

Swansea Bay University Health Board
Unconfirmed
Minutes of a Meeting of the Health Board
held on 25th November at 12.30pm via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Jarrett	Associate Board Member
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
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member

In Attendance:

Hazel Lloyd	Head of Legal, Risk and Patient Experience
Hugh Pattrick	Community Health Council
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Nick Samuels	Interim Director of Communications
Pam Wenger	Director of Corporate Governance
Liz Stauber	Head of Corporate Governance

Minute No.		Action
276/21	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the meeting, especially Pat Price, who had joined the health board as the independent member (finance). She added that it was the final formal board meeting for Pam Wenger, who was leaving the health board that day to take on a new role in the	

	<p>private sector, and Martyn Waygood, whose term of office was ending in December 2021.</p> <p>As part of her introductory remarks, Emma explained that the patient story had been received as part of the in-committee Board session earlier that morning due to sensitive details.</p> <p>Apologies had been received from Richard Evans, Executive Medical Director and Alison James, Associate Board Member.</p>	
277/21	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
278/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 7 th and 28 th October 2021 were received and confirmed as a true and accurate record.	
279/21	MATTERS ARISING	
	There were no matters arising.	
280/21	ACTION LOG	
	<p>The action log was received and noted with the following update provided:</p> <p>(i) <u>Action Point One</u></p> <p>Darren Griffiths advised that the variation in the referrals from primary care appeared to be normal variation and not connected to new developments such as Consultant Connect but the situation would be closely monitored as part of the performance report.</p>	
281/21	CHAIR'S REPORT	
	<p>A verbal update from the Chair on recent activities was received.</p> <p>In introducing the update, Emma Woollett highlighted the following points:</p>	

	<ul style="list-style-type: none"> - Thanks were offered to Pam Wenger for her significant contribution to the health board as Board Secretary; - Martyn Waygood was also recognised for his contribution as an independent member and thanks put on record for staying an additional year to support the Board through a challenging time; - The work of both of these to progress the health board's charity was commended; - Pat Price was to join the Audit Committee of which Nuria Zolle was to be the new chair along the Charitable Funds Committee; - Relationship meetings with local authorities and politicians were continuing; - The launch of Swansea as a human rights city was to take place in December 2021 and she had been invited to sign the statement of intent. Her doing so had been endorsed by the Chief Executive. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
282/21	CHIEF EXECUTIVE'S REPORT	
	<p>A report setting out an update from Chief Executive as to recent activities was received.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - The exceptional operational pressures continued to be sustained due to: <ul style="list-style-type: none"> • The continued presence of Covid-19 causing high numbers of staff to isolate; • Consumer demand outside of the NHS had reinvigorated the jobs market and fewer people were applying for care roles; • Demand for non-Covid services was increasing; • Domiciliary care capacity was maximised creating challenges in moving inpatients back into the community; - Testament was paid to staff who were looking at creative and innovative ways to continue to treat patients and, where possible, service changes were being accelerated, particularly within urgent and emergency care; 	

- The public was asked to help reduce the transmission of Covid-19 by participating in the vaccination programmes;
- 26 additional theatre sessions had been opened to support better access to planned care, the majority of which were at Singleton Hospital;
- Better integration of services between primary and secondary care was being progressed. A successful pilot of GPs and cardiologists reviewing the cardiology waiting list within one primary care cluster to redirect patients to the most appropriate pathway had reduced the waiting list by 20%. This would be rolled-out to other long-waiting specialties;
- £1.5m had been invested into cancer services to reduce waiting times.

In discussing the report, the following points were raised:

Nuria Zolle queried how the scale of the operational pressures was being communicated to the public and how they could mitigate the risk of spreading Covid-19. Mark Hackett responded that there was more that could be done with the public to emphasise the importance of the vaccination programme, the 'Choose Well' campaign to support better use of GP out-of-hours services and other urgent care services outside of the emergency department.

Nuria Zolle questioned if there was more that could be done in partnership with the voluntary sector to support services during the winter. Siân Harrop-Griffiths commented that a significant amount of work had been undertaken through the Regional Partnership Board to support people through the winter, with a specific workstream being led by Swansea Council for Voluntary Services. Funding was available until March 2022 to support these services, and proposals for investments had been sought from statutory bodies.

