

Swansea Bay University Health Board

Unconfirmed

Minutes of a Meeting of the Health Board held on 16th December 2021 at 12.30pm via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Interim Director of Nursing and Patient Experience
Jackie Davies	Independent Member
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Mark Child	Independent Member
Martyn Waygood	Independent Member
Nuria Zolle	Independent Member
Patricia Price	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member

In Attendance:

Hazel Lloyd	Acting Director of Corporate Governance.
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Liz Stauber	Head of Corporate Governance

Minute No.		Action
309/21	WELCOME AND INTRODUCTIONS	
	<p>Emma Woollett welcomed everyone to the meeting, particularly Martyn Waygood as it was his last since he was stepping down as an independent member. She also welcomed Hazel Lloyd as the acting Director of Corporate Governance.</p> <p>Apologies had been received from Mwoyo Makuto, Community Health Council, Sue Evans, Community Health Council, Nick Samuels, Interim Director of Communications and Andrew Jarrett, Associate Board Member.</p>	

310/21	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
311/21	PERFORMANCE TRAJECTORIES FOR PLANNED CARE, URGENT AND EMERGENCY CARE AND CANCER	
	<p>A presentation on the performance trajectories for planned care, urgent and emergency care and cancer for quarters three and four was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The modelling work identified that should no further additional outpatient activity be delivered, the total number of patients waiting for a planned outpatient appointment would increase from 48,000 to 55,000 over the period of the analysis; - ; - The planned care modelling was based on live updates and adjustments to reflect current challenges, taking into account work to validate the lists; - The waiting list size continued to increase and more solutions were needed to address this; - Due to initiatives within outpatients to address the backlog, more cases were now being converted for treatment; - The total number of people waiting for elective surgery would grow from 17,000 to 20,000 with no action. Even if the current solutions were fully implemented, this would just maintain the current performance, therefore further actions were needed; - Orthopaedics accounted for 30% of all planned care so the elective centre at Neath Port Talbot Hospital would address this; - Plans for a similar facility at Singleton Hospital for ophthalmology, discussed during an in-committee Board session, would reduce numbers in this specialty which was also a big contributor; - Next steps for planned care included insourcing/outourcing opportunities, increasing outpatient capacity and redirecting pathways to primary care; - There were plans in place to reduce diagnostic waits to below eight weeks for endoscopy and six weeks for radiology, with cancer diagnostics taking priority; 	

- The ambition for the cancer backlog was to reduce it from 550 cases to 200 by June 2022;
- The majority of the cancer backlog was attributable to the lower gastro-intestinal pathway due to different diagnostic models;
- The trajectory for the single cancer pathway was to achieve 74% by April 2022;
- Trajectories for urgent and emergency care had been set for the 12 and four-hour waits in the emergency department. Two new measures had also been included; to monitor the reduction in the average ambulance handover delay by 25% and to reduce all ambulance handovers to below four hours with a zero tolerance;
- A wide range of initiatives were being implemented to improve urgent and emergency care performance, as significant progress was needed;
- The new variant of Covid-19 (Omicron) had not been factored into the planning assumptions;
- There had been a reduction in GP referrals during the first wave of the pandemic and these had yet to materialise despite current levels now being back to normal;
- The trajectories were based on a point in time and would be refined further as part of the three-year recovery and sustainability plan;
- The work of the Deputy Chief Operating Officer and healthcare science engineering team to create the trajectories was recognised.

In discussing the report, the following points were raised:

Reena Owen noted the support of the independent sector to address some of the planned care work and queried if the health board had as equitable access to services as others. Darren Griffiths responded that at the start of the pandemic, access had been commissioned on behalf of health boards by the Welsh Health Specialised Services Committee (WHSSC) and had been limited to the providers within each health board's boundary, so access had not been equal. Arrangements for in/outsourcing were now back in the control of the health board which meant the reach could be extended more widely to other providers.

Reena Owen referenced the Omicron variant and asked if it was understood what impact this could have on the trajectories. Mark Hackett advised that the assumptions would need to be reviewed on a monthly basis due to Omicron and the trajectories for each quarter and the activity to achieve them would be shared with the Board. Darren Griffiths

	<p>added that a specialty-based performance report was to be developed for the Performance and Finance Committee to reflect the trajectories and report any variance to monitor progress.</p> <p>Reena Owen commended the modelling underpinning the trajectories. She asked for the Performance and Finance Committee to have the opportunity to scrutinise and understand in more detail the analysis underpinning this, as this would be important for ongoing understanding of demand and capacity. This was agreed.</p>	DG
Resolved:	<ul style="list-style-type: none"> - The trajectories for planned care, cancer and urgent and emergency care for quarters three and four be approved. - Performance and Finance Committee to receive a briefing on the analysis underpinning the demand/capacity modelling. 	DG
312/21	WINTER PLANS	
	<p>A report setting out the Regional Partnership Board system-wide winter plan was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The Regional Partnership Board had established a number of workstreams to implement the priorities of the winter plan; - An overview was taken of the transformation priorities to determine which ones could be stood-down to respond to system pressures and support people during winter; - Welsh Government was supportive of the plans. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
313/21	ENGAGEMENT DOCUMENT FOR HYDROTHERAPY SERVICES	
	<p>An engagement document for hydrotherapy services was received.</p> <p>In introducing the report, Christine Morrell highlighted the following points:</p> <ul style="list-style-type: none"> - Part of the wider Changing for the Future engagement programme had raised queries around the provision of hydrotherapy services; - The health board currently had three pools which was unusual in comparison with the rest of the UK; 	

- A detailed piece of work had been undertaken to determine the use of the pools. 96% of therapy activity was outpatient based and the majority of the inpatient slots were used by neuro-rehabilitation services, based in Neath Port Talbot Hospital;
- Each pool was assessed against set criteria including disabled parking, intensive care unit access, costs and community use;
- Hydrotherapy was not a part of a set pathway but was a preferred method of the physiotherapy service;
- Although the pool at Morriston Hospital was sizable, it did not fit with the centre of excellence service model agreed as part of the Changing for the Future engagement;
- The pools at Neath Port Talbot and Singleton hospitals were better developed and had been a source of income prior to the pandemic. It was proposed that the opening hours for these two pools be extended to enable better access for patients and training for staff;
- It was also proposed that a clinical lead post be established and that the pool at Morriston Hospital should close;
- Should that pool be agreed for closure, it would support further service change at Morriston Hospital as the vacated space could be used for other services, such as fracture clinic;
- It was suggested that the proposals be put out for public engagement week commencing 20th December 2021.

In discussing the report, the following points were raised:

Martyn Waygood noted that the pool at Morriston Hospital was used by paediatric inpatient services and sought assurance that there would be provision for these under the new arrangements. Christine Morrell responded that any suitable patients would be transferred to Singleton or Neath Port Talbot hospitals for treatment.

Reena Owen stated that it was pleasing to see the proposal to extend opening times as many people who had hydrotherapy and had returned to work struggled to access the service between 9am and 5pm. She added that many who had undergone joint replacements needed disabled parking or used public transport to travel and sought assurance that the two pools proposed to remain were adequately accessible. Christine Morrell responded that both hospitals had disabled parking close to the pool as well as bus stops on site.

Richard Evans stated that it was important, given the current need to limit footfall on hospitals sites due to Covid-19, that there was a distinction between service users accessing the pool for hydrotherapy and it being a

	<p>community pool. Christine Morrell concurred, adding that hydrotherapy pools needed to be of the right temperature and not all community pools were, but they would only be used for the appropriate patient groups.</p> <p>Siân Harrop-Griffiths advised the Board that the engagement document had been considered by the community health council which was supportive of it being put out to public engagement. She added that in advance of the engagement process starting, the engagement document would be updated to clarify the access for public transport and disabled parking. Debbie Eyitayo confirmed that the Health Board Partnership Forum had also considered the engagement document.</p>	
Resolved:	<ul style="list-style-type: none"> - The engagement document and proposed process for engagement be endorsed, subject to the clarification of access for public transport and disabled parking being included. 	CM
314/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
315/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 27 th January 2022.	