) but there had been higher levels of acuity;
- Stroke admissions during August 2018 had been greater than July 2018 at 79 but were 10% down on the same period in 2017 with the CT scan performance standing at 41% against an internal profile level of 45%. There had been strong stroke assessment performance which stood at 91% against an internal profile of 80%;
- In August 2018, patients waiting over 26 weeks for a first outpatient appointment continued to be significantly lower compared with previous years with 105 patients (against 1,494 in August 2017) which represented the best position in Wales. The patients waiting longer than 36 weeks from referral to treatment continued to present a challenge but there were 1,145 fewer patients than the same period in 2017;
- For August 2018, whilst the majority of patients waited 8 weeks or less for specified diagnostics there were 811 patients waiting over 8 weeks for specified diagnostics. Most of this related to new cardiac diagnostic tests introduced in April 2018;
- For cancer treatment, draft figures for August 2018 indicated 98% of patients had started treatment within 31 days with 93% of patients commencing treatment within 62 days;
- For C. difficile in August 2018, the number of cases had almost halved compared with July 2018 (from 29 to 15) with a slight increase from 17 to 20 Staphylococcus aureus cases with a reduction in E. coli to 46 (against 51 in July 2018). There had been 8 cases of C. difficile, 8 Staphylococcus aureus and 30 E. coli during September 2018 which meant that each of these were significantly lower than the forecast.

Andrew Davies thanked Darren Griffiths for the way this important report was presented.

Gareth Howells stated that various actions were contributing to the improved C.difficile position which included the implementation of antimicrobial guidelines, mattress reviews and matron walkarounds. He said that patient falls had continued to reduce over the past four months and currently stood at the lowest level for 14 months.

Ceri Phillips referenced performance around TI issues which highlighted the challenges around unscheduled care. Chris White said that whilst there had been signs of system resilience, once bed capacity had been reached, the attainment of waiting time

	<p>performance targets diminished. He added that the way in which patients were managed once ready for discharge was key and currently insufficient numbers of patients were being moved to the day lounge prior to the 12noon target.</p> <p>Martyn Waygood sought clarity around the significant reduction in Minor Injury Unit (MIU) attendances in Neath Port Talbot Hospital. Chris White stated that the reduction related to staffing issues that had resulted in the closure of the Singleton hospital MIU on numerous occasions during July and August 2018. Martyn Waygood asked as to the actions being taken to inform service services in advance of such closures. Chris White said that on occasion, shift cover deficits were not known just before the handover was due which made it impossible to be proactive. Tracy Myhill stated that both MIUs were being monitored closely.</p> <p>Andrew Davies asked how ABMU's performance may be affected once Bridgend services were no longer part of its combined performance data. Darren Griffiths stated that work was ongoing to understand this but that performance around the 4hour unscheduled care target could possibly improve.</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>.</li> </ul>
<b>184/18</b>	<b>FINANCIAL POSITION – 31<sup>ST</sup> AUGUST 2018</b>
	<p>A report regarding financial performance to month 5 was <b>received</b>. In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Welsh Government had reduced ABMU's financial control total to £20m;</li> <li>– Month 5 had seen an improved deficit outturn of just over £2m;</li> <li>– Given the reduced financial control total there was a need to further decrease spending trajectories;</li> <li>– The financial position and any deviations from plans was being closely monitored and reported to the Performance &amp; Finance Committee;</li> <li>– Process improvements for PSPP systems had been implemented.</li> </ul> <p>In discussing the report the following points were raised:</p> <p>Emma Woollett stated that the Performance &amp; Finance Committee recommended the Board endorsed the reduction of the financial control total to £20m.</p>

	<p>Andrew Davies stated that the introduction of the Performance &amp; Finance Committee had made an important contribution to the level of assurance provided to the Board.</p> <p>Lynne Hamilton paid tribute to the delivery units for the way they were approaching the need to deliver the reduced financial control total. She added that this would be a challenge but clinical safety needed to remain at the heart of decision making.</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The report be <b>noted</b>;</li> <li>– The revised financial control total of £20m be <b>approved</b>.</li> </ul>
<b>185/18</b>	<b>PRIMARY CARE MEASURES</b>
	<p>Hilary Dover was welcomed to the meeting.</p> <p>A report setting out ABMU's results in respect of phase two of the primary care measures for Wales and recommendations for improvement was <b>received</b>.</p> <p>In introducing the report the following points were highlighted:</p> <ul style="list-style-type: none"> <li>– Some measures were relevant to ABMU but not all measures had targets;</li> <li>– This was the first time the measures had been published for incorporation into Cluster Plans to help improve overall performance.</li> </ul> <p>In discussing the report the following points were raised:</p> <p>Emma Woollett asked if it was possible to measure the targets more frequently than the current annual position. Alastair Roeves responded that some the data was 'live' and therefore could be reported more often but that most were only available on a yearly basis. Emma Woollett stated that she would therefore wish to see additional measures incorporated into ABMU's performance metrics. Darren Griffiths agreed to discuss this further with Hilary Dover and Alastair Roeves outside the meeting.</p> <p>Emma Woollett referenced the importance of the narrative that accompanied the performance statistics in explaining any contextual issues. Sandra Husbands said that the report was not the sole source of data and that more dynamic information could be provided. Alastair Roeves stated that this could encourage further focus discussion on such issues by GP Clusters.</p> <p>Martin Sollis asked if Clusters were held to account for performance. Hilary Dover stated that there was a need to</p>