Nuria Zolle asked whether it was clear as to what an overwhelmed service looked like, or whether the intolerable was now being tolerated. Mark Hackett advised that the NHS was free at the point of need and the alternatives were currently very limited, which was pushing services to the limits. He added work was ongoing to identify the triggers so these could be addressed.

Gareth Howells commented that it was important to have a robust escalation process in place for when operational pressures were significant, based on set criteria. Escalation meetings were taking place three times a day and actions taken, based on intended outcomes, in partnership with other organisations such as neighbouring health boards or the Welsh Ambulance Services NHS Trust (WAST). Inese Robotham

concluded, adding that there also needed to be clear timescales for de-escalation so the health board did not remain in the higher levels.

Mark Hackett advised that the Director of Nursing and Patient Experience was developing a process of visits to areas under significant pressures as the health board progressed into winter. The visits would be tailored to assess quality and safety of care.

Maggie Berry referenced the transitional care home beds to provide temporary accommodation for clinically optimised patients awaiting domiciliary care. She highlighted initiatives in Cornwall whereby the money was provided to families to care for loved ones and queried if this had been considered, as there was a risk that the patient would not transfer out of these beds. Mark Hackett responded that the patients who were transferring to the beds were the ones who could eventually go home but would need some domiciliary care once they arrived. However, as there was some delay in starting these packages, the care homes provided a temporary solution so they did not have to stay in hospital. Andrew Jarrett added that there had been a significant level of discussion to identify the right cohort of patients for the beds. There was a risk to moving patients into them but it was a calculated one. Mark Child commented that while moving patients to temporary care home beds, while awaiting domiciliary care was not ideal, it was a better option than remaining in hospital when they no longer needed to be there.

Maggie Berry noted the reference to staff suicides and queried if there was a significant number. Gareth Howells responded that there was a robust workstream in place around staff experience as it was important to take into consideration how the workforce recovers from the pandemic as well as the public and patients. Keith Reid added that while there had been a small number of staff suicides, these were not related to Covid-19 as there were underlying mental health concerns and it was co-incidental that they were members of staff. He stated that clinical professionals were in the highest risk group for suicides and it was important not to confuse this with the impact of Covid-19. Debbie Eytayo reminded members that the health board was one of the few who provided trauma training for staff as part of its ongoing wellbeing strategy.

Reena Owen stated that it was pleasing to see a focus was being given to a population health strategy and asked for assurance that this would be in the context of the recovery and sustainability plan. Mark Hackett confirmed that this was the case and would form part of the Board briefing discussion on the recovery and sustainability plan in December 2021. This would include a focus on areas in which to invest to progress and the service changes needed to support the delivery of population health. He added that the health board had supported a joint agreement to increase domiciliary care salaries with the local authorities to the real

	living wage but improving the wealth of the local population also applied to living healthier lives.	
Resolved:	- The report be noted ;	
283/21	RECOMMENDATIONS OF THE EXTERNAL REVIEW OF THE CHILDREN'S COMMUNITY NURSING TEAM AND HIGH-LEVEL RESPONSE WITH ACTIONS	
	<p>A report setting out the recommendations of the external review of the children's community nursing team and high-level response with actions was received.</p> <p>In introducing the report, Gareth Howells and Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - Issues relating to the children's community nursing team had been raised in 2020 and led to the commissioning of an external review; - 20 patients of the team had their care reviewed and the review focused on care outcomes, experience of service users, engagement of staff and professional nursing standards; - The findings of the review had shown unacceptable issues around the care delivered and the culture of the nursing service; - The recommendations had been divided into five themes and an improvement plan developed in response; - The improvement plan would evolve as the health board worked with the families and service to scrutinise it; - An update on progress would be shared with the Board in six months and a follow-up review undertaken in a year; - The review would provide the basis for an evaluation of clinical systems. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett thanked the parents of one of the patients of the children's community nursing team for providing the patient story which was received in the in-committee session.</p> <p>Gareth Howells sincerely apologised to the service users for their experiences and gave assurances they would work together to improve the relationship. He added that many of the staff within the team had been held in high regard and the families were now reporting better experience following immediate changes.</p>	

Andrew Jarrett asked for assurance that all issues identified would be addressed and lessons learned on a wider basis to ensure there were no similarities within other services. He asked what plans were in place to identify and respond to similar issues at an earlier stage. Mark Hackett responded that a review of service groups' quality governance arrangements was underway to ensure patients were front and centre. Consideration was also being given as to how to involve patients more in the review of services through a feedback system, as we need a significant change in the way we view patients and their role in ensuring a high quality service. A focus would also be given to how to empower staff to raise concerns when things were not right. Finally, we need to improve our insight through staff, patient experiences and comments and do this at an earlier stage than we currently manage. To this end, investment was being made into the communications and engagement function. Clinical leads needed to be more aspirational as to what 'good' looks like and the measures to achieve this as this was not in place consistently across the health board. A quality and safety workshop was taking place in January 2022 to stimulate and progress these objectives as well as taking into consideration best practice from other organisations across the UK.

Martyn Waygood noted a temporary senior team was in place and queried the measures being taken to ensure robust leadership. Gareth Howells responded that there had been some challenges around the leadership of the team but overall feedback around the nursing staff had been that they were kind and caring, and that needed to be built upon. Feedback had been that the team did a good job, so a focus needed to be given to helping them improve and raise concerns when necessary and to recognize that the team was feeling bruised.

Jackie Davies commented that the reviewers completed a good piece of work which incorporated the health board's values. She queried what was available outside of the organisation for staff to raise concerns if they did not feel comfortable to do so internally. Gareth Howells advised that the Guardian Service was in place for staff to contact but there was also a role for trade unions as well as 'freedom to speak up' guardians and additional support working with local partnership forums. Debbie Eyitayo concurred, adding that this linked with the over-riding work around culture that was being undertaken around leadership to make it clear that poor behaviour would not be tolerated and there needed to be a process that managed this.

Reena Owen thanked the families for taking the time to raise concerns and participate in the external review. She queried whether resources had been committed to ensure the recommendations of the review were implemented. Gareth Howells responded that the continuing healthcare process was based on the needs of the children assessed by a multi-

	<p>disciplinary team. Funding was then allocated as appropriate. On that basis, packages of care would not be reviewed but if families felt that the right level of care was not being provided, there was an opportunity to appeal. It was recognised that families found the process a little intimidating and this would need to be addressed.</p> <p>Mark Child concurred that the families felt the continuing healthcare process was intimidating and he was hopeful that the families; participation in this review would help address concerns. Families also found the process slow at times and were frustrated at the lack of shared opinion. He noted that continuing healthcare had been included as one of the budget savings in the financial plan, commenting that our approach to this needed to be more sophisticated. Gareth Howells advised that this was an opportunity to work with partners to refine the continuing healthcare process. It could not be changed completely but could be made easier. Darren Griffiths added that the lines in the financial plan referred to financial controls targets as each area of continuing healthcare was being reviewed to ensure the expenditure was appropriate.</p> <p>Nuria Zolle sought details as to how patients would be engaged to move towards a more vales and co-production-based approach. Mark Hackett responded that this was an area which needed further work in order to include more of the patients' voices. A more patient focused set of actions was needed for a range of services wider than this one.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The action plan be approved in response to the recommendations, noting that it will evolve in response to engagement with families and staff. Delivery against the action plan will be scrutinised by Quality and Safety Committee, who would keep the Board updated; - It be endorsed for the Chief Executive to discuss with executive leads for quality further improvements to the health board's quality system to develop and learn from this review and set out actions for the health board in quarter four of 2021-22; - It be approved for a report to be submitted to the board in six months on progress of implementing the improvement plan and changes to the service; - It be approved that the external reviewers, in 12 months' time, review the actions taken, assess how these actions have improved the service and whether any further actions are required. 	
<p>284/21</p>	<p>BOARD ASSURANCE FRAMEWORK</p>	

A report setting the board assurance framework was **received**.

In discussing the report, the following points were raised:

Jackie Davies commented that there were a couple of entries which related to gaps within staffing and use of bank and agency staff. She noted that there was a report later in the agenda which gave assurances around compliance with the Nurse Staffing Levels (Wales) Act 2016, so there needed to be further detail within the framework as to the concerns and mitigating actions around staffing. Gareth Howells responded that there would always be a reliance on bank and agency staff but it needed to be used appropriately and safely.

Pat Price noted that there were eight risks above the risk appetite within the health board risk register and queried how assurance could be taken as to the position within the excellent staff section of the framework. Debbie Eyitayo responded that the workforce supply risk had been reviewed and increased slightly due the fluctuating absences as a result of Covid-19 and this was the cause of the variation. Pam Wenger advised that the teams were working to correlate the health board risk register and board assurance framework but there was still some work to be done. Both documents would be shared with the Workforce and OD Committee in due course to ensure there was alignment.

Martyn Waygood highlighted the training of two midwife sonographers to address the gap and grow concerns. He asked what measures were in place to ensure these members of staff did not take up roles elsewhere once trained as there was a wider issue around engaging and retaining staff. Debbie Eyitayo commented that this was a key point as some services lost staff after providing support and training for development. A branding expert was to be commissioned to help develop the image of the health board to create one which was more attractive to applicants as well as to retain them once recruited. Support was also being provided the divisional leads around workforce planning to consider how to use alternative skill-mixes in areas which had gaps.

Nuria Zolle provided assurance that the Audit Committee had discussed the board assurance framework and health board risk register in detail and while it had been recognised that there were some gaps to address, it had been pleasing to see the progress made. The next step would be for other committees to start considering their areas in detail. Pam Wenger concurred, adding that the various sections would now be allocated to relevant committees.

Maggie Berry noted that infection control remained a major concern and despite the work being undertaken, cases continued to rise. She commented that decant facilities were needed otherwise the problem would never be removed completely. Gareth Howells stated that an

	<p>update on progress was provided to the Quality and Safety Committee on a monthly basis, and it was completely unacceptable that the position remained off target. A deep dive of infection control was currently underway which would be shared with the Management Board in December 2021. He added that discussions were taking place with the Chief Executive as to how to strengthen the leadership of the team through a dedicated director role to provide focus and a return to basics.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. 	
<p>285/21</p>	<p>HEALTH BOARD RISK REGISTER</p>	
	<p>A report setting out the health board risk register was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The board agreed an increased risk appetite at the start of the pandemic and it had remained at 20 since; - There was an option to review the risk appetite in the new year to determine what the Board felt was acceptable; - The number of high risks remained the same as the previous update. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen commented that the Board committees were now receiving their own iterations of the health board risk register based on the entries allocated to them, but not all of the entries were up to date and some did not have significant mitigating actions. Pam Wenger responded that the review of the risk appetite would be an opportune time to consider if the health board had the right number of risks and whether the actions allocated to each one were the right.</p> <p>Nuria Zolle stated that where risk scores were high, the health board risk register needed to truly reflect the current position and it was important that the committees considered the ones relevant to them in detail.</p> <p>Emma Woollett commended the work on the risk register, reiterated the importance that the register was now used as an operational tool and proposed that there should be a session to review risk appetite in the new year and in particular whether it should continue at 20. This was agreed.</p> <p>ACTION - the risk appetite be reviewed in the new year to determine if it should remain as 20.</p>	<p>PW/HL</p>

Resolved:	<ul style="list-style-type: none"> - The report be noted; - The extension of the risk appetite score of 20 be approved for the next quarter (indicating risks assessed at a score of 20 or above should be addressed as a priority) and the low tolerance to risks with a high impact on the quality and safety of staff and patient care. - The risk appetite be reviewed in the new year to determine if it should remain as 20. 	PW/HL
286/21	KEY ISSUES FROM BOARD COMMITTEES	
	<p>(i) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Audit Committee was received and noted.</p> <p>Maggie Berry queried whether the audit register received at every meeting included all audit recommendations. Pam Wenger advised it was the recommendations of internal audit and Audit Wales. Other regulatory bodies, such as Healthcare Inspectorate Wales, were received at the more relevant committees, such as Quality and Safety Committee. She added that work was taking place to redesign how the audit registers worked and discussions were continuing with the Chief Executive to address some of the issues around limited assurance reports.</p> <p>(ii) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Charitable Funds Committee was received and noted.</p> <p>(iii) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Mental Health Legislation Committee was received and noted.</p> <p>Maggie Berry referenced the numbers of unlawful detentions due to staff not completing the forms correctly and raised concern that vulnerable people would be receiving notification which could cause confusion or distress. Gareth Howells advised that discussions were taking place with Welsh Government around digitising the forms for completion which would significantly reduce the risk of them being completed incorrectly.</p> <p>Emma Woollett sought more assurance around the Deprivation of Liberty Standards and recruitment of best interest assessors. Gareth Howells responded that two best interest assessors had been appointed but more were needed as the new Liberty Detention Standards were introduced.</p> <p>(iv) <u>Performance and Finance Committee</u></p>	

	<p>A report setting out the key discussions of the recent meeting of the Performance and Finance Committee was received and noted.</p> <p>Mark Hackett advised that the Management Board was keeping under consideration the recurrent financial shortfalls and reviewing whether it would be possible to have any benefits from the bed release savings scheme this year. It was important that health board went into the new financial year with a recurrent savings plan but the risk could be mitigated by increasing the recurrent savings for this year.</p> <p>(v) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Quality and Safety Committee was received and noted.</p> <p>Mark Hackett stated that infection control rates were deteriorating and while a number of actions were being taken, a focus needed to be given to the specific infections and their root causes. The Director of Nursing and Patient Experience and Medical Director were undertaking a deep dive of each one in order to develop a zero tolerance policy. It was recognised that some of the environments were not optimal and were a factor in some of the cases but there were other factors which could be addressed. This would be shared with the Management Board followed by the Quality and Safety Committee after which a view could be taken as to whether it should come to the Board.</p> <p>(vi) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Health and Safety Committee was received and noted.</p> <p>Martyn Waygood queried if the Health and Safety Committee received regular feedback on food hygiene ratings for the internal restaurants. Maggie Berry advised that it was on annual basis. Reena Owen added that the ratings were in the public domain and each department should have a copy of the most recent report. In addition, as part of the reporting requirements, each area should undertake a self-assessment.</p> <p>Reena Owen raised concern around the accommodation for adult mental health services at Cefn Coed Hospital and queried when the engagement document would be received by the Board. Siân Harrop-Griffiths advised it would likely be at the special meeting in December but if not, it would be January 2022.</p> <p>(vii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was received and noted.</p>	
287/21	PUBLIC SERVICES OMBUDSMAN ANNUAL LETTER	

	The Public Services Ombudsman's annual letter was received and noted .	
288/21	NURSE STAFFING ACT ANNUAL ASSURANCE REPORT	
	<p>The annual assurance report for the Nurse Staffing Levels (Wales) Act 2016 was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - This was the fourth annual report since the Act became law; - It provided assurance on the ongoing management of risks relating to nurse staffing levels. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies stated that the Act mandated the way in which the levels were calculated but the board assurance framework raised the existence of gaps in filling shifts, without providing data to explain to what extent levels were achieved. She commented that it was important to understand how well the health board managed to meet establishment staffing levels as well as compliance with the Act in terms of determining them. Gareth Howells responded that significant detail was collected as part of the report and suggested that a snapshot of actual nurse staffing levels versus establishment would be included in the next iteration to the Quality and Safety Committee. The Act required the health board to take 'all reasonable steps' to fill shifts and supported flexibility of the workforce and roster management. This was not therefore a question of compliance with the Act, but it was a significant indicator of quality.</p> <p>Emma Woollett queried the proportion of time the health board was not compliant with establishment levels despite 'all reasonable steps'. Gareth Howells responded that during the pandemic, it varied between 40% and 70%.</p> <p>Steve Spill commented that due to the timescales, the Quality and Safety Committee had approved the introduction of the legislation into the paediatric wards on behalf of the board, adding that the work to remain compliant was significant.</p> <p>Darren Griffiths commented that work was ongoing around the assessments from a financial perspective as acuity levels could increase or decrease and the aggregates were reflected in the report.</p>	
Resolved:	- The report be noted ;	

	<ul style="list-style-type: none"> - The changes to the funded establishments be approved to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act, 2016. 	
289/21	PROGRESS REPORT FOR DELIVERY OF THE ANNUAL PLAN (QUARTER TWO) AND MID-YEAR EXECUTIVE REVIEW OF THE ANNUAL PLAN ASSUMPTIONS	
	<p>A report setting out a progress report for delivery of the annual plan (quarter two) was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The planning assumptions of the annual report 2021-22 were under review to determine which needed to be revised – the outcome would be shared with the Board at a briefing in December 2021; - Should the Board be supportive of the revisions, a formal report would be received at the January 2022 meeting for approval. <p>In discussing the report, Reena Owen referenced the drivers set out in the plan which included the intention to reduce health inequalities. She stated that she appreciated given the circumstances this was yet to move forward significantly, but it would be beneficial to still have a progress report. Siân Harrop-Griffiths responded that this would form part of the discussion in December 2021 and would be included in future iterations of the progress report.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
290/21	PROGRESS REPORT ON THE DEVELOPMENT OF THE RECOVERY AND SUSTAINABILITY PLAN	
	<p>A progress report on the development of the recovery and sustainability plan was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Clear drivers for change had been identified along with detailed delivery plans and goal, method, outcomes for key service changes; 	

	<ul style="list-style-type: none"> - Individual meetings were taking place with service group directors to clarify expectations and plans; - The proposals for the plan would be shared at the Board briefing in December 2021 before it was finalised; - Two positive meetings had taken place with Welsh Government on the plan; - The budget allocation letter would be received just before Christmas 2021 so the financial elements would be further developed following that; - The final plan would be received by the Board for approval at a special meeting in February 2022; - An accountable officer letter would need to be sent to Welsh Government before 15th January 2022 to advise whether an integrated medium plan term (IMTP – three-year plan) would be submitted. <p>In discussing the report, Mark Hackett queried as to whether Board members felt sufficiently engaged with the work to develop the plan or whether a further session would be needed in the new year. Reena Owen commented that the timescales to develop and agree the plan were tight so there was no harm in having an extra session in January 2022 to discuss the recovery and sustainability plan and IMTP. Emma Woollett agreed and suggested a session be organised before the accountable officer letter was submitted on 15th January 2022. This was agreed. Darren Griffiths advised this would also include the financial planning assumptions.</p> <p>ACTION – additional board briefing be organised for January 2022 to discuss the development of the recovery and sustainability plan and IMTP.</p>	PW/HL
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The next steps for the development of the recovery and sustainability plan be endorsed; - The updated timelines associated with submission of a final plan through health board processes, prior to submission to Welsh Government on 28th February 2022, be approved; - Additional board briefing be organised for January 2022 to discuss the development of the recovery and sustainability plan and IMTP. 	PW/HL
291/21	COMMUNITY SUPPORTED AGRICULTURE	

	<p>A report setting out proposals for community supported agriculture was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The health board had been approached to support a not-for-profit community supported agriculture programme using land at Morryston Hospital to grow food on a small scale; - The topography of the proposed site was not suitable to build upon for health services purposes; - The land would also provide space to plant trees as part of the nationwide initiative for the Queen’s jubilee in 2022. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen advised that there was significant demand for such produce with many growers having a waiting list for vegetable boxes. She added that it also fit with the co-production and Wellbeing of Future Generations Act agendas.</p> <p>Darren Griffiths advised that a nominal rent would be charged by the health board for the land as there was no intention to profit. There was also potential to plant hedgerows and drainage to improve the environment of the site, but the correct governance process was being followed to progress the work.</p> <p>Mark Hackett queried the length of the scheme. Siân Harrop-Griffiths responded that it was three years with a year’s notice required. Maggie Berry asked whether there would be potential for the farm to be permanent and if apple trees could be planted for the jubilee. Siân Harrop-Griffiths advised that the intention was to create a space for those at Morryston Hospital to spend time away from the site, staff and where appropriate, patients, and thought would certainly be given to planting fruit trees. Discussions were taking place as to how the produce could be used to support Morryston Hospital but approval in principle was being sought for the time being before the details were refined.</p> <p>Nuria Zolle questioned the level of the health board’s involvement. Siân Harrop-Griffiths stated that the organisation could be as actively involved as it wished but its role would be of landlord rather than partner.</p> <p>Mark Hackett suggested that the community mental health teams be involved in the plans as there would be therapeutic benefits of the site for their service users. Siân Harrop-Griffiths confirmed discussions were already underway.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; 	

