

**Swansea Bay University Health Board**  
**Unconfirmed Minutes of a Meeting of the Health Board**  
**held on 28<sup>th</sup> July 2022 at 12.15pm via Zoom**

**Present**

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Christine Morrell	Director of Therapies and Health Science (from minute 171/22)
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Director of Nursing and Patient Experience
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member (until minute 172/22)
Nuria Zolle	Independent Member
Pat Price	Independent Member
Reena Owen	Independent Member
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member (from minute 171/22)

**In Attendance:**

Dougie Russell	Service Group Medical Director, Singleton and Neath Port Talbot
Hazel Lloyd	Interim Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Nick Samuels	Director of Communications
Liz Stauber	Head of Corporate Governance

Minute No.		Action
<b>164/22</b>	<b>WELCOME AND INTRODUCTIONS</b>	
	Emma Woollett welcomed everyone to the meeting. Apologies had been received from Jackie Davies, Independent Member, Patricia Price, Andrew Jarrett, Associate Board Member, Richard Evans, Executive Medical Director, Judith Vincent, Associate Board Member and Andrew Griffiths, Associate Board Member.	
<b>165/22</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	

<b>166/22</b>	<b>PATIENT STORY</b>	
	<p>A highlights video was shown of the work to establish the field hospital in the Bay Studios to commemorate its closing at the end of July 2022.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Darren Griffiths stated that had the field hospital not been built and the need for one to arise, the health board would not have been able to meet the needs of the population and it was unimaginable to think how things could have been. Thankfully the health board never needed to use the facility as a field hospital but was able to use it creatively, including delivering more than 400,000 vaccinations from a dedicated vaccination centre. As part of the decommissioning of the building, the beds, which were not suitable for everyday hospital use, had been donated to local charities and international causes. Other resources were also being used wisely. The work to open, manage and close the Bay Studios facility was a testament to people and partnership, including local authority partners, the military, volunteers, the landlord, contractors and vaccination teams, but most importantly, the staff who were instrumental in establishing and running the facility, through so much such and uncertainty to this very day.</p> <p>Gareth Howells paid tribute to Darren Griffiths's pragmatic approach as the executive lead for the field hospital establishment group. He reminded members that this had been the second of two field hospitals to be developed.</p> <p>Keith Reid commented that the work had been testament to the system to materialise what was needed in an unknown situation, and the fact that it had never been needed as intended was actually a great success, of which the health board should be proud. The facility had been used well for the population through other intentions thanks to the inventiveness and adaptability of staff. He commended Sally Bloomfield, site manager, in particular, who had been a part of the site from start to finish.</p> <p>Emma Woollett commented that this was a seminal moment for a facility which had supported so many members of the community but it was a positive reflection on the current position of the virus and the health board's ability to manage that this could be closed.</p>	
<b>Resolved:</b>	The patient story be <b>noted</b> .	
<b>167/22</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	

	The minutes of the meetings held on 26 <sup>th</sup> May and 8 <sup>th</sup> June 2022 were <b>received</b> and <b>approved</b> as a true and accurate record.	
<b>168/22</b>	<b>MATTERS ARISING</b>	
	There were no matters arising.	
<b>169/22</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> .	
<b>170/22</b>	<b>CHAIR'S REPORT</b>	
	<p>A verbal update from the Chair on recent activities was <b>received</b>.</p> <p>In introducing the update, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Included on the meeting agenda was the health board's integrated medium term plan (IMTP – three-year plan) following an additional financial allocation from Welsh Government to address the shortfall based on the level of deprivation. This allowed the health board to resubmit its plan to Welsh Government as a balanced one;</li> <li>- This was a huge achievement for the health board and demonstrated the confidence of Welsh Government in the organisation;</li> <li>- The long-term future of the health board was now in its own control and it needed to maintain the confidence of Welsh Government, local authorities and the population which it served;</li> <li>- The process to appoint a legal independent member had not been successful and further thinking was underway. Expressions of interest were sought for a local authority independent member</li> <li>- Work was continuing around developing a unitary Board through development sessions and a review of board effectiveness;</li> <li>- A session had been held for the newly elected councillors for Neath Port Talbot County Borough Council and one would be arranged for those in the City and Council of Swansea;</li> <li>- In recognition of National Volunteers' Week in June 2022, tribute was paid to volunteers and community services;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The Chair had been present as the last 10 beds from the field hospital were donated to charity, together with bedding donated by staff, an initiative which had received a significant amount of positive feedback.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>171/22</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	
	<p>A report setting out an update from Chief Executive as to recent activities was <b>received</b>.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The plans to reduce the number of unnecessary ambulance conveyances had resulted in 25%-30% fewer conveyances last month;</li> <li>- Waiting list validation was taking place for elective care to ensure the treatment patients were awaiting was still appropriate. Other work to address the long waiting lists included maximising core capacity in theatres and outpatients and expanding diagnostics to reduce the delay between the initial appointment and treatment;</li> <li>- The consultation for the acute medical service redesign programme was ongoing, the intention of which was to improve quality, safety and outcomes for patients;</li> <li>- While the number of people waiting more than 104 days for cancer treatment had reduced, it was still too high and a series of actions had been agreed by the Management Board the previous day, including establishing three session lists;</li> <li>- The devastating impact on the expectations of pregnant women of the suspension of some births for three months was recognised;</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells advised that progress was being made in terms of infection prevention and control, but challenges remained at Morriston Hospital, and this was discussed on a monthly basis by the Quality and Safety Committee. There was to be a change in focus given, looking at the top five to seven areas of incidences on sites, as a reduction in these areas would have a significant improvement on rates overall.</p> <p>Mwoyo Makuto stated that it was important that the health board had realistic, sustainable plans for the workforce as part of the acute medical</p>	

	<p>services redesign as a level of certainty needed to be given to staff, patients and families as how services were accessed.</p> <p>Mwoyo Makuto congratulated the health board on its additional financial allocation from Welsh Government, enabling it to submit a balanced IMTP. It was an achievement welcomed by the community health council and recognition of the plans being developed to make inroads into problematic areas.</p> <p>Nuria Zolle referenced the continuing waits for patients in ambulances to be offloaded into the emergency department and queried to what extent was planning was taking place as to the potential impact of future Covid waves on capacity. Mark Hackett responded that the pace and intensity to change the emergency care system and manage flow better needed to accelerate.</p> <p>Mark Hackett stated that Morriston Hospital was designed to admit the sickest of patients, but this function was being impeded by the need to treat less complex patients who could be seen elsewhere. To some extent, a proportion of this was in the health board's control by reducing internal delays in the system through seven-day working and having better co-ordination between primary, secondary and community services. Ownership was needed of clinically optimised patients and their rapid transfer to more appropriate settings through pathway changes and partnership working. Solutions were currently being discussed with the directors of social services for both local authorities. The acute medical services redesign programme was central to improving patient safety and flow and rebalancing the use of Neath Port Talbot Hospital. Inese Robotham added that the nature of Covid meant that planning was more about preparedness rather than specific plans as the next timing of the next peak was always unknown. The first two waves of the virus had resulted in a high number of patients in the intensive care unit whereas staff and patients were less sick in the later peaks, so any response need to be reflective of the current circumstances. While the service groups were not planning for new waves, there were contingency options and choices frameworks that could be worked through to address pressures and workforce challenges. Darren Griffiths advised that rough estimates of Covid costs had been discussed with the service groups as to what additional resources they could need and these would be considered in partnership with Welsh Government. Mark Hackett noted that mask wearing had been reintroduced but the public was struggling to understand the taking of precautions. He added the health board was working in a system which was coming to terms with Covid as the impact lessened and the vaccine reduced both severity and transmission.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> ;	

	<ul style="list-style-type: none"> <li>- The enagement plan for Brunswick Health Centre be <b>supported</b>.</li> </ul>	
<b>172/22</b>	<b>COVID NOSOCOMIAL REVIEW PLAN</b>	
	<p>A report setting out the Covid nosocomial review plan was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Hazel Lloyd advised that the NHS Wales Delivery Unit was happy with the approach the health board was taking, and its standard operating procedures had been shared with other organisations.</p> <p>Reena Owen noted that a number of the cases had been outstanding for a long period of time. She queried if the pace was to be increased and whether there was a target end date. Gareth Howells responded that it was important the process was undertaken properly, with compassion, rather than haste, for the sake of the families involved. It was also important that the teams felt supported as this was an emotionally charged situation. The size of the cohorts would be increased, potentially from September 2022 as by this point, the team would be sizable enough to contact 30 to 40 families per week.</p> <p>Steve Spill sought assurance around the process of establishing the phone call with families. Gareth Howells advised that great care was taken not to arrange a call around milestone dates, for example the deceased's anniversary or birthday. The teams had a clear script which set out why families were being contacted and what they could expect. A lot of positive feedback had been received to date, although there were a small number who did not wish to be contacted and a few who thought it to be a scam. Maintaining a cohort of 10 per week for the time-being enables the approach to reviewed and adapted. Mwoyo Makuto confirmed that based on feedback to the community health council, the majority of patients did prefer a phonecall before a letter.</p> <p>Nuria Zolle queried if there had been any learning to come out of the first few cases of Covid, given each wave brought different restrictions. Gareth Howells responded that each wave provided learning for the next one and while it was important to follow national guidance, there was also something to be said for having robust internal Covid pathways as well. Lessons were still being learned as the heath board considered various actions and the decisions around visiting were a topic of interest currently. All health boards were allowing a small amount of access, with any patient who met particular criteria able to receive visitors, but it was important to keep everyone safe, which was why visiting was currently restricted more generally at the moment.</p>	

<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- It was <b>agreed</b> that a further report updating the Board on progress to be received in November 2022.</li> </ul>	
<b>173/22</b>	<b>HEALTH BOARD'S APPROACH TO DEVELOPING A QUALITY MANAGEMENT SYSTEM</b>	
	<p>A report setting out the health board's approach to developing a quality management system was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Hazel Lloyd advised that Welsh Government would be implementing the Quality Act in 2023 and the health board's approach to a quality management system would support this. In addition, the fieldwork for the 2022 Audit Wales structured assessment would be starting in the summer and would be looking at the implementation of the quality management system in the service groups.</p> <p>Nuria Zolle referenced the audits which led to the work to develop a quality management system and sought assurance that lessons were being learned and built into the framework. Gareth Howells responded that the evidence to demonstrate the progress against the recommendations would be shared with the Audit Committee but the work was not yet there. Culture and structures were integral parts to the system in order to have a flow of information from ward to Board to provide assurance. Focus would be given to the vision, values and collective leadership across the health board. The work in around 80% of the organisation was good but progress needed to be seen in the other areas now.</p> <p>Reena Owen noted the revised structure of the quality governance operational group, commenting that she had concerns that it was administratively burdensome. She queried how consistency could be assured in the service groups and not just at corporate level. Gareth Howells responded that the previous group was the Quality and Safety Governance Group which had a substructure of more than 50 reporting groups, not all of which were actually reporting. The new structure was more streamlined and focussed, with the overarching group having a much more senior membership. Each service group would be expected to mirror the corporate arrangements in their own structures but this was still work in progress.</p> <p>Debbie Eyitayo stated that it was critical that staff owned this work and the collective leadership style would be developed around this premise, with answers and solutions developed on the shop floor. The details for the 'Big Conversation' with staff were in the process of being finalised to seek their views as to what was needed around quality and safety and</p>	



	<p>this to start/stop/continue doing. Staff needed to be empowered to not only recognise poor quality but also to challenge it.</p> <p>Steve Spill advised that the Quality and Safety Committee had received its first reports from the new structure earlier in the week which demonstrated the progress that had been made, and having a consistent set of reports would make seeking assurance easier. The quality governance group needed to remain the key surveillance group and scrutinise every area of the health board either in response to concerns or as part of unannounced visits.</p> <p>Pat Price sought further detail as to the plans in place to develop better quality intelligence. Gareth Howells responded that it was now known what needed to be monitored and recorded, and a simple way of presenting this needed to be developed with an ability to drill down into the granular detail when necessary. An overview format would also be needed to share with the Quality and Safety Committee and Board. Matt John added that the health board was on an incremental journey of digital adoption, developing the right systems to record and monitor the required information – this was the basis of the digital strategy. Business intelligence partners had been appointed to the service groups and a decision made to also recruit one for the corporate directorates to focus on delivering the right datasets. This work would be further enhanced by the roll-out of an upgraded SIGNAL system. Darren Griffiths stated that the values-based programme was also considering patient recorded outcomes measures (PROMS).</p> <p>Mark Hackett commented that the quality management system was currently at the foundation stage and needed to be built upon. It was important to progress with caution and not to try and sprint to the end, without doing due diligence on the way. The system had to be based on standardisation and simplification through the corporate function, service groups, directorates and divisions, with similar work programmes. The Quality Strategy would give a clear idea of the building blocks needed and would be shared with the Board in September 2022. A Board briefing would be organised to discuss the detail of the strategy, after which quarterly updates would be provided to the Board.</p> <p><b>ACTION – Quality Strategy be shared with the Board in September 2022 followed by a board briefing to give more focus on the detail. After this, quarterly progress reports be shared with the Board.</b></p> <p>Mark Hackett advised that executive directors had been assigned to lead the various areas of quality management and take forward the work needed. In addition, investment was being made into digital solutions but this was starting from a low point and focus would be given as to how core systems would feed into the process.</p>	<p>GH</p> <p>GH</p>
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	<p>Christine Morrell commented that a quality management system had to be systemic and based on standardisation and reporting through a consistent manner using dashboards. Quality improvement needed to be an integral part of the planning process going forward in order to transform services.</p> <p>Keith Lloyd stated he thought that the health board already had a good quality management system, the next step was to make incremental improvements in order to have an impact.</p>	
	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The next steps in the establishment of a quality management framework be <b>agreed</b>;</li> <li>- The quality strategy be shared with the Board in September 2022 followed by a Board development session to give more focus on the detail. After this, quarterly progress reports be shared with the Board.</li> </ul>	<b>GH</b>
<b>174/22</b>	<b>HEALTH BOARD RISK REGISTER</b>	
	<p>A report setting out the health board risk register was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Pat Price noted that the risk relating to maternity staffing levels had been reduced from 25 to 20 and queried whether this needed to be reinstated to 25 given the reduction in service choice for patients. She also referenced the new risk relating to the Additional Learning Needs (ALN) Act and queried how this could impact on resources and whether stroke services should be included in the risk register given its low performance. Hazel Lloyd responded that the risk relating to maternity was last considered in May 2022 and the scrutiny panel and executives would be asked to reconsider this given the latest developments. The risk around the ALN Act would also needed to be sense checked by the scrutiny panel, including its alignment to funding. The stroke performance was currently an operational risk on the service groups' risk register but the scrutiny panel would be challenged to review this to determine if it should be added to the health board risk register. Siân Harrop-Griffiths added that in terms of ALN, it had not been identified as a clinical priority when the IMTP was developed in February/March 2022 when the clinical executives had determined funding for the priorities. Christine Morell stated that the levels of referrals were in-line with the assumptions made when the Act came into being but the level of assessments needed was higher than anticipated and this is where performance was breaching. The Director of Finance and Performance's team was working with the</p>	<p><b>HL</b></p> <p><b>HL</b></p> <p><b>HL</b></p>

	<p>dedicated education clinical lead officer to report times against the target and phasing of the Act to create a more accurate idea of required resources.</p> <p><b>ACTION – scrutiny panel to review the risk score for maternity services in the light of suspended choice, the ALN potential impact on resource and whether an entry was needed on the health board risk register for stroke performance.</b></p> <p>Keith Lloyd noted the reduced risk score for workforce resilience from 20 to 12 and queried if this was appropriate given staff were still recovering from working during the pandemic. Hazel Lloyd responded that the Workforce and OD Committee would be meeting in early August 2022 and would be able to review whether this score was appropriate.</p> <p><b>ACTION – Workforce and OD Committee to review the risk score for workforce resilience to determine if the reduction from 20 to 12 was appropriate.</b></p> <p>Keith Lloyd noted that CAMHS (child and adolescent mental health services) performance was off target and queried if this should be included on the risk register. Siân Harrop-Griffiths responded that a significant amount of work was being undertaken with Cwm Taf Morgannwg University Health Board which was commissioned to provide CAMHS services on behalf of south Wales. A draft service review had been undertaken and the report would be shared with the Board in September 2022. A sustained increase in the number of new patients had been evident and priority given by the clinical teams to see new referrals, but this did have an impact on treatment times. The average waiting was now below seven weeks and detailed demand and capacity plans had been developed. The service was fragile given its dependency on specialist staff but a recruitment drive had seen the vacancy rates reduce to 5%/6%, with the main gaps in the medical workforce. Consideration was now needed as to how Swansea Bay could support staff to recover the position. In addition, focus was also to be given to developing a sanctuary to support admission avoidance for those who did not need inpatient care within the specialist unit.</p> <p><b>ACTION – CAMHS review be shared with the Board at the September 2022 meeting.</b></p>	<p>HL</p> <p>HL/DE</p> <p>HL/DE</p> <p>SHG</p> <p>SHG</p>
Resolved:	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- It be <b>agreed</b> that the Board would receive the risk appetite at the next Board meeting for endorsement;</li> <li>- Scrutiny panel to review the risk score for maternity services in the light of suspended choice, the ALN potential impact on resource</li> </ul>	<p>HL</p>

	<p>and whether an entry was needed on the health board risk register for stroke performance;</p> <ul style="list-style-type: none"> <li>- Workforce and OD Committee to review the risk score for workforce resilience to determine if the reduction from 20 to 12 was appropriate;</li> <li>- CAMHS review be shared with the Board at the September 2022 meeting.</li> </ul>	<p><b>HL/DE</b></p> <p><b>SHG</b></p>
<b>175/12</b>	<b>BOARD ASSURANCE FRAMEWORK</b>	
	<p>A report setting out the board assurance framework was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commented that although the board assurance framework was still in development, it had been important for the Board to see it as a work in progress.</p> <p>Nuria Zolle provided assurance that the Audit Committee had considered the board assurance in full at its last meeting and the need for the framework to align with the relevant committees was discussed. There also needed to be consideration as to how population health was integrated into the work of the committees as well as how to address the findings of a recent internal audit of the board assurance framework.</p> <p>Darren Griffiths advised that the board assurance framework was to be modified to include a resources section given the potential impact of capital and estates.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>176/22</b>	<b>KEY ISSUES FROM BOARD COMMITTEES</b>	
	<p>(i) <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 <b>received</b> and <b>noted</b>.</p> <p>(ii) <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 <b>received</b> and <b>noted</b>.</p> <p>(iii) <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 <b>received</b> and <b>noted</b>.</p>	

	<p>(iv) <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 <b>received</b> and <b>noted</b>.</p> <p>(v) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Audit Committee was <b>received</b> and <b>noted</b>.</p>	
<b>177/22</b>	<b>NEONATAL TRANSPORT OPERATIONAL DELIVERY NETWORK AND APPROVE THE MEMORANDUM OF UNDERSTANDING</b>	
	<p>A report setting out progress to develop the neonatal transport operational delivery network was <b>received</b> and the memorandum of understanding <b>approved</b>.</p>	
<b>178/22</b>	<b>SUBSTATION SIX BUSINESS CASE</b>	
	<p>A report setting out the business case for 'substation six' for approval was <b>received</b>.</p> <p>In discussing the report, the following points were raised.</p> <p>Nuria Zolle queried the risk of extraordinary costs and whether these would be covered by Welsh Government. She also noted the additional £16k revenue costs and queried if these were in-line with the current substations and if there was any risk of site disruption when it was installed at Morriston Hospital. Darren Griffiths responded that there was flexibility in the costs to allow for inflationary risks and work was ongoing to manage the risk of extraordinary costs down. He added that the £16k was more than the revenue costs for the current substations as substation six was more expensive machinery. In terms of disruption, this was likely to be minimal as the equipment would be built offsite and then brought to Morriston Hospital for installation.</p> <p>Emma Woollett referenced the solar farm at Morriston Hospital and the plan to submit a bid for a battery. She queried if this would help with the energy source needed for the site. Darren Griffiths advised that the battery would be subject to a further bid to the national programme which would also include additional acres of land devoted to solar power. The battery would enable the health board to store excess energy and deploy it across Morriston Hospital as needed as there more value in this than selling it back to the grid.</p>	

<b>Resolved:</b>	- The business justification case be <b>approved</b> for submission to Welsh Government.	
<b>179/22</b>	<b>ACUTE MEDICAL SERVICES REDESIGN PROGRAMME</b>	
	<p>A report providing an update on the acute medical services redesign programme was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Keith Lloyd noted the reference to Health Education and Improvement Wales standards being factored into workforce plans for medical curriculum training within the business case. He added that Swansea University would be happy to support any students who wished to take on roles and as such, this sentence should reflect all professionals. Inese Robotham advised that the business case was final and had been approved by the Management Board but clarity would be given when sharing the document going forward.</p> <p>Keith Lloyd noted that there would be 84 additional roles and sought assurance that the current workforce was committed to the changes. Inese Robotham responded that in principle, staff were understanding and supportive of the changes needed but there was a still a lot to work through to explain what it meant specifically for each individual and the aim was to co-produce the detail of the programme with staff. It had been made clear that the programme would lead to improvements in patient care but also an improvement in staff experience, as the pathways would be working more smoothly. Mark Hackett added that the plans had been developed with staff from the bottom up, not the top down, based on clear standards and external advice.</p> <p>Nuria Zolle queried whether the weekend working would be paid at an enhanced rate. Mark Hackett that weekend enhancements were already in place for some staff groups but in terms of consultant working, this may not have additional financial implications if the time was recognised from the total sessions available; but the potential impact on weekday availability would need to be assessed. Current analysis suggested that the reconfiguration would allow for substantially greater junior availability for wards during on weekdays, out-of-hours and weekends.</p> <p>Nuria Zolle sought further detail as to the balance of removing the contingency beds at Singleton Hospital at a time when it was safe to do so. Inese Robotham responded that no specific date had been assumed by which time the length of stay would have reduced significantly enough within acute medical services to enable the contingency beds to be removed. The contingency beds had been modelled on the 'go/no go' principles of the programme and some of the criteria included length of</p>	

	<p>stay and workforce availability. Robust plans were being developed to ensure all the criteria were met before the contingency beds were removed to ensure no risk to patient safety or quality of care. Mark Hackett added that the triple lock governance process was used to ensure milestones were progressed appropriately.</p> <p>Reena Owen sought assurance that there had been engagement with external stakeholders including local authority partners and the care sector. Inese Robotham confirmed that there was engagement at various levels of the programme with a targeted session with the local authorities to discuss the reduction in clinically optimised patients. It was unclear as yet what the new service models would yield but trajectories would be established. The additional beds at Singleton Hospital represent a contingency which would need to be closed.</p> <p>Reena Owen suggested that the way in which the programme was rolled-out and was communicated was important and it was essential that patients understood the transition. Nick Samuels responded that a communications plan was in development in readiness for the completion of the organisational change process as the outcome could not be anticipated. The internal changes would be complex as they involved a significant number of people in a number of different places, and it was critical all understood what was happening and their involvement. The direction of travel for the implementation of 'Changing for the Future' would be a key driver for the context for change. The information needed for patients to access services would be set out in medical letters and general marketing activities.</p> <p>Siân Harrop-Griffiths provided assurance that weekly meetings were taking place with the community health council but a specific session would take place on the next steps for the programme.</p> <p>Emma Woollett summarised that this was a significant change for the health board and underpinned a number of strategic changes within the organisation which would address planned care and urgent and emergency care performance. Updates would be provided via the Performance and Finance Committee unless a 'no go' decision was made, in which case it would be brought to the Board.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The governance arrangements and risk mitigations proposed in the paper be <b>agreed</b>.</li> </ul>	
<b>180/22</b>	<b>APPROVAL OF HEALTH BOARD'S INTEGRATED MEDIUM TERM PLAN</b>	



A report seeking approval to submit an IMTP to Welsh Government for approval was **received**.

In introducing the report, the following points were raised:

- The IMTP would be subject to Ministerial approval but if this was received, would mean the health had met one of its statutory duties for the first time in many years;
- The financial plan had been revised to take into account the additional £24m from Welsh Government;
- The feedback from Welsh Government had also sought assurance in a number of performance areas and while the IMTP itself would not be amended to address these, an update had been provided in the covering paper and, subject to Board approval, would also be included in the Accountable Officer letter;
- There were some risks to delivery of the plan but mitigations were in place;
- Detailed actions plans were being put in place for the operational, Covid, resource, balance sheet and savings position to maintain the integrity of the financial plan;
- At least 4% of savings had been achieved for 2021-22 and a similar amount identified for 2022-23. This requirement would reduce for years two and three of the plan as would the investment levels;
- A significant number of ministerial priorities had been communicated for planned care with targets of no patients to be waiting more than 52 weeks by December 2022 and 104 weeks by March 2023; Healthcare science engineers had been engaged to support the development of trajectories based on solid assumptions, as Welsh Government would expect delivery on anything submitted;
- The four-hour urgent and emergency care target was a little below the 75% target but the 12-hour performance was significantly off trajectory. Significant work was underway to reduce overcrowding in the ED, with some success in reducing demand through virtual wards, GP work to redirect patients from the ambulance stack and other initiatives at the front door. However, increasing flow by reducing clinically optimized patients was proving more difficult although much work was being undertaken with local authorities to reduce the number;