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	<p>compare data to Cluster Plans and use it to target resources to necessary areas.</p> <p>Mark Child suggested that some of the performance was an issue for partnerships and ABMU needed to understand its role and that of partners in driving progress. Tracy Myhill said that it was important that these issues were discussed to clarify required actions which were within ABMU's control and those it may be able to influence.</p> <p>Maggie Berry stated that GP Clusters were not represented at the Western By Partnership meetings. Hilary Dover stated that there had been a meeting of the Joint Partnership Board that day and this issue had been discussed.</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Additional primary care metrics to be incorporated in ABMU's performance report.</li> </ul>
<b>186/18</b>	<b>ALL-WALES PRIMARY CARE ANNUAL REPORT</b>
	<p>A report describing the context within which directly managed and contractor services operated during 2017/18 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 report was aligned to the national annual report for primary care and summarised key issues and achievements for the year;</li> <li>– The ABMU annual report was structured around the five priority areas of the primary care annual plan.</li> </ul> <p>In discussing the report the following points were raised:</p> <p>Hilary Dover stated that all-Wales report provided an illustration of what was working well across Wales and acted as a lever for change whilst increasing the profile of primary care;</p> <p>Tracy Myhill stated that she had met with Cluster Leads the previous day and recognised the need to improve links between primary and secondary care, which would enable more business to be undertaken in partnership.</p> <p>Hilary Dover stated that the ABMU report highlighted improving access and quality issues and the skills of the workforce in the context of the forward work programme.</p> <p>Martyn Waygood referenced the 'My Health On-Line' facility which he had not always found to be working. Hilary Dover said that a</p>

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	<p>practice in Skewen were proactively taking this tool forward and the lead was Dr Heather Potter. Hilary Dover stated that 'My Health On-Line' was due to be discussed at the next meeting of the Directors of Primary Care.</p> <p>Emma Woollett stated that it was important to remember that in the vast majority of cases the Health Board did not have managerial responsibility for the operation of practices. Mark Child acknowledged this suggesting that perhaps more could be achieved in terms of the performance of directly managed practices. Hilary Dover responded that the model was favoured independent practices as there were issues with recruiting GPs to managed practices.</p>
<b>Resolved:</b>	The report be <b>noted</b> .
<b>187/18</b>	<b>CHANGE TO AGENDA ORDER</b>
<b>Resolved:</b>	Agenda item 4(iii) be taken next.
<b>188/18</b>	<b>CONTRACT VARIATION TO FACILITATE A GENERAL PRACTICE MERGER</b>
	A report seeking approval of the merger of the Gower and Penybryn practices was <b>received</b> .
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– Merger of above practices <b>approved</b> with effect from 1<sup>st</sup> November 2018.</li> </ul>
<b>189/18</b>	<b>KEY ISSUES REPORTS – OTHER BOARD COMMITTEES</b>
	<p>A report outlining discussions undertaken by board committees and other groups reporting to the board was <b>received</b>.</p> <p>In discussing the report the following points were raised:</p> <p>With reference to the Audit Committee, Martin Sollis stated that there had been a small NWIS (NHS Informatics Service for Wales) outage during August 2018 however, as a result of the hard work of all those involved the resultant impact had been managed although the risk such events posed remained. Thanks were extended to Matt John and his technical team.</p>

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	<p>In respect of the Workforce &amp; Organisational Development Committee, Ceri Phillips stated that workforce risks continued to be a key area of concern. Jackie Davies concurred.</p> <p>With regard to the Mental Health Legislative Committee, Emma Woollett stated that Child and Adolescent Mental Health Services (CAMHS) performance continued to impact upon overall performance. She said that the issues were being discussed with colleagues at Cwm Taf University Health Board and that further thought needed to be given to the strategic arrangements around the delivery of this service going forward. Emma Woollett stated that there was significant national work underway in respect of this service but overall performance was inadequate.</p>
<b>Resolved:</b>	<p>– The report be <b>noted</b>.</p>
<b>190/18</b>	<b>KEY ISSUES DISCUSSED AT STAKEHOLDER REFERENCE GROUP (SRG)</b>
	<p>The key issues summary report relating to the meeting held on 12<sup>th</sup> September 2018 and the SRG's annual report was <b>received</b> and <b>noted</b>.</p>
<b>191/18</b>	<b>ITEMS FOR INFORMATION</b>
	<b>A. Report on matters reported in-committee at the previous meeting</b>
	<p>A report on items considered during the in-committee meeting of the Board in 26<sup>th</sup> July 2018 was <b>received</b> and <b>noted</b>.</p>
	<b>B. Reports on Corporate Governance Issues</b>
	<p>A report outlining corporate governance issues including the application of the Common Seal, Welsh Health Circulars issued, the Board Business Cycle, Board Meeting dates for 2019 and the consultation on draft Welsh Language Standards (WLS) was <b>received</b>.</p> <p>In discussing the update on the WLS, Pam Wenger stated that a draft compliance notice consultation response was due to be discussed at the forthcoming Welsh Language Strategy Group meeting chaired by Tom Crick. An update was due to be provided to the November Board meeting.</p> <p>Pam Wenger stated there was a need to risk assess ABMU's delivery position given there was currently a potential for 120 of the</p>



	<p>127 WLS needing to be delivered in the next six months. Andrew Davies stated that the challenge of having sufficient number of staff with bilingual skills was an issue for all Health Boards.</p> <p>With regard to the calendar of dates for Board meetings in 2019 it was noted that whilst the dates were correct there was a typographical error in the heading which referenced 2018.</p>
<b>Resolved:</b>	– The report be <b>noted</b> .
<b>191/18</b>	<b>ANY OTHER BUSINESS</b>
	There was no further business.
<b>192/18</b>	<b>DATE OF NEXT BOARD MEETING</b>
	The date of the next Board meeting was 29 <sup>th</sup> November 2018
<b>193/18</b>	<b>MOTION TO EXCLUDE THE PRESS AND PUBLIC</b>
<b>Resolved:</b>	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: