

Bwrdd Iechyd Prifysgol Bae Abertawe

Cofnodion Heb eu cadarnhau o Gyfarfod Cyffredinol Blynnyddol y Bwrdd Iechyd a gynhaliwyd ar 21 Gorffennaf 2022 am 2pm trwy Zoom

Aelodau'r Bwrdd a oedd yn Bresennol

Emma Woollett	Cadeirydd
Mark Hackett	Prif Weithredwr
Steve Spill	Is-gadeirydd
Darren Griffiths	Cyfarwyddwr Cyllid
Debbie Eyitayo	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol
Gareth Howells	Cyfarwyddwr Nyrsio a Phrofiad Cleifion
Keith Reid	Cyfarwyddwr Iechyd y Cyhoedd
Maggie Berry	Aelod Annibynnol
Nuria Zolle	Aelod Annibynnol
Pat Price	Aelod Annibynnol
Reena Owen	Aelod Annibynnol
Richard Evans	Cyfarwyddwr Meddygol Gweithredol
Tom Crick	Aelod Annibynnol

Hefyd yn Bresennol:

Hazel Lloyd	Cyfarwyddwr Dros Dro Llywodraethu Corfforaethol
Inese Robotham	Prif Swyddog Gweithredu
Matt John	Cyfarwyddwr Digidol
Nick Samuels	Cyfarwyddwr Cyfathrebu
Nicola Johnson	Cyfarwyddwr Cynorthwyol Strategaeth
Liz Stauber	Pennaeth Llywodraethu Corfforaethol
Malcolm Jones	Cyfarwyddwr Gwasanaeth Cyswllt, Iechyd Meddwl (ar gyfer cofnod 145/22)
Janet Williams	Cyfarwyddwr Grŵp Gwasanaeth, Iechyd Meddwl ac Anableddau Dysgu (ar gyfer cofnod 145/22)
Anjula Mehta	Cyfarwyddwr Meddygol Grŵp Gwasanaeth, Gofal Sylfaenol, Cymunedol a Therapiau (ar gyfer cofnod 146/22)
Brian Owens	Cyfarwyddwr Grŵp Gwasanaeth, Sylfaenol, Cymunedol a Therapiau (ar gyfer cofnod 146/22)

Rhif Cofnod		Cam Gweithredu
143/22	CROESO A CHYFLWYNIADAU	
	Croesawodd Emma Woollett bawb i'r cyfarfod cyffredinol blynnyddol, gan nodi ymddiheuriadau gan Siân Harrop-Griffiths, Cyfarwyddwr Strategaeth, Christine Morrell, Cyfarwyddwr Therapiau a Gwyddor Iechyd a Keith Lloyd, Aelod Annibynnol.	

144/22	FIDEO UCHAFBWYNTIAU	
	Derbyniwyd a nodwyd fideo byr o ddelweddau o 2021-22 a gynhyrchwyd gan y tîm cyfathrebu i osod y cefndir.	
145/22	CYFLWYNIAD: DATBLYGIADAU IECHYD MEDDWL CYMUNEDOL	
	Derbyniwyd cyflwyniad yn nodi datblygiadau iechyd meddwl cymunedol. Wrth gyflwyno'r cyflwyniad, tynnodd Malcolm Jones sylw at y pwyntiau canlynol: - Mae amrywiaeth o wasanaethau iechyd meddwl ar gael i gymunedau lleol gan gynnwys gwasanaeth cymorth iechyd meddwl sylfaenol lleol, timau iechyd meddwl cymunedol, timau datrys argyfyngau a thriniaeth yn y cartref, gwasanaethau cleifion mewnol ac amrywiaeth o dimau arbenigol; - Mae rhai o'r materion allweddol ar gyfer gwasanaethau iechyd meddwl yn cynnwys effaith Covid-19 ar iechyd meddwl a llesiant, sydd wedi cyfrannu at gynnydd yn y galw a'r disgwyliadau. Mae argaeledd gweithlu wedi bod yn anodd, gan arwain at heriau wrth gynllunio'r gweithlu. Mae angen gwella seilwaith ffisegol mewn rhai meysydd; - Lanswyd un pwynt mynediad ar gyfer gweithwyr iechyd proffesiynol ar 1 Ebrill 2022 a alluogodd dim ond un rhif i gael ei alw i ofyn am gyngor ar unigolyn. Atebwyd galwadau gan weithiwr iechyd meddwl proffesiynol a hyfforddwyd mewn brysbennu, a chytunwyd ar y canlyniadau gyda'r atgyfeiriwr; - O 1 Awst 2022, byddai'r bwrdd iechyd yn un o'r rhai cyntaf yng Nghymru i gynnig gwasanaethau iechyd meddwl drwy 111 (opsiwn dau) ochr yn ochr â Bwrdd Iechyd Prifysgol Hywel Dda; - Roedd cynlluniau'n cael eu datblygu i adnewyddu rhai o'r hen gyfleusterau ar safle Ysbyty Cefn Coed a dyma fyddai'r pwynt sengl ar gyfer gwasanaethau iechyd meddwl aciwt i gleifion mewnol i oedolion; - Roedd rôl a swyddogaeth y timau iechyd meddwl cymunedol yn cael eu hadolygu wrth i waith pellach gael ei wneud i ddatblygu gwasanaeth argyfwng; - Roedd nifer o geisiadau wedi'u cymeradwyo ar gyfer cronfa gwella gwasanaethau iechyd meddwl cenedlaethol 2022-23 gan gynnwys anhwylderau bwyta, gweithwyr cyswllt clwstwr	

	meddygon teulu, gwasanaethau mewngymorth carchardai ac ymyrraeth gynnar mewn seicosis; Wrth drafod y cyflwyniad, codwyd y pwyntiau canlynol: Dywedodd Mark Hackett y byddai trafodaethau'n cael eu cynnal yn yr hydref gyda'r awdurdodau lleol ynghylch y newidiadau sy'n cael eu gwneud o ran gwasanaethau iechyd meddwl o ran ymyrraeth gynnar ac atal. Byddai ymgysylltiad cyhoeddus hefyd yn digwydd. Roedd y bwrdd iechyd wedi ymrwmo i wneud hyn fel rhan o dri phartner statudol ar gyfer Bae Abertawe a hefyd y trefniadau cynllunio rhanbarthol. Byddai'r sesiynau hyn yn gyfle i siarad am sut y byddai gwasanaethau iechyd meddwl yn cael eu defnyddio fel partneriaethau yn hytrach nag iechyd yn unig. Dywedodd Gareth Howells fod mwy i'w wneud o hyd i gefnogi'r pontio o wasanaethau plant i wasanaethau oedolion. Cytunodd Malcolm Jones, gan ychwanegu bod y gwasanaeth yn gweithio'n agos gyda chydweithwyr o fewn y gwasanaeth meddwl plant a'r glasod (CAMHS) i rannu arbenigedd wrth gefnogi defnyddwyr gwasanaethau gyda'r cyfnod pontio, nid dim ond pan oeddent mewn argyfwng. Holodd Steve Spill faint o boblogaeth yr oedd y gwasanaeth yn ei chefnogi. Ymatebodd Malcolm Jones fod 90% o ddefnyddwyr gwasanaeth wedi'u lleoli yn y gymuned a'r llwyth achosion cyfartalog ar gyfer aelodau o staff clinigol oedd 20-25, gyda chyfradd atgyfeirio o 350-400 y mis. O ystyried y galw sylweddol, roedd y ffordd yr oedd y gwasanaeth yn cael ei ddatblygu yn cael ei ystyried i ateb y galw ar draws pob agwedd ar anghenion cleifion.	
Penderfyniad:	Dylid nodi'r cyflwyniad.	
146/22	CYFLWYNIAD: TRAWSNEWIDIADAU GOFAL SYLFAENOL I GEFNOGI GOFAL WEDI'I GYNLLUNIO	
	Derbyniwyd adroddiad yn amlinellu trawsnewid gofal sylfaenol i gefnogi gofal wedi'i gynllunio. Wrth gyflwyno'r cyflwyniad, tynnodd Anjula Mehta sylw at y pwyntiau canlynol: - Roedd y pandemig wedi cynyddu'n sylweddol nifer y cleifion a oedd yn aros am ofal wedi'i gynllunio; - Roedd 40,000 o gleifion ar hyn o bryd yn aros mwy na 52 wythnos am driniaeth gofal wedi'i gynllunio;	

- Roedd set o egwyddorion wedi'u sefydlu ar gyfer symud gwasanaethau i ofal sylfaenol er mwyn sicrhau bod anghenion y cleifion yn cael eu diwallu;
- Roedd y gwaith trawsnewid yn arwain at restrau aros byrrach o fewn gofal eilaidd, triniaeth gynharach i gleifion a dim derbyniadau i'r ysbyty;
- Y meysydd a gwmpesir gan y gwaith ar hyn o bryd oedd sbirometreg, dermatoleg canser a amheuir nad yw'n frys, dilysu rhestrau aros a chyn-sefydlu ar gyfer cleifion canser;
- O ystyried y boblogaeth sy'n heneiddio ac yn tyfu ag anghenion cymhleth cynyddol, roedd atal yn bwysicach na gwella;
- Roedd y cyflyrau cronig mwyaf cyffredin wedi'u nodi fel diabetes, ffibriliad atrïaidd a methiant y galon ac roedd nodau wedi'u gosod ar gyfer gwelliannau y gellid eu gwneud o fewn gofal sylfaenol i gefnogi'r cleifion hyn;
- Y cam nesaf ar gyfer y gwaith trawsnewidiol oedd gwella'r llwybrau cyhyrsgerberbydol gan weithio'n agos gyda chydweithwyr yn yr adran cleifion allanol, gwella'r gwaith o reoli cwympiadau a datblygu clinigau gynaeoleg gofal sylfaenol;
- Roedd y tîm gofal sylfaenol wedi ymrwymo i ddatblygu gwasanaeth o safon a nodi'r hyn sy'n bwysig i gleifion.