- The acute medical services redesign programme was critical to reducing the overcrowding pressures in the emergency department in the medium to longer term;
- While the backlog of cancer cases was reducing, performance against the SCP was still too low. However, improvement was expected in the next few months as breast and urology capacity increased;
- The health board needed to be mindful of potential reduced workforce availability not just from Covid but also industrial action around the pay award;
- Work was being undertaken with the service groups to close the gaps within workforce plans and both local and international recruitment was being undertaken, with an increase of 150 overseas nurses being recruited from 200 to 350;
- Discussions were being undertaken with clinical colleagues to introduce new roles for hard to recruit areas, for example, physician associates, band four roles and anaesthetic assistants;
- Addressing sickness absence was also a priority with investment being made in to the wellbeing service to support staff. A further business case was to be developed to provide targeted support to hotspot areas to work at pace;
- Focus would also be given to workforce retention and creating a great place for staff to work.

In introducing the report, the following points were raised:

Reena Owen commented that she was in support of the Board endorsing the IMTP for submission to Welsh Government and noted that this was the culmination of a number of years' work. It would be important to remain flexible as there would be things which took it off track and would need to be addressed, but having an approved plan would help the public see the outcomes the organisation wanted to achieve as well making it a more attractive place for people to work.

Nuria Zolle stated that this was a significant moment for the health board but there needed to be a level of confidence around the risks and ability to deliver the plan. Contingency plans would be important and there would need to be an element of openness when things did not go to plan, as this was being approved at a point in time. She queried whether the IMTP would be updated to reflect how the health board would response to the operational and performance challenges. Mark Hackett advised that this would be reflected in the Accountable Officer letter and the final version would be shared with the Board. More detail was

	<p>needed around the assumptions and current risks with clarity as to what/was not in the health board's control.</p> <p>Emma Woollett, on behalf of the Board, thanked the executive team and their teams for their work to get the organisation into this position, which was a significant achievement.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The health board IMTP (recovery and sustainability plan) 2022-23 be <b>approved</b> ahead of formal re-submission to Welsh Government.</li> </ul>	
<b>181/22</b>	<b>CORPORATE GOVERNANCE RPEORT</b>	
	A report setting out corporate governance issues for consideration was <b>received</b> and <b>noted</b> , with the terms of reference for the Board committees <b>approved</b> .	
<b>182/22</b>	<b>SUMMARY REPORTS FROM THE HEALTH BOARD'S ADVISORY GROUPS</b>	
	A report setting out the summary reports from the health board's advisory groups was <b>received</b> and <b>noted</b> .	
<b>183/22</b>	<b>PERFORMANCE REPORT</b>	
	<p>The month three performance report 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 first 25 days in July 2022 had amassed 1,100 cases waiting more than 12-hours in the emergency department, which was an improvement from June 2022 and further plans to address this;</li> <li>- There were 300 clinically optimised patients in hospital beds.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> </ul>	
<b>184/22</b>	<b>FINANCE REPORT</b>	
	The month three finance report 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 had been drafted prior to the receipt of the letter from Welsh Government confirming the additional £24.4m for the budget allocation therefore the financial plan still had a £24m deficit;</li> <li>- The cumulative position shown in the report for quarter one was an overspend of £7.1, which would reduce to £1.1m once the additional monies were received from Welsh Government;</li> <li>- Year-end forecast scenarios would be shared with the Performance and Finance Committee at its next meeting for the delivery of a balanced financial plan;</li> <li>- Should the actions set out in the scenarios be delivered as planned, there would be no need to escalate the position.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>185/22</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>186/22</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 8 <sup>th</sup> June 2022 (annual accounts).	

Meeting closed: 3.50pm