	<ul style="list-style-type: none"> - The proposal to establish a community supported agriculture farm on the Morriston Hospital site be approved. 	
<p>292/21</p>	<p>OUTLINE BUSINESS CASE FOR RADIOLOGY INFORMATICS SYSTEM PROCUREMENT (RISP) PROGRAMME</p>	
	<p>The outline business case for Radiology Informatics System Procurement (RISP) Programme was received.</p> <p>In introducing the report, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - The programme was being led by the NHS Collaborative to develop a single end-to-end radiology system to replace the current picture archiving and communication system; - Currently systems differed across Wales and did not support partnership working; - It was estimated the national cost benefit would be £1.9m; - A 16-month procurement process was to start in January 2022 if approval was provided and the local financial benefits would be developed in parallel; - While costs had been estimated, the health board had made it clear that it expected the final product to be cost-neutral. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry noted the poll of radiology staff included in the report and queried if the new system would improve how they felt about their work. Matt John responded that the system would be of more benefit for clinicians and would lend itself to more collaborative and remote working. An artificial intelligence element was also being considered to support decision making but this was not part of the scope for this procurement exercise.</p> <p>Darren Griffiths reinforced the message of good financial management and there should be cost savings from the system or at worst, be a cost neutral solution.</p> <p>Nuria Zolle sought assurance that the timescales were achievable. Matt John advised that a significant amount of learning had been taken from national implementations over recent years as well as investment into a central team to support the work. A well-managed programme would be needed to achieve the timescales but there were various workstreams to support this. A robust recovery system would be on hand in the event of any outages.</p>	

<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The outline business case for Radiology Informatics System Procurement (RISP) Programme be approved subject to the caveat of it being a cost neutral system. 	
<p>293/21</p>	<p>PROPOSALS FOR ELECTIVE ORTHOPAEDIC SERVICES AT NEATH PORT TALBOT HOSPITAL AND OPHTHALMOLOGY AT SINGLETON HOSPITAL</p>	
	<p>Proposals for elective orthopaedic services at Neath Port Talbot Hospital and ophthalmology at Singleton Hospital were received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Work had been undertaken with Welsh Government to gain capital monies to progress developments at Neath Port Talbot and Singleton hospitals; - The report covered additional theatres being created at Singleton Hospital for ophthalmology and the groundworks and medical equipment for the orthopaedic centre at Neath Port Talbot Hospital; - The financial model would be revenue; - 24.8% of the planned care waiting list was covered by the two specialties and they needed to deliver high productivity; - The works at Neath Port Talbot Hospital would be subject to a prolonged planning engagement with the local authority. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies queried the confidence in the ability to recruit given the current challenges around workforce. Darren Griffiths responded that recruitment would start as soon as possible as the revenue was in place and there could be training implications. He added that some staff would transfer from Morrison Hospital but also indications from clinical staff were that a dedicated elective unit would be attractive to applicants. However, if there were recruitment challenges, insourcing was an option.</p> <p>Reena Owen asked whether there was a plan to communicate these service changes to those on the waiting list as some had been on there for considerable time. Darren Griffiths advised that the Deputy Chief Operating Officer was undertaking work in this regard to explain that a range of options to provide elective orthopaedic services were being put in place, including in/outsourcing. £100k had been invested to look at</p>	

	concerns raised by the community health council in relation to orthopaedic waiting lists to help pre-habilitate patients ready for surgery.	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The establishment of the additional theatres at Neath Port Talbot and Singleton Hospitals be approved. 	
294/21	CORPORATE GOVERNANCE RPEORT	
	<p>A report setting out corporate governance issues for consideration was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The health board was developing the hosting arrangements for the operational delivery network for spinal services; - These would be shared with the Audit Committee in March 2022 for review before submission to Board for approval. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - It be agreed that the Audit Committee will oversee the hosting arrangements for the spinal network and that the final documentation will be brought for approval by the Board in March 2022. 	
295/21	GOVERNANCE FRAMEWORK FOR THE REGIONAL PARTNERSHIP BOARD	
	<p>The governance framework for the Regional Partnership Board was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The Regional Partnership Board had agreed the governance framework; - As one of its statutory bodies, the health board was now asked to approve it; - Included within the framework was financial scheme of delegation and the health board's own would need to be reviewed against this to ensure alignment as currently the Chief Executive was at the same level as the Director of Finance and Deputy Chief Executive. 	