Wrth drafod y cyflwyniad, codwyd y pwyntiau canlynol:

Dywedodd Emma Woollett fod y cyflwyniad yn dangos yr amrywiaeth eang o wasanaethau sydd ar gael mewn gofal sylfaenol arbenigol a'r berthynas yr oedd hyn yn ei meithrin gyda gofal ysbyty. Roedd cael ymyriadau yn nes at adref yn fwy buddiol i ddefnyddwyr gwasanaeth.

Dywedodd Gareth Howells fod y gwaith cyn-diabetig yn hanfodol i ddatblygu pobl i gymryd perchnogaeth o'u hiechyd eu hunain a'i bod yn bwysig gwneud hyn gyda nhw, yn hytrach nag iddyn nhw. Roedd mwy o waith y gellid ei wneud yn y maes hwn. Cytunodd Anjula Mehta, gan ychwanegu ei fod yn ymwneud â grymuso pobl a lledaenu hyn ar draws y gymuned. Roedd angen i'r llwyddiant o fewn y clwstwr sy'n treialu'r gwaith ar hyn o bryd gael ei ddal a'i ddatblygu'n wasanaeth cymunedol i lledaenu'r neges.

Holodd Reena Owen a oedd arfer da yn cael ei rannu ledled Cymru yn ogystal â'r gwasanaeth yn edrych ar draws y ffiniau i Loegr a'r Alban am fentrau ychwanegol gan fod potensial enfawr ar gyfer rhannu gwybodaeth. Cadarnhaodd Anjula Mehta fod y gwaith yn cael ei rannu fel rhan o grŵp cymheiriaid y cyfarwyddwyr meddygol cynorthwyol a bod rhaglenni penodol, y gwaith dilysu a sbirometreg, yr oedd y gwasanaethau'n cael eu cymeradwyo fel arloeswyr, yn datblygu

	fframweithiau ar gyfer byrddau iechyd eraill. Roedd dysgu a gwelliant parhaus ar gyfer rhyngwynebau â chydweithwyr lleol, cenedlaethol a rhyngwladol, gan y gallai rhai o'r dulliau fod yn rhai cyffredinol. Roedd angen i'r cyhoedd ddechrau cael eu haddysgu am eu hiechyd a'u lles cyn iddynt fynd yn sâl. Talodd Mark Hackett deyrnged i Anjula Mehta fel arweinydd meddyg teulu ysbrydoledig, gyda chefnogaeth Cyfarwyddwr Grŵp Gwasanaeth ar gyfer Sylfaenol, Cymunedol a Therapiau, Brian Owens. Roedd lefel yr arloesedd a disgyblaeth ar draws y grŵp gwasanaeth yn ganmoladwy ac roedd y cyflwyniad yn dangos enghreifftiau da o sut roedd gofal sylfaenol a chymunedol yn gryfach pan oeddent yn cydweithio. Roedd y mentrau hyn yn fwy cost-effeithiol ac roedd ganddynt sail dystiolaeth brofedig o weithio ym maes gofal sylfaenol, ond prin oedd yr adnoddau. Roedd dull yn cael ei fabwysiadu gan y Cyfarwyddwr Cyllid a'r Cyfarwyddwr Meddygol Gweithredol i beidio â pharhau i dreialu mentrau ac ar ôl iddo gael ei brofi i weithio, i'w gyflwyno'n ehangach.	
Penderfyniad:	Dylid nodi'r cyflwyniad.	
147/22	CRYNODEB O'R FLWYDDYN	
	Derbyniwyd cyflwyniad yn gosod crynodeb o'r flwyddyn. Wrth drafod y cyflwyniad, codwyd y pwyntiau canlynol: - Roedd rhywfaint o darfu ar wasanaethau o hyd oherwydd Covid-19, gan effeithio ar allu staff i fynychu gwaith; - Roedd y staff wedi blino'n lân yn gorfforol ac yn feddyliol; - Roedd ôl-groniad o waith yr oedd angen mynd i'r afael ag ef gyda llai o adnoddau; - Dyma'r blynyddoedd anoddaf i'r bwrdd iechyd eu gweld a thalwyd teyrnged i'r staff am weithio drwy gyfnod a oedd yn heriol; - Yn 2021-22 gwelwyd yr ymgynghoriad cyhoeddus mwyaf a gynhaliwyd gan y bwrdd iechyd ar gyfer 'Newid ar gyfer y Dyfodol' a gynlluniwyd i newid y ffordd y darperir systemau a gwasanaethau; - Byddai'n creu tair canolfan ragoriaeth yn yr ysbytai aciwt gan adeiladu ar sylfaen lewyrchus o wasanaethau sylfaenol, cymunedol, iechyd meddwl ac anableddau dysgu trwy raglen newid uchelgeisiol; - Roedd Ysbyty Maes y Bae i fod i gau ddiwedd Gorffennaf 2022 a thalwyd teyrnged i'r staff a oedd wedi gweithio'n ddiflino i sefydlu a	

	darparu gwasanaethau cymunedol ohono, oherwydd diolch byth, ni fu ei angen erioed ar gyfer ei fwriad gwreiddiol; - Roedd gwaith yn parhau i wella dibynadwyedd gwasanaethau digidol a'r bwrdd iechyd oedd y cyntaf yng Nghymru i weithredu e-ragnodi mewn gwasanaethau gofal eilaidd, gan wneud gwasanaethau'n fwy diogel; - Roedd Covid wedi annog y bwrdd iechyd i feddwl am y ffordd yr oedd yn gwneud pethau a gwneud gwelliannau i'r ffordd yr oedd yn gweithio o ddydd i ddydd; - Gwariwyd cyllideb y bwrdd iechyd o £1.1bn ar gyfradd o £3m y dydd yn 2021-22; - Roedd £130m o gyllid ychwanegol wedi'i dderbyn i gefnogi'r ymateb i Covid-19, gyda £60m ohono i greu llwybrau clinigol sefydlog a diogel a £25m ar gyfer capasiti gofal wedi'i gynllunio ychwanegol; - Roedd £130m o gynnydd ychwanegol wedi'i dderbyn i'r nifer i Covid-19, gyda £60m o arwyddion i greu llwybrau i'w dilyn, a sicr a £25m ar gyfer capasiti gofal wedi'i ddilyn; - Derbyniwyd swm digynsail o arian cyfalaf a alluogodd i brynu darnau pwysig o offer i gefnogi gwasanaethau digidol a chanser; - Roedd buddsoddiad sylweddol wedi'i wneud drwy gydol y flwyddyn i gefnogi datblygiad gwasanaethau; - Wrth wraidd popeth a wnaeth y bwrdd iechyd oedd ansawdd a diogelwch gofal cleifion, a dyma oedd prif ffocws y sefydliad, gyda gwaith ar y gweill i greu system rheoli ansawdd - Roedd plant a phobl ifanc wedi bod yn ffocws yn 2021-22 a datblygiad y bwrdd plant i benderfynu ar y ffordd orau gan aelodau iau'r gymuned yn y rhan allweddol o'u bywydau; - Roedd buddsoddiad o £250k wedi'i wneud mewn gwasanaethau iechyd galwedigaethol i barhau i gefnogi staff trwy gyfnod heriol; - Roedd gan y bwrdd iechyd gynllun uchelgeisiol ar gyfer 2021-22 yr oedd Llywodraeth Cymru yn ei gefnogi; Wrth drafod y cyflwyniad, dywedodd Emma Woollett ei bod wedi bod yn flwyddyn eithriadol ym mhob maes a thalodd deyrnged i'r gweithlu am ei ymdrechion parhaus. Ymatebodd y GIG yn dda i'r argyfwng fel y mae bob amser, ond roedd yr argyfwng wedi bod yn mynd rhagddo ers dwy flynedd ac roedd y bwrdd iechyd a'i dimau wedi parhau i addasu drwy gydol y cyfnod hwn i wneud eu gorau dros gleifion. Cynigiodd ei diolch i'r holl staff o waelod ei chalon. Ychwanegodd fod y pandemig wedi gadael anawsterau ac oedi sylweddol a bod rhywfaint o'r oedi a brofwyd yn	
--	--	--

	annerbyniol. Roedd penderfyniad i fwrw ymlaen â'r newidiadau sydd eu hangen ar gyfer y dyfodol i ddarparu gwasanaethau ymatebol o ansawdd uchel ar draws y bwrdd iechyd a helpu i wella iechyd a llesiant y cyhoedd mewn cydweithrediad â phartneriaid rhanbarthol.	
148/22	SESIWN CWESTIWN AC ATEB	
	Wrth gyflwyno'r sesiwn cwestiwn ac ateb, nododd Emma Woollett fod rhai cwestiynau wedi'u derbyn yn ymwneud â chwynion parhaus ac felly, ni fyddai'n briodol mynd i'r afael â nhw fel rhan o'r cyfarfod. Byddai'r atebion yn cael eu cynnwys fel rhan o'r ymatebion i'r cwynion ac yn cael eu darparu i aelodau'r bwrdd y tu allan i'r cyfarfod. Derbyniwyd nifer o gwestiynau cyn y cyfarfod a darparwyd yr atebion a ganlyn: <i>Pam, pan fydd Ysbyty Treforys wedi cael achosion o Covid, y gwelir meddygon a nyrsys yn symud rhwng wardiau ac nid yn gwisgo masgiau? Mae hyn yn cyfrannu at ledaeniad y firws hwn ac felly'n atal teulu a ffrindiau rhag gweld cleifion sâl.</i> Dywedodd Richard Evans fod yr holl fesurau ataliol a gynghorwyd gan Lywodraeth Cymru wedi'u rhoi ar waith trwy gydol y pandemig i amddiffyn staff a chleifion cymaint â phosibl, gan gynnwys gwisgo cyfarpar diogelu personol (PPE) a sefydlu grŵp heintiau nosocomiadd. Lle canfuwyd achosion mewn ysbytai neu leoliadau gofal iechyd, cymerwyd mesurau i leihau trosglwyddiad y firws gan gynnwys staff yn aros adref os oeddent yn profi'n bositif a chau ardaloedd i'r cyhoedd. Eglurwyd hefyd i staff pryd yr oedd angen iddynt wisgo PPE a/neu fasiau. Roedd y Ddeddf Coronafeirws wedi dod i ben ym mis Mawrth 2022, felly nid oedd gofyniad cyfreithiol bellach i bobl wisgo masgiau ac roedd yr heriau o wisgo'r rhain mewn lleoliad gofal iechyd wedi'u cydnabod. Am y rheswm hwn, roedd gwisgo masgiau yn orfodol eto mewn ardaloedd heblaw Covid, gan gydnabod bod angen cadw llygad barcud ar y cynnydd yn nifer yr achosion, a oedd wedi arwain at ailgyflwyno gwisgo masgiau yn fwy diweddar ar gyfer ardaloedd cyhoeddus ar safleoedd byrddau iechyd. Roedd hyn yn wahanol i'r cyngor cenedlaethol ac roedd yn ddealladwy nad oedd bob amser yn glir i'r cyhoedd beth oedd ei angen, felly os oedd unrhyw un yn ansicr, byddai staff neu'r timau pryderon yn hapus i roi cyngor. <i>Pam mae Ysbyty Treforys fel pe bai wedi cau Ward C ar sawl achlysur i achosion ymddangosiadol o Covid? A yw hyn oherwydd nad yw staff yn gwisgo masgiau? Mae llawer o bobl wedi bod yn dyst i hyn.</i>	

	Ymatebodd Richard Evans ei fod yn deall yn llwyr pa mor ynysu oedd hi i bobl yn yr ysbyty pan nad oedden nhw'n gallu gweld eu hanwyliad. Fodd bynnag, er bod nifer yr achosion yn dal yn uchel, byddai'n drychinebus i'r risg o gyflwyno'r firws i ward. Roedd y cyfyngiadau wedi'u llacio am gyfnod byr ond bu'n rhaid eu hadfer wrth i'r ffigurau ddechrau codi. Roedd rhai eithriadau i'r rheolau, sef y cleifion y byddai'n gwella'u hiechyd a'u lles iddynt gael ymwelydd, yn enwedig y rhai a oedd wedi bod yn yr ysbyty am gyfnod hir o amser, yn ogystal â'r rhai ar ddiwedd eu hoes. Roedd ystyriaeth hefyd yn cael ei rhoi i sut i wneud y defnydd gorau o dechnoleg gan ddefnyddio offer bwrdd iechyd. 3. <i>Beth y mae'r bwrdd iechyd yn ei wneud i sicrhau staffio diogel ar draws yr holl dimau clinigol, yn enwedig y rheini nad ydynt wedi'u cynnwys yn adran 25b o Ddeddf Lefelau Staff Nyrsio (Cymru) 2016?</i> Dywedodd Gareth Howells fod Deddf Lefelau Staff Nyrsio (Cymru) wedi dod yn gyfraith ar 21 Mawrth 2016 a daeth i rym yn llawn ym mis Ebrill 2018. Roedd y Ddeddf hefyd yn cael ei hymestyn i wardiau cleifion mewnol pediatriig o 1 Hydref 2021. Cydnabu'r bwrdd iechyd gyfrifoldeb am sicrhau bod pob cam rhesymol yn cael ei gymryd i gyrraedd a chynnal y lefelau staff nyrsio mewn wardiau sy'n dod o dan y Ddeddf ac i wneud hynny'n gyson. Ar gyfer y meysydd hynny nad ydynt yn dod o dan y Ddeddf, roedd sefydliadau staffio wedi'u pennu mewn ffordd debyg, yn seiliedig ar aciwtedd, niferoedd cleifion, arbenigedd a'r gofal i'w ddarparu. Roedd prosesau sefydledig ar waith o fewn y grwpiau gwasanaeth i ganiatáu ar gyfer adolygu lefelau staff nyrsio yn weithredol o ddydd i ddydd (drwy'r grwpiau staffio safle/gwasanaeth dyddiol). Roedd arweinwyr nyrsio yn parhau i fod yn amlwg iawn o fewn y meysydd clinigol i nodi meysydd mewn perygl yn gynnar, a lliniaru lle bo modd. Roedd y rhain hefyd yn cefnogi penderfyniadau ar sail risg gweithredol ynghylch lleoli staff i sicrhau bod pob maes yn ddiogel. Lle'r oedd diffygion, defnyddiwyd staff dros dro, er enghraifft banc, asiantaeth, goramser/oriau gormodol neu adleoli o ardaloedd eraill. Yn ogystal, pan oedd angen, roedd rheolwyr ward / metronau / staff oddi ar y ward yn cael eu dyrannu 'yn y niferoedd' i fodloni rhestr ddyletswyddau a gynlluniwyd. Roedd y system amserlennu electronig (Allocate) yn cael ei hymgorffori yn y bwrdd iechyd i gefnogi cynllunio rhestrau dyletswyddau yn ogystal â nodi lle mae bylchau posibl yn bodoli. Parhaodd cyfarfodydd craffu ar y rhestr ddyletswyddau i wella'r gwaith o fonitro ac adrodd ar restrau dyletswyddau, gan wella amlygrwydd amser real lle'r oedd pwysau ar staff nyrsio. Roedd rhaglen ddatblygu ar gyfer gweithwyr cymorth gofal iechyd a phrentisiaid band dau/tri/pedwar yn cael ei datblygu yn ogystal â hyfforddiant nyrsio rhan-amser 'bwllch a thyfu'. Roedd 170 o nyrsys	
--	---	--

	rhyngwladol wedi'u recriwtio a 250 arall i'w recriwtio yn 2022-23, gyda chymorth ychwanegol wedi'i roi ar waith i wella eu profiad. Roedd asesiadau risg parhaus ar gyfer nyrsys â Covid yn parhau i sicrhau bod y staff cywir a diogel yn eu lle ar gyfer cleifion. <i>4. Sut mae lles staff yn cael eu cefnogi wrth iddynt barhau i weld galw eithriadol ar wasanaethau tra'n cefnogi'r cynllun adfer?</i> Dyweddodd Debbie Eyitayo fod buddsoddiad o £25,000 wedi'i wneud ar gyfer staff ychwanegol i ymestyn y gwasanaethau sydd ar gael i staff cymorth, gan alluogi parhau i atgyfeirio unigolion neu staff. Roedd ffocws yn cael ei roi ar wydnwch i gefnogi staff i naill ai aros yn y gwaith neu ddychwelyd i'r gwaith. Fel rhan o reoli straen roedd hyfforddiant REACT a TRIM wedi'i gyflwyno ar draws y bwrdd iechyd. Roedd ymyriadau clinigol ar gael hefyd i fynd i'r afael â materion emosiynol. <i>5. Pa gymorth fydd yn cael ei roi i staff sy'n profi symptomau Covid Hir?</i> Dyweddodd Debbie Eyitayo mai'r bwrdd iechyd oedd yr unig un i ddarparu clinigau Covid hir i staff drwy ei dîm iechyd galwedigaethol. Roedd hyn yn cynnwys nifer o elfennau, gan gynnwys rheoli blinder a sut i addasu a dychwelyd i'r gwaith. <i>6. A yw'r Bwrdd Iechyd yn hapus gyda pherfformiad presennol y Gwasanaethau Mamolaeth a pherfformiad y gwasanaeth dros y 5 mlynedd diwethaf?</i> Ymatebodd Gareth Howells fod y bwrdd iechyd, o safbwynt perfformiad, yn sicrhau bod gwasanaethau mamolaeth yn gweithredu i'w lefel perfformiad gorau posibl a bod Grŵp Gwasanaethau Singleton a Chastell-nedd Port Talbot yn darparu trosolwg. Roedd strwythurau llywodraethu a systemau adrodd cadarn ar waith o dimau clinigol drwy'r grŵp ansawdd a diogelwch mamolaeth a'r grŵp darparu gwasanaeth i'r Bwrdd Rheoli a'r Pwyllgor Ansawdd a Diogelwch. Er mwyn cefnogi goruchwyliaeth a sicrwydd, cynhaliwyd adolygiadau perfformiad mewnol rheolaidd o fewn y bwrdd iechyd, yn ogystal ag adolygiad perfformiad allanol blynyddol gyda Llywodraeth Cymru, gan gynnwys y Brif Fydwraig, y Prif Swyddog Nyrsio a'r Dirprwy Brif Swyddog Meddygol lle craffwyd ar ansawdd gofal a chanlyniadau. Roedd adborth a phrofiad teuluoedd hefyd yn ganolog i'r ffordd yr oedd y gwasanaeth yn gweithredu ac yn cael ei ddefnyddio'n gyson i ddatblygu'r gwasanaethau a ddarperir i deuluoedd. Cesglir hyn bellach drwy'r Grŵp Lleisiau Mamolaeth a sefydlwyd yn ddiweddar. Roedd data ac asesu cymharol gyda rhwydwaith newyddenedigol a mamolaeth Cymru gyfan hefyd yn allweddol, gan gymharu gwasanaethau ag eraill ledled y wlad.	
--	---	--

	Lle'r oedd digwyddiadau wedi digwydd, roedd proses adolygu gadarn ar waith, i sicrhau yr ymchwiliir iddynt, a bod gwersi'n cael eu dysgu. Roedd gwaith penodol ar waith hefyd i gymharu ag adolygiadau allanol o fyrddau iechyd eraill a sefydliadau GIG Lloegr, megis adolygiad Ockenden, yn ogystal ag adolygiadau dirybudd Arolygiaeth Gofal Iechyd Cymru y bwrdd iechyd ei hun. Roedd hyn yn sicrhau bod canlyniadau a dysgu yn cael eu nodi a'u rhannu ac nad oedd materion tebyg ym Mae Abertawe. Roedd gan y gwasanaethau mamolaeth raglen hyfforddiant ac addysg glir a oedd yn sicrhau bod y tîm amlddisgyblaethol (MDT) yn gallu cael mynediad at hyfforddiant o safon sydd ei angen i gyflawni eu rolau. Yn 2020-21, cyflwynwyd y cwrs PROMPT (Hyfforddiant Aml-Broffesiynol Obstetrig Ymarferol) i bob aelod o'r tîm amlddisgyblaethol, gyda mwy na 95% o gydymffurfiaeth yn bresennol. Mae nifer o rolau arbenigol wedi'u datblygu a gwasanaethau i gefnogi teuluoedd, er enghraifft, yr uned mamau a babanod yn Ysbyty Tonna, bydwraig iechyd meddwl amenedigol, yn ogystal â'r fydwraig arweiniol yn ystod y geni sydd ar fin cael ei recriwtio. Roedd yn bwysig nodi bod Covid-19 yn parhau i fod yn her wirioneddol i wasanaethau a theuluoedd, yn enwedig o safbwynt y gweithlu lle mae absenoldeb yn gysylltiedig â Covid-19 wedi cynyddu. Rhoddwyd diweddariad a chamau lliniaru i'r Bwrdd Rheoli ar 4 Gorffennaf 2022 a oedd yn cynnwys sicrwydd ynghylch y camau a gymerwyd i reoli a lliniaru'r risg a achosir gan nad oedd staff bydwreigiaeth ar gael. Roedd hyn yn cynnwys atal dros dro yr uned bydwreigiaeth annibynnol yn Ysbyty Castell Nedd Port Talbot a'r gwasanaeth geni yn y cartref yn gweithredu fesul achos. Roedd gwasanaethau cymunedol wedi'u canoli i wneud y gorau o'r adnoddau sydd ar gael <i>7. Pa gynlluniau wrth gefn sydd ar gael i ail-flaenoriaethu gwasanaethau pe bai ton arall o Covid-19 yn cael ei brofi a pha gynlluniau sydd ar y gweill ynghylch y rhaglen frechu ar gyfer yr hydref?</i> Dywedodd Richard Evans fod y sefydliad yn hyddysg mewn blaenoriaethu ac y byddai'n gallu gweithredu'r cynlluniau a ddefnyddiwyd ganddo ar gyfer y tonnau blaenorol, ac eithrio sefydlu'r ysbytai maes gan fod y rhain wedi'u hatal. Pe bai amrywiadau newydd, mae'n bosibl y byddai hyn yn gofyn am ailflaenoriaethu gwasanaethau, ond dangosodd tystiolaeth ddiweddar o'r amrywiadau diweddaraf bod llawer llai o gleifion mewnol, gyda mwyafrif y rhai a oedd yn yr ysbyty â Covid yn cael eu derbyn oherwydd cyflwr iechyd arall. O ran brechu, roedd y Cydbwyllgor Brechu ac Imiwneiddio (JCVI) yn parhau i adolygu'r cynnig o frechlynnau Covid yn yr hydref ac roedd yn debygol y byddai'r rhaglen yn cwmpasu'r rhai dros 50 oed, staff rheng	
--	---	--

	flaen, staff cartrefi gofal a trigolion a'r rhai sydd â chyflyrau meddygol hirdymor, gan gynnwys plant.	
149/22	SYLWADAU I GLOI	
	Diolchodd Emma Woollett i bawb a gymerodd ran yn y cyfarfod cyffredinol blynyddol yn ogystal â'r rhai a oedd yn gwyllo o gartref, gan ychwanegu mai'r gobaith oedd y byddai'n digwydd y flwyddyn nesaf yn bersonol. Ychwanegodd fod hwn wedi bod yn gyfle i rannu'r hyn a gyflawnwyd mewn blwyddyn heriol iawn yn ogystal â'r dyheadau ar gyfer y dyfodol.	

Daeth y cyfarfod i ben: 3.30pm

Bwrdd Iechyd Prifysgol Bae Abertawe
Heb eu cadarnhau Cofnodion Cyfarfod y Bwrdd Iechyd
a gynhaliwyd ar 28 Gorffennaf 2022 am 12.15pm trwy Zoom

Aelodau'r Bwrdd a oedd yn Bresennol

Emma Woollett	Cadeirydd
Mark Hackett	Prif Weithredwr
Steve Spill	Is-gadeirydd
Christine Morrell	Cyfarwyddwr Therapiau a Gwyddor Iechyd (o gofnod 171/22)
Darren Griffiths	Cyfarwyddwr Cyllid
Debbie Eyitayo	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol
Gareth Howells	Cyfarwyddwr Nyrso a Phrofiad Cleifion
Keith Lloyd	Aelod Annibynnol
Keith Reid	Cyfarwyddwr Iechyd y Cyhoedd
Maggie Berry	Aelod Annibynnol (tan gofnod 172/22)
Nuria Zolle	Aelod Annibynnol
Pat Price	Aelod Annibynnol
Reena Owen	Aelod Annibynnol
Siân Harrop-Griffiths	Cyfarwyddwr Strategaeth
Tom Crick	Aelod Annibynnol (o gofnod 171/22)

Hefyd yn Bresennol:

Dougie Russell	Cyfarwyddwr Meddygol Grŵp Gwasanaeth, Singleton a Chastell-nedd Port Talbot
Hazel Lloyd	Cyfarwyddwr Dros Dro Llywodraethu Corfforaethol
Inese Robotham	Prif Swyddog Gweithredu
Matt John	Cyfarwyddwr Digidol
Mwoyo Makuto	Cyngor Iechyd Cymunedol
Nick Samuels	Cyfarwyddwr Cyfathrebu
Liz Stauber	Pennaeth Llywodraethu Corfforaethol

Rhif Cofnod		Cam gweithredu
164/22	CROESO A CHYFLWYNIADAU	
	Croesawodd Emma Woollett bawb i'r cyfarfod. Derbyniwyd ymddiheuriadau gan Jackie Davies, Aelod Annibynnol, Patricia Price, Andrew Jarrett, Aelod Cyswllt o'r Bwrdd, Richard Evans, Cyfarwyddwr Meddygol Gweithredol, Judith Vincent, Aelod Cyswllt o'r Bwrdd ac Andrew Griffiths, Aelod Cyswllt o'r Bwrdd.	

165/22	DATGANIADAU O FUDDIANT	
	Nid oedd unrhyw ddatganiadau o fuddiant.	
166/22	STORI CLAF	
	Dangoswyd fideo uchafbwyntiau o'r gwaith i sefydlu'r ysbyty maes yn Stiwdios y Bae i gofio ei gau ddiwedd Gorffennaf 2022. Wrth drafod stori'r claf, codwyd y pwyntiau canlynol: Dywedodd Darren Griffiths pe na bai'r ysbyty maes wedi'i adeiladu a'r angen i un godi, ni fyddai'r bwrdd iechyd wedi gallu diwallu anghenion y boblogaeth ac roedd yn annirnadwy meddwl sut y gallai pethau fod. Diolch byth, nid oedd angen i'r bwrdd iechyd ddefnyddio'r cyfleuster fel ysbyty maes ond llwyddodd i'w ddefnyddio'n greadigol, gan gynnwys darparu mwy na 400,000 o frechiadau o ganolfan frechu bwrpasol. Fel rhan o'r gwaith o ddadgomisiynu'r adeilad, roedd y gwelyau, nad oedd yn addas i'w defnyddio bob dydd mewn ysbytai, wedi'u rhoi i elusennau lleol ac achosion rhyngwladol. Roedd adnoddau eraill hefyd yn cael eu defnyddio'n ddoeth. Roedd y gwaith i agor, rheoli a chau cyfleuster Stiwdios y Bae yn dyst i bobl a phartneriaeth, gan gynnwys partneriaid awdurdod lleol, y fyddin, gwirfoddolwyr, y landlord, contractwyr a thimau brechu, ond yn bwysicaf oll, y staff a oedd yn allweddol wrth sefydlu a rhedeg y cyfleuster, trwy gymaint o'r fath ac ansicrwydd hyd heddiw. Talodd Gareth Howells deyrnged i ddull pragmatig Darren Griffiths fel arweinydd gweithredol grŵp sefydlu'r ysbyty maes. Atgoffodd yr aelodau mai hwn oedd yr ail o ddau ysbyty maes i'w datblygu. Dywedodd Keith Reid fod y gwaith wedi bod yn dyst i'r system i wireddu'r hyn oedd ei angen mewn sefyllfa anhysbys, ac roedd y ffaith na fu erioed ei angen fel y bwriadwyd yn llwyddiant mawr mewn gwirionedd, a dylai'r bwrdd iechyd fod yn falch ohono. Roedd y cyfleuster wedi'i ddefnyddio'n dda ar gyfer y boblogaeth trwy fwriadau eraill diolch i ddyfeisgarwch a gallu'r staff i addasu. Canmolodd Sally Bloomfield, rheolwr safle, yn arbennig, a fu'n rhan o'r safle o'r dechrau i'r diwedd. Dywedodd Emma Woollett fod hon yn foment arloesol i gyfleuster sydd wedi cynorthwyo gymaint o aelodau o'r gymuned, ond roedd yn fyfyrddod cadarnhaol o sefyllfa gyfredol y feirws a gallu'r Bwrdd Iechyd i'w reoli fel y gellid dod â hyn i ben.	
Penderfyniad:	Dylid nodi'r stori claf hon.	

167/22	COFNODION Y CYFARFOD BLAENOROL	
	Derbyniwyd a chadarnhawyd cofnodion y cyfarfodydd a gynhaliwyd ar 26 Mai a 8 Mehefin 2022 fel cofnod gwir a chywir.	
168/22	MATERION SY'N CODI	
	Ni chodwyd unrhyw faterion.	
169/22	COFNOD GWEITHREDU	
	Derbyniwyd a nodwyd y cofnod gweithredu.	
170/22	ADRODDIAD Y CADEIRYDD	
	Derbyniwyd diweddariad llafar gan y Cadeirydd ar weithgareddau diweddar. Wrth gyflwyno'r diweddariad, tynnodd Emma Woollett sylw at y pwyntiau canlynol: - Roedd cynllun tymor canolig integredig y bwrdd iechyd (CTCI – cynllun tair blynedd) wedi'i gynnwys ar agenda'r cyfarfod yn dilyn dyraniad ariannol ychwanegol gan Lywodraeth Cymru i fynd i'r afael â'r diffyg yn seiliedig ar lefel yr amddifadedd. Roedd hyn yn caniatáu i'r bwrdd iechyd ailgyflwyno ei gynllun i Lywodraeth Cymru fel un cytbwys; - Roedd hwn yn gyflawniad enfawr i'r bwrdd iechyd ac yn dangos hyder Llywodraeth Cymru yn y sefydliad; - Roedd dyfodol hirdymor y bwrdd iechyd bellach yn ei reolaeth ei hun ac roedd angen iddo gynnal hyder Llywodraeth Cymru, awdurdodau lleol a'r boblogaeth yr oedd yn ei gwasanaethu; - Nid oedd y broses i benodi aelod cyfreithiol annibynnol wedi bod yn llwyddiannus ac roedd meddwl pellach ar y gweill. Gofynnwyd am ddatganiadau o ddiddordeb ar gyfer aelod annibynnol awdurdod lleol - Roedd gwaith yn parhau i ddatblygu Bwrdd unedol drwy sesiynau datblygu ac adolygiad o effeithiolrwydd y bwrdd; - Roedd sesiwn wedi'i chynnal ar gyfer y cynghorwyr newydd eu hethol ar gyfer Cyngor Bwrdeistref Sirol Castell-nedd Port Talbot a	

	byddai un yn cael ei threfnu ar gyfer y rheini yn Ninas a Chyngor Abertawe; - I gydnabod Wythnos Genedlaethol Gwirfoddolwyr ym mis Mehefin 2022, talwyd teyrnged i wirfoddolwyr a gwasanaethau cymunedol; - Roedd y Cadeirydd wedi bod yn bresennol gan fod y 10 gwely olaf o'r ysbyty maes wedi'u rhoi i elusen, ynghyd â dillad gwely a roddwyd gan staff, menter a oedd wedi derbyn swm sylweddol o adborth cadarnhaol.	
Penderfyniad:	- Dylid nodi'r adroddiad.	
171/22	ADRODDIAD Y PRIF WEITHREDWR	
	Derbyniwyd adroddiad yn rhoi diweddariad gan y Prif Weithredwr ar weithgareddau diweddar. Wrth gyflwyno'r adroddiad, tynnodd Mark Hackett sylw at y pwyntiau canlynol: - Roedd y cynlluniau i leihau nifer y trawsgludiadau ambiwlans diangen wedi arwain at 25%-30% yn llai o drawsgludiadau fis diwethaf; - Roedd rhestr aros yn cael ei dilysu ar gyfer gofal dewisol er mwyn sicrhau bod y driniaeth yr oedd cleifion yn aros amdani yn dal yn briodol. Roedd gwaith arall i fynd i'r afael â'r rhestrau aros hir yn cynnwys gwneud y mwyaf o gapasiti craidd mewn theatrau a chleifion allanol ac ehangu diagnosteg i leihau'r oedi rhwng yr apwyntiad cychwynnol a'r driniaeth; - Roedd yr ymgynghoriad ar y rhaglen ailgynllunio gwasanaethau meddygol aciwt yn mynd rhagddo, a'r bwriad oedd gwella ansawdd, diogelwch a chanlyniadau i gleifion; - Er bod nifer y bobl sy'n aros mwy na 104 diwrnod am driniaeth cancer wedi lleihau, roedd yn dal yn rhy uchel ac roedd y Bwrdd Rheoli wedi cytuno ar gyfres o gamau gweithredu y diwrnod blaenorol, gan gynnwys sefydlu rhestri tair sesiwn; - Cydnabuwyd yr effaith ddinistriol ar ddisgwyliadau menywod beichiog o atal rhai genedigaethau am dri mis; Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol: Dywedodd Gareth Howells fod cynnydd yn cael ei wneud o ran atal a rheoli heintiau, ond roedd heriau yn parhau yn Ysbyty Treforys, a thrafodwyd hyn yn fisol gan y Pwyllgor Ansawdd a Diogelwch. Roedd	

newid ffocws i fod, wrth edrych ar y pum maes mwyaf o achosion ar safleoedd, gan y byddai gostyngiad yn y meysydd hyn yn arwain at welliant sylweddol ar gyfraddau cyffredinol.

Dywedodd Mwoyo Makuto ei bod yn bwysig bod gan y bwrdd iechyd gynlluniau realistig, cynaliadwy ar gyfer y gweithlu fel rhan o'r gwaith o ailgynllunio gwasanaethau meddygol aciwt gan fod angen rhoi lefel o sicrwydd i staff, cleifion a theuluoedd ynghylch sut i gael mynediad at wasanaethau.

Llongyfarchodd Mwoyo Makuto y bwrdd iechyd ar ei ddyraniad ariannol ychwanegol gan Lywodraeth Cymru, gan ei alluogi i gyflwyno CTCI cytbwys. Roedd yn gyflawniad a groesawyd gan y cyngor iechyd cymuned ac yn gydnabyddiaeth o'r cynlluniau sy'n cael eu datblygu i wneud cynnydd mewn meysydd problematig.

Cyfeiriodd Nuria Zolle at yr amseroedd aros parhaus i gleifion mewn ambiwlansys gael eu dadlwytho i'r adran achosion brys a holodd i ba raddau yr oedd cynllunio yn digwydd ynghylch effaith bosibl tonnau Covid yn y dyfodol ar gapasiti. Ymatebodd Mark Hackett fod angen cyflymu'r cyflymder a'r dwyster i newid y system gofal brys a rheoli llif yn well. Cynlluniwyd Ysbyty Treforys i dderbyn y cleifion mwyaf sâl, ond roedd y swyddogaeth hon yn cael ei rhwystro gan yr angen i drin cleifion llai cymhleth y gellid eu gweld yn rhywle arall. I ryw raddau, roedd cyfran o hyn o dan reolaeth y bwrdd iechyd drwy leihau oedi mewnol yn y system drwy weithio saith diwrnod a chael gwell cydgysylltu rhwng gwasanaethau sylfaenol, eilaidd a chymunedol. Roedd angen perchnogaeth cleifion a oedd wedi'u hoptimeiddio'n glinigol a'u trosglwyddo'n gyflym i leoliadau mwy priodol trwy newidiadau llwybr a gweithio mewn partneriaeth. Roedd atebion yn cael eu trafod ar hyn o bryd gyda chyfarwyddwyr gwasanaethau cymdeithasol y ddau awdurdod lleol. Roedd y rhaglen ailgynllunio gwasanaethau meddygol aciwt yn ganolog i wella diogelwch a llif cleifion ac ail-gydbwyso'r defnydd o Ysbyty Castell-nedd Port Talbot. Ychwanegodd Inese Robotham fod natur Covid yn golygu bod cynllunio yn ymwneud mwy â pharodrwydd yn hytrach na chynlluniau penodol gan fod amseriad nesaf y brig nesaf bob amser yn anhysbys. Roedd dwy don gyntaf y firws wedi arwain at nifer uchel o gleifion yn yr uned gofal dwys tra bod staff a chleifion yn llai sâl yn y cyfnodau brig diweddarach, felly mae angen i unrhyw ymateb adlewyrchu'r amgylchiadau presennol. Er nad oedd y grwpiau gwasanaeth yn cynllunio ar gyfer tonnau newydd, roedd opsiynau wrth gefn a fframweithiau dewisiadau y gellid gweithio drwyddynt i fynd i'r afael â phwysau a heriau'r gweithlu. Dywedodd Darren Griffiths fod amcangyfrifon bras o gostau Covid wedi'u trafod gyda'r grwpiau gwasanaeth o ran pa adnoddau ychwanegol y gallent fod eu hangen ac y byddai'r rhain yn cael eu hystyried mewn partneriaeth â Llywodraeth Cymru. Nododd Mark Hackett fod gwisgo masgiau wedi'i ailgyflwyno ond

	roedd y cyhoedd yn ei chael hi'n anodd deall cymryd rhagofalon. Ychwanegodd fod y bwrdd iechyd yn gweithio mewn system a oedd yn dod i delerau â Covid wrth i'r effaith leihau ac wrth i'r brechlyn leihau difrifoldeb a throsglwyddiad.	
Penderfyniad:	- Dylid nodi'r adroddiad; - Cefnogi'r cynllun ymgysylltu ar gyfer Canolfan Iechyd Brunswick.	
172/22	CYNLLUN ADOLYGU NOSOCOMIAIDD COVID	
	Derbyniwyd adroddiad yn nodi cynllun adolygu nosocomiaidd Covid. Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol: Dywedodd Hazel Lloyd fod Uned Gyflawni GIG Cymru yn hapus â'r dull yr oedd y bwrdd iechyd yn ei fabwysiadu, a bod ei gweithdrefnau gweithredu safonol wedi'u rhannu â sefydliadau eraill. Nododd Reena Owen fod nifer o'r achosion wedi bod yn weddill am gyfnod hir. Gofynnodd a oedd y cyflymder i'w gynyddu ac a oedd dyddiad terfyn targed. Ymatebodd Gareth Howells ei bod yn bwysig bod y broses yn cael ei chynnal yn briodol, gyda thosturi, yn hytrach na brys, er mwyn y teuluoedd dan sylw. Roedd hefyd yn bwysig bod y timau'n teimlo eu bod yn cael eu cefnogi gan fod hon yn sefyllfa llawn emosiwn. Byddai maint y carfannau'n cynyddu, o bosibl o fis Medi 2022 oherwydd erbyn y pwynt hwn, byddai'r tîm yn ddigon sylweddol i gysylltu â 30 i 40 o deuluoedd yr wythnos. Gofynnodd Steve Spill am sicrwydd ynghylch y broses o sefydlu'r alwad ffôn gyda theuluoedd. Dywedodd Gareth Howells y cymerwyd gofal mawr i beidio â threfnu galwad o gwmpas dyddiadau cerrig milltir, er enghraifft pen-blwydd neu ben-blwydd yr ymadawedig. Roedd gan y timau sgript glir a oedd yn nodi pam y cysylltwyd â theuluoedd a'r hyn y gallent ei ddisgwyl. Roedd llawer o adborth cadarnhaol wedi dod i law hyd yn hyn, er bod nifer fach nad oedd yn dymuno i ni gysylltu â nhw ac ychydig a oedd yn meddwl mai sgam ydoedd. Mae cynnal carfan o 10 yr wythnos am y tro yn galluogi'r ymagwedd i gael ei hadolygu a'i haddasu. Cadarnhaodd Mwoyo Makuto, yn seiliedig ar adborth i'r cyngor iechyd cymuned, fod yn well gan y mwyafrif o gleifion gael galwad ffôn cyn llythyr. Holodd Nuria Zolle a fu unrhyw ddysgu i ddod allan o'r ychydig achosion cyntaf o Covid, o ystyried bod pob ton yn dod â chyfyngiadau gwahanol. Ymatebodd Gareth Howells fod pob ton yn darparu dysgu ar gyfer yr un nesaf ac er ei bod yn bwysig dilyn canllawiau cenedlaethol, roedd rhywbeth i'w ddweud hefyd am gael llwybrau Covid mewnol cadarn	

	hefyd. Roedd gwersi'n dal i gael eu dysgu wrth i'r bwrdd iechyd ystyried gwahanol gamau gweithredu ac roedd y penderfyniadau ynghylch ymweld yn bwnc o ddiddordeb ar hyn o bryd. Roedd pob bwrdd iechyd yn caniatáu ychydig bach o fynediad, gydag unrhyw glaf a oedd yn bodloni meini prawf penodol yn gallu derbyn ymwelwyr, ond roedd yn bwysig cadw pawb yn ddiogel, a dyna pam roedd ymweliadau'n gyfyngedig yn fwy cyffredinol ar hyn o bryd.	
Penderfyniad:	- Cytunwyd y byddai adroddiad pellach yn rhoi'r wybodaeth ddiweddaraf i'r Bwrdd ar gynnydd yn cael ei dderbyn ym mis Tachwedd 2022.	
173/22	DULL Y BWRDD IECHYD O DDATBLYGU SYSTEM RHEOLI ANSAWDD	
	Derbyniwyd adroddiad yn nodi dull y bwrdd iechyd o ddatblygu system rheoli ansawdd. Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol: Dywedodd Hazel Lloyd y byddai Llywodraeth Cymru yn rhoi'r Ddeddf Ansawdd ar waith yn 2023 ac y byddai ymagwedd y bwrdd iechyd at system rheoli ansawdd yn cefnogi hyn. Yn ogystal, byddai'r gwaith maes ar gyfer asesiad strwythuredig Archwilio Cymru 2022 yn dechrau yn yr haf ac yn edrych ar weithrediad y system rheoli ansawdd yn y grwpiau gwasanaeth. Cyfeiriodd Nuria Zolle at yr archwiliadau a arweiniodd at y gwaith i ddatblygu system rheoli ansawdd a gofynnodd am sicrwydd bod gwersi'n cael eu dysgu a'u cynnwys yn y fframwaith. Ymatebodd Gareth Howells y byddai'r dystiolaeth i ddangos y cynnydd yn erbyn yr argymhellion yn cael ei rhannu gyda'r Pwyllgor Archwilio ond nad oedd y gwaith yno eto. Roedd diwylliant a strwythurau yn rhan annatod o'r system er mwyn cael llif gwybodaeth o ward i Fwrdd i roi sicrwydd. Byddai ffocws yn cael ei roi ar y weledigaeth, y gwerthoedd a'r arweinyddiaeth gyfunol ar draws y bwrdd iechyd. Roedd y gwaith mewn tua 80% o'r sefydliad yn dda ond roedd angen gweld cynnydd yn y meysydd eraill nawr. Nododd Reena Owen strwythur diwygiedig y grŵp gweithredol llywodraethu ansawdd, gan ddweud bod ganddi bryderon ei fod yn feichus yn weinyddol. Holodd sut y gellid sicrhau cysondeb yn y grwpiau gwasanaeth ac nid yn unig ar lefel gorfforaethol. Ymatebodd Gareth Howells mai'r grŵp blaenorol oedd y Grŵp Llywodraethu Ansawdd a Diogelwch a oedd ag is-strwythur o fwy na 50 o grwpiau adrodd, nad oedd pob un ohonynt yn adrodd mewn gwirionedd. Roedd y strwythur newydd yn symlach ac yn fwy penodol, ac roedd gan y grŵp trosfwaol	

	aelodaeth llawer uwch. Byddai disgwyl i bob grŵp gwasanaeth adlewyrchu'r trefniadau corfforaethol yn eu strwythurau eu hunain ond roedd hwn yn waith ar y gweill o hyd. Dywedodd Debbie Eyitayo ei bod yn hollbwysig mai staff oedd yn berchen ar y gwaith hwn ac y byddai'r arddull arweinyddiaeth gyfunol yn cael ei datblygu o amgylch y rhagosodiad hwn, gydag atebion ac atebion yn cael eu datblygu ar lawr y siop. Roedd y manylion ar gyfer y 'Sgwrs Fawr' gyda'r staff yn y broses o gael eu cwblhau i geisio eu barn ynghylch yr hyn oedd ei angen o ran ansawdd a diogelwch a hyn i ddechrau/stopio/parhau i'w wneud. Roedd angen grymuso staff nid yn unig i gydnabod ansawdd gwael ond hefyd i'w herio. Dywedodd Steve Spill fod y Pwyllgor Ansawdd a Diogelwch wedi derbyn ei adroddiadau cyntaf o'r strwythur newydd yn gynharach yn yr wythnos a oedd yn dangos y cynnydd a wnaed, a byddai cael set gyson o adroddiadau yn ei gwneud hi'n haws ceisio sicrwydd. Roedd angen i'r grŵp llywodraethu ansawdd barhau i fod y grŵp gwyliadwriaeth allweddol a chraffu ar bob maes o'r bwrdd iechyd naill ai mewn ymateb i bryderon neu fel rhan o ymweliadau dirybudd. Gofynnodd Pat Price am ragor o fanylion am y cynlluniau sydd ar waith i ddatblygu gwybodaeth o ansawdd gwell. Ymatebodd Gareth Howells trwy ddweud ei bod bellach yn hysbys beth oedd angen ei fonitro a'i gofnodi, a bod angen datblygu ffordd syml o gyflwyno hyn gyda'r gallu i dreiddio i lawr i'r manylion gronynnog pan fo angen. Byddai angen fformat trosolwg hefyd i'w rannu gyda'r Pwyllgor Ansawdd a Diogelwch a'r Bwrdd. Ychwanegodd Matt John fod y bwrdd iechyd ar daith gynyddol o fabwysiadu digidol, gan ddatblygu'r systemau cywir i gofnodi a monitro'r wybodaeth ofynnol – dyma oedd sail y strategaeth ddigidol. Roedd partneriaid cudd-wybodaeth busnes wedi'u penodi i'r grwpiau gwasanaeth a phenderfynwyd hefyd recriwtio un ar gyfer y cyfarwyddiaethau corfforaethol i ganolbwyntio ar ddarparu'r setiau data cywir. Byddai'r gwaith hwn yn cael ei wella ymhellach drwy gyflwyno system SIGNAL wedi'i huwchraddio. Dywedodd Darren Griffiths fod y rhaglen seiliedig ar werthoedd hefyd yn ystyried mesurau canlyniadau a gofnodwyd gan gleifion (PROMS). Dywedodd Mark Hackett fod y system rheoli ansawdd yn y cyfnod sylfaen ar hyn o bryd a bod angen adeiladu arni. Roedd yn bwysig symud ymlaen yn ofalus a pheidio â cheisio gwibio i'r diwedd, heb wneud diwydrwydd dyladwy ar y ffordd. Roedd yn rhaid i'r system fod yn seiliedig ar safoni a symleiddio drwy'r swyddogaeth gorfforaethol, grwpiau gwasanaeth, cyfarwyddiaethau ac isadrannau, gyda rhaglenni gwaith tebyg. Byddai'r Strategaeth Ansawdd yn rhoi syniad clir o'r blociau adeiladu sydd eu hangen a byddai'n cael ei rhannu gyda'r Bwrdd ym mis Medi 2022. Byddai briff Bwrdd yn cael ei drefnu i drafod manylion	GH
--	--	-----------

	y strategaeth, ac wedi hynny byddai diweddariadau chwarterol yn cael eu darparu i'r Bwrdd. CAM GWEITHREDU – Strategaeth Ansawdd i'w rhannu gyda'r Bwrdd ym mis Medi 2022 ac yna sesiwn friffio i'r bwrdd i roi mwy o ffocws ar y manylion. Wedi hyn, bydd adroddiadau cynnydd chwarterol yn cael eu rhannu gyda'r Bwrdd. Dywedodd Mark Hackett fod cyfarwyddwyr gweithredol wedi'u neilltuo i arwain y gwahanol feysydd rheoli ansawdd a bwrw ymlaen â'r gwaith angenrheidiol. Yn ogystal, roedd buddsoddiad yn cael ei wneud mewn atebion digidol ond roedd hyn yn dechrau o bwynt isel a byddai ffocws yn cael ei roi ar sut y byddai systemau craidd yn bwydo i mewn i'r broses. Dywedodd Christine Morrell fod yn rhaid i system rheoli ansawdd fod yn systemig ac yn seiliedig ar safoni ac adrodd yn gyson gan ddefnyddio dangosfyrddau. Roedd angen i wella ansawdd fod yn rhan annatod o'r broses gynllunio wrth symud ymlaen er mwyn trawsnewid gwasanaethau. Dywedodd Keith Lloyd ei fod yn meddwl bod gan y bwrdd iechyd system rheoli ansawdd da eisoes, a'r cam nesaf oedd gwneud gwelliannau cynyddrannol er mwyn cael effaith.	GH
	- Dylid nodi'r adroddiad; - Dylid cytuno ar y camau nesaf ar gyfer sefydlu fframwaith rheoli ansawdd; - Dylid rhannu'r strategaeth ansawdd gyda'r Bwrdd ym mis Medi 2022 gyda sesiwn datblygu Bwrdd i ddilyn i roi mwy o ffocws ar y manylion. Wedi hyn, bydd adroddiadau cynnydd chwarterol yn cael eu rhannu gyda'r Bwrdd.	GH
174/22	COFRESTR RISG Y BWRDD IECHYD	
	Derbyniwyd adroddiad yn nodi cofrestr risg y bwrdd iechyd. Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol: Nododd Pat Price fod y risg yn ymwneud â lefelau staffio mamolaeth wedi'i ostwng o 25 i 20 a holodd a oedd angen adfer hyn i 25 o ystyried y gostyngiad yn y dewis o wasanaethau i gleifion. Cyfeiriodd hefyd at y risg newydd yn ymwneud â'r Ddeddf Anghenion Dysgu Ychwanegol (ADY) a holodd sut y gallai hyn effeithio ar adnoddau ac a ddylai gwasanaethau strôc gael eu cynnwys yn y gofrestr risg o ystyried ei berfformiad isel. Ymatebodd Hazel Lloyd drwy ddweud bod y risg yn ymwneud â mamolaeth wedi'i hystyried ddiwethaf ym mis Mai 2022 ac y byddai	HL

	gofyn i'r panel craffu a'r swyddogion gweithredol ailystyried hyn o ystyried y datblygiadau diweddaraf. Byddai angen i'r panel craffu hefyd wirio'r risg o amgylch y Ddeddf ADY, gan gynnwys ei haliniad â chyllid. Roedd perfformiad strôc ar hyn o bryd yn risg weithredol ar gofrestr risg y grwpiau gwasanaeth ond byddai'r panel craffu yn cael ei herio i adolygu hyn i benderfynu a ddylid ei ychwanegu at gofrestr risg y bwrdd iechyd. Ychwanegodd Siân Harrop-Griffiths, o ran ADY, nad oedd wedi'i nodi fel blaenoriaeth glinigol pan ddatblygwyd y CTCI ym mis Chwefror/Mawrth 2022 pan oedd y swyddogion gweithredol clinigol wedi pennu cyllid ar gyfer y blaenoriaethau. Dywedodd Christine Morell fod lefelau'r atgyfeiriadau yn unol â'r tybiaethau a wnaed pan ddaeth y Ddeddf i fodolaeth ond bod lefel yr asesiadau yr oedd eu hangen yn uwch na'r disgwyl a dyma lle'r oedd perfformiad yn torri. Roedd tîm y Cyfarwyddwr Cyllid a Pherfformiad yn gweithio gyda'r swyddog arweiniol clinigol addysg penodedig i adrodd ar amseroedd yn erbyn y targed a chyfnodau'r Ddeddf i greu syniad mwy cywir o'r adnoddau gofynnol. CAM GWEITHREDU – panel craffu i adolygu'r sgôr risg ar gyfer gwasanaethau mamolaeth yng ngoleuni dewis a ataliwyd, yr effaith bosibl ar ADY ar adnoddau ac a oedd angen cofnod ar gofrestr risg y bwrdd iechyd ar gyfer perfformiad strôc. Nododd Keith Lloyd y sgôr risg is ar gyfer gwydnwch y gweithlu o 20 i 12 a holodd a oedd hyn yn briodol o ystyried bod staff yn dal i wella ar ôl gweithio yn ystod y pandemig. Ymatebodd Hazel Lloyd y byddai Pwyllgor y Gweithlu a Datblygu Sefydliadol yn cyfarfod ddechrau mis Awst 2022 ac y byddai'n gallu adolygu a oedd y sgôr hwn yn briodol. CAM GWEITHREDU – Pwyllgor y Gweithlu a Datblygu Sefydliadol i adolygu'r sgôr risg ar gyfer gwydnwch y gweithlu i benderfynu a oedd y gostyngiad o 20 i 12 yn briodol. Nododd Keith Lloyd fod perfformiad CAMHS (gwasanaethau iechyd meddwl plant a'r glasoed) oddi ar y targed a holodd a ddylai hyn gael ei gynnwys ar y gofrestr risg. Ymatebodd Siân Harrop-Griffiths fod swm sylweddol o waith yn cael ei wneud gyda Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg a gomisiynwyd i ddarparu gwasanaethau CAMHS ar ran de Cymru. Roedd adolygiad gwasanaeth drafft wedi'i gynnal a byddai'r adroddiad yn cael ei rannu â'r Bwrdd ym mis Medi 2022. Roedd cynnydd parhaus yn nifer y cleifion newydd wedi bod yn amlwg a rhoddwyd blaenoriaeth gan y timau clinigol i weld atgyfeiriadau newydd, ond cafodd hyn effaith ar amseroedd triniaeth. Roedd yr aros cyfartalog bellach yn llai na saith wythnos ac roedd cynlluniau galw a chapasiti manwl wedi'u datblygu. Roedd y gwasanaeth yn fregus o ystyried ei ddibyniaeth ar staff arbenigol ond roedd ymgyrch recriwtio wedi gweld cyfraddau swyddi gwag yn gostwng i 5%/6%, gyda'r prif fylchau yn y gweithlu meddygol. Roedd angen ystyried yn awr sut y gallai Bae Abertawe gefnogi staff i adennill y sefyllfa. Yn ogystal, roedd ffocws hefyd i'w roi ar ddatblygu	HL HL HL HL/DE HL/DE SHG
--	---	--

	noddfa i helpu i osgoi derbyniadau i'r rhai nad oedd angen gofal cleifion mewnol arnynt yn yr uned arbenigol. GWEITHREDU – adolygiad CAMHS i'w rannu gyda'r Bwrdd yng nghyfarfod mis Medi 2022.	SHG
Penderfyniad:	- Dylid nodi'r adroddiad; - Cytunwyd y byddai'r Bwrdd yn derbyn yr archwaeth risg yng nghyfarfod nesaf y Bwrdd i'w gymeradwyo; - Dylai'r panel craffu adolygu'r sgôr risg ar gyfer gwasanaethau mamolaeth yng ngoleuni dewis a ataliwyd, yr effaith bosibl ar ADY ar adnoddau ac a oedd angen cofnod ar gofrestr risg y bwrdd iechyd ar gyfer perfformiad strôc; - Dylai Pwyllgor y Gweithlu a Datblygu Sefydliadol adolygu'r sgôr risg ar gyfer gwydnwch y gweithlu i benderfynu a oedd y gostyngiad o 20 i 12 yn briodol; - Rhannu adolygiad CAMHS gyda'r Bwrdd yng nghyfarfod mis Medi 2022.	HL HL/DE SHG
175/12	FFRAMWAITH SICRWYDD Y BWRDD	
	Derbyniwyd adroddiad yn nodi fframwaith sicrwydd y bwrdd. Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol: Dywedodd Emma Woollett, er bod fframwaith sicrwydd y bwrdd yn dal i gael ei ddatblygu, ei bod wedi bod yn bwysig i'r Bwrdd ei weld fel gwaith sy'n mynd rhagddo. Rhoddodd Nuria Zolle sicrwydd bod y Pwyllgor Archwilio wedi ystyried sicrwydd y bwrdd yn llawn yn ei gyfarfod diwethaf a thrafodwyd yr angen i'r fframwaith alinio â'r pwyllgorau perthnasol. Roedd angen ystyried hefyd sut yr oedd iechyd y boblogaeth yn cael ei integreiddio i waith y pwyllgorau yn ogystal â sut i fynd i'r afael â chanfyddiadau archwiliad mewnol diweddar o fframwaith sicrwydd y bwrdd. Dywedodd Darren Griffiths y byddai fframwaith sicrwydd y bwrdd yn cael ei addasu i gynnwys adran adnoddau o ystyried effaith bosibl cyfalaf ac ystadau.	
Penderfyniad:	- Dylid nodi'r adroddiad.	
176/22	MATERION ALLWEDDOL O BWYLLGORAU'R BWRDD	

	(i) <u>Pwyllgor Perfformiad a Chyllid</u> Derbyniwyd a nodwyd adroddiad yn nodi trafodaethau allweddol cyfarfod diweddar y Pwyllgor Perfformiad a Chyllid. (ii) <u>Pwyllgor Ansawdd a Diogelwch</u> Derbyniwyd a nodwyd adroddiad yn nodi trafodaethau allweddol cyfarfod diweddar y Pwyllgor Ansawdd a Diogelwch. (iii) <u>Pwyllgor y Gweithlu a Datblygu Sefydliadol</u> Derbyniwyd a nodwyd adroddiad yn nodi trafodaethau allweddol cyfarfod diweddar Pwyllgor y Gweithlu a Datblygu Sefydliadol. (iv) <u>Pwyllgor Iechyd a Diogelwch</u> Derbyniwyd a nodwyd adroddiad yn nodi trafodaethau allweddol cyfarfod diweddar y Pwyllgor Ansawdd a Diogelwch. (v) <u>Y Pwyllgor Archwilio</u> Derbyniwyd a nodwyd adroddiad yn nodi trafodaethau allweddol cyfarfod diweddar y Pwyllgor Cronfeydd Elusennol.	
177/22	RHWYDWAITH CYFLAWNI GWEITHREDOL CLUDIANT NEWYDD-ENEDIG A CHYMERADWYO'R MEMORANDWM DEALLTWRIAETH	
	Derbyniwyd adroddiad yn nodi'r cynnydd i ddatblygu'r rhwydwaith cyflenwi gweithredol trafndiaeth newyddenedigol a chymeradwywyd y memorandwm cyd-ddealltwriaeth.	
178/22	ACHOS BUSNES IS-ORSAF CHWECH	
	Derbyniwyd adroddiad yn nodi'r achos busnes ar gyfer 'is-orsaf chwech' i'w gymeradwyo. Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol. Holodd Nuria Zolle am y risg o gostau eithriadol ac a fyddai Llywodraeth Cymru yn talu am y rhain. Nododd hefyd y costau refeniw ychwanegol o £16k a holodd a oedd y rhain yn unol â'r is-orsafoedd presennol ac a oedd unrhyw risg o amharu ar y safle pan gafodd ei osod yn Ysbyty Treforys. Ymatebodd Darren Griffiths fod hyblygrwydd yn y costau i ganiatáu ar gyfer risgiau chwyddiant a bod gwaith yn mynd rhagddo i reoli'r risg o gostau eithriadol i lawr. Ychwanegodd fod y £16k yn fwy na'r costau refeniw ar gyfer yr is-orsafoedd presennol gan fod is-orsaf chwech yn beiriannau drutach. O ran tarfu, roedd hyn yn debygol o fod	