	<p>In discussing the report, Emma Woollett placed on record her thanks to Pam Wenger for the work for develop the framework. Mark Child concurred, adding the work had not been without challenge but the explanations to the Regional Partnership Board had clearly set out the rationale.</p>	
Resolved:	<ul style="list-style-type: none"> - The governance framework for the Regional Partnership Board be approved. 	
296/21	PERFORMANCE REPORT	
	<p>The month seven performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The 12-hour emergency department wait was an improving position but was yet to reach the trajectory; - The 62% performance target for the single cancer pathway was achieved in August 2021 but was around 58% for November 2021. As this was still being validated, it could increase. There had also been a material improvement in the backlog of cases; - There had been some improvement in the number of planned care cases waiting for treatment but not the length of the waits; - The number of new Covid-19 cases was reducing as well as an improvement seen in the numbers of staff isolating, but the figures were still high compared with six months ago; - Performance against the red ambulance release target (65%) had dropped to 43% in October 2021 but was starting to recover to 50%, although there was still some way to go; - The Performance and Finance Committee was to receive a substantive report around speech and language therapy performance given the concerns raised by members; - 125,000 patients were awaiting a follow-up appointment; - Access to adult mental services remained strong. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill stated that child and adolescent mental health service (CAMHS) performance was one that fluctuated given it was a small service and was not reaching 80% at the moment. Darren Griffiths responded that the nature of the performance measure was for people to be seen within 28 days and anything outside of this significant affected the figures. Work was ongoing with Cwm Taf Morgannwg University</p>	

	Health Board, which was commissioned to provide the service, on a sustainable solution.	
Resolved:	- The report be noted ;	
297/21	FINANCE REPORT	
	<p>The month seven performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The month seven reported position was an overspend of £13.880m which was in-line with the end-of-year forecast position of a £24.4m deficit; - The delegated position of pay/non-pay was almost balanced; - £27m of savings ideas had been identified for the year, with £26m set to be delivered, however only £24m was recurrent so the shortfall for 2022-23 needed to be found; - There was also a risk of the £6m of savings from bed releases for the next financial year not being delivered due to operational pressures and this risk, plus the mitigating actions, were being reported to the Performance and Finance Committee; - £131m of Covid-19 funded had been received which was more than 10% of the budget allocation – exit strategies were now needed for these or if still required, the monies needed to be identified in normal revenue budgets. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried how the number of beds could be reduced without impacting on quality of services. Siân Harrop-Griffiths responded that a number of the business cases approved for this year, such as the virtual wards, care of the elderly and palliative care, had clear quality and bed benefits and would provide alternatives to inpatient admissions. In addition, while the number of beds may be reduced for the general flow, they may be kept in commission to support planned care while the backlog was reduced.</p> <p>Mark Hackett queried the potential of receiving a proportion of the £131m Covid monies on a recurrent basis. Darren Griffiths advised that work was ongoing to differentiate the expenditure made as part of national programmes, such as vaccination, and the costs which were associated with local initiatives. £21.6m had already been allocated recurrently and once the analysis was complete, a formal request would be made to the NHS Wales Financial Delivery Unit for future allocations. Early</p>	

	indications nationally had been that there would be more monies available for the response next year but after that, any additions to the budgets would mainly be inflationary. The all-Wales Directors of Finance network was developing a request for support for the recovery phase and this was being discussed with the NHS Wales Financial Delivery Unit based on national and local policies. Mark Hackett responded that the position needed to be clear in January 2022 in order for the recovery and sustainability plan to articulate the details against the right baseline.	
Resolved:	- The report be noted .	
298/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
299/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 27 th January 2022.	