	yn fach iawn gan y byddai'r offer yn cael ei adeiladu oddi ar y safle ac yna'n dod i Ysbyty Treforys i'w osod. Cyfeiriodd Emma Woollett at y fferm solar yn Ysbyty Treforys a'r cynllun i gyflwyno cais am fatri. Gofynnodd a fyddai hyn yn helpu gyda'r ffynhonnell ynni sydd ei angen ar gyfer y safle. Dywedodd Darren Griffiths y byddai'r batri yn destun cais pellach i'r rhaglen genedlaethol a fyddai hefyd yn cynnwys erwau ychwanegol o dir wedi'i neilltuo ar gyfer pŵer solar. Byddai'r batri yn galluogi'r bwrdd iechyd i storio ynni dros ben a'i ddefnyddio ar draws Ysbyty Treforys yn ôl yr angen gan fod mwy o werth yn hyn na'i werthu'n ôl i'r grid.	
Penderfyniad:	- Cymeradwyo'r achos cyfiawnhad busnes i'w gyflwyno i Lywodraeth Cymru.	
179/22	RHAGLEN AILDDYLUNIO GWASANAETHAU MEDDYGOL ACÍWT	
	Derbyniwyd adroddiad yn rhoi diweddariad ar y rhaglen ailgynllunio gwasanaethau meddygol aciwt. Wrth drafod yr adroddiad, codwyd y pwyntiau canlynol: Nododd Keith Lloyd y cyfeiriad at safonau Addysg a Gwella Iechyd Cymru yn cael eu cynnwys mewn cynlluniau gweithlu ar gyfer hyfforddiant cwricwlwm meddygol yn yr achos busnes. Ychwanegodd y byddai Prifysgol Abertawe yn hapus i gefnogi unrhyw fyfyrwr sy'n dymuno cymryd rolau ac felly, dylai'r ddedfryd hon adlewyrchu pob gweithiwr proffesiynol. Dywedodd Inese Robotham fod yr achos busnes yn derfynol a'i fod wedi'i gymeradwyo gan y Bwrdd Rheoli ond y byddai eglurder yn cael ei roi wrth rannu'r ddogfen wrth symud ymlaen. Nododd Keith Lloyd y byddai 84 o rolau ychwanegol a gofynnodd am sicrwydd bod y gweithlu presennol wedi ymrwymo i'r newidiadau. Ymatebodd Inese Robotham fod staff, mewn egwyddor, yn deall ac yn cefnogi'r newidiadau sydd eu hangen ond bod llawer i'w wneud o hyd i egluro beth mae'n ei olygu'n benodol i bob unigolyn a'r nod oedd cyd-gynhyrchu manylion y rhaglen gyda staff. Fe'i gwnaed yn glir y byddai'r rhaglen yn arwain at welliannau mewn gofal cleifion ond hefyd at welliant ym mhrofiad y staff, gan y byddai'r llwybrau'n gweithio'n fwy llyfn. Ychwanegodd Mark Hackett fod y cynlluniau wedi eu datblygu gyda staff o'r gwaelod i fyny, nid o'r brig i lawr, yn seiliedig ar safonau clir a chyngor allanol. Holodd Nuria Zolle a fyddai'r gweithio ar y penwythnos yn cael ei dalu ar gyfradd uwch. Mark Hackett bod gwelliannau penwythnos eisoes yn eu lle ar gyfer rhai grwpiau staff ond o ran gweithio ymgynghorwyr, efallai na fyddai goblygiadau ariannol ychwanegol i hyn pe bai'r amser yn cael ei	

	gydnabod o gyfanswm y sesiynau sydd ar gael; ond byddai angen asesu'r effaith bosibl ar argaeledd yn ystod yr wythnos. Roedd y dadansoddiad presennol yn awgrymu y byddai'r ad-drefnu yn caniatáu ar gyfer argaeledd iau o lawer ar gyfer wardiau yn ystod dyddiau'r wythnos, y tu allan i oriau ac ar benwythnosau. Gofynnodd Nuria Zolle am ragor o fanylion ynghylch cydbwysedd cael gwared ar y gwelyau wrth gefn yn Ysbyty Singleton ar adeg pan oedd yn ddiogel gwneud hynny. Ymatebodd Inese Robotham na thybiwyd dyddiad penodol erbyn pryd y byddai hyd yr arhosiad wedi lleihau'n ddigon sylweddol o fewn gwasanaethau meddygol aciwt i alluogi tynnu'r gwelyau wrth gefn. Roedd y gwelyau wrth gefn wedi'u modelu ar egwyddorion 'mynd/dim mynd' y rhaglen ac roedd rhai o'r meini prawf yn cynnwys hyd arhosiad ac argaeledd gweithlu. Roedd cynlluniau cadarn yn cael eu datblygu i sicrhau bod yr holl feini prawf yn cael eu bodloni cyn i'r gwelyau wrth gefn gael eu tynnu er mwyn sicrhau nad oedd unrhyw risg i ddiogelwch cleifion nac ansawdd gofal. Roedd yna gadarnhad yn cael eu datblygu i sicrhau bod yr holl feini prawf yn cael eu cyflawni cyn i'r gwelyau wrth gefn gael eu tynnu er mwyn sicrhau nad oes unrhyw risg i risg o ansawdd gofal. Gofynnodd Reena Owen am sicrwydd y bu ymgysylltu â rhanddeiliaid allanol gan gynnwys partneriaid awdurdodau lleol a'r sector gofal. Cadarnhaodd Inese Robotham fod ymgysylltiad ar lefelau amrywiol o'r rhaglen gyda sesiwn wedi'i thargedu gyda'r awdurdodau lleol i drafod y gostyngiad yn nifer y cleifion â'r gorau yn glinigol. Nid oedd yn glir eto beth fyddai'r modelau gwasanaeth newydd yn ei gynhyrchu ond byddai llwybrau'n cael eu sefydlu. Mae'r gwelyau ychwanegol yn Ysbyty Singleton yn cynrychioli wrth gefn y byddai angen ei gau. Awgrymodd Reena Owen fod y ffordd yr oedd y rhaglen yn cael ei chyflwyno a'i chyfathrebu yn bwysig a'i bod yn hanfodol bod cleifion yn deall y cyfnod pontio. Ymatebodd Nick Samuels fod cynllun cyfathrebu yn cael ei ddatblygu yn barod ar gyfer cwblhau'r broses newid sefydliadol gan na ellid rhagweld y canlyniad. Byddai'r newidiadau mewnol yn gymhleth gan eu bod yn cynnwys nifer sylweddol o bobl mewn nifer o wahanol leoedd, ac roedd yn hollbwysig bod pawb yn deall beth oedd yn digwydd a'u hymglymiad. Byddai'r cyfeiriad ar gyfer gweithredu 'Newid ar gyfer y Dyfodol' yn sbardun allweddol i'r cyd-destun ar gyfer newid. Byddai'r wybodaeth sydd ei hangen i gleifion gael mynediad i wasanaethau yn cael ei nodi mewn llythyrau meddygol a gweithgareddau marchnata cyffredinol. Sicrhaodd Siân Harrop-Griffiths fod cyfarfodydd wythnosol yn cael eu cynnal gyda'r cyngor iechyd cymuned ond cynhelir sesiwn benodol ar gamau nesaf y rhaglen.	
--	--	--

	Crynhodd Emma Woollett fod hwn yn newid sylweddol i'r bwrdd iechyd a'i fod yn sail i nifer o newidiadau strategol o fewn y sefydliad a fyddai'n mynd i'r afael â pherfformiad gofal wedi'i gynllunio a gofal brys a gofal brys. Byddai diweddariadau'n cael eu darparu drwy'r Pwyllgor Perfformiad a Chyllid oni bai bod penderfyniad 'dim mynd' yn cael ei wneud, ac os felly byddai'n dod gerbron y Bwrdd.	
Penderfyniad:	- Dylid nodi'r adroddiad; - Dylid cytuno ar y trefniadau llywodraethu a'r mesurau lliniaru risg a gynigir yn y papur.	
180/22	CYMERADWYO CYNLLUN TYMOR CANOLIG INTEGREDIG Y BWRDD IECHYD	
	Derbyniwyd adroddiad yn gofyn am gymeradwyaeth i gyflwyno CTCI i Lywodraeth Cymru i'w gymeradwyo. Wrth gyflwyno yr adroddiad, codwyd y pwyntiau canlynol: - Byddai'r CTCI yn amodol ar gymeradwyaeth y Gweinidog ond pe byddai hwn yn cael ei dderbyn, byddai'n golygu bod yr iechyd wedi bodloni un o'i ddyletswyddau statudol am y tro cyntaf ers blynyddoedd lawer; - Roedd y cynllun ariannol wedi'i ddiwygio i gymryd i ystyriaeth y £24m ychwanegol gan Lywodraeth Cymru; - Roedd yr adborth gan Lywodraeth Cymru hefyd wedi gofyn am sicrwydd mewn nifer o feysydd perfformiad ac er na fyddai'r CTCI ei hun yn cael ei ddiwygio i fynd i'r afael â'r rhain, roedd diweddariad wedi'i ddarparu yn y papur eglurhaol ac, yn amodol ar gymeradwyaeth y Bwrdd, byddai hefyd yn cael ei gynnwys yn y llythyr Swyddog Atebol; - Roedd rhai risgiau i gyflawni'r cynllun ond roedd mesurau lliniaru ar waith; - Roedd cynlluniau gweithredu manwl yn cael eu rhoi ar waith ar gyfer y sefyllfa weithredol, Covid, adnoddau, mantolen ac arbedion i gynnal cywirdeb y cynllun ariannol; - Roedd o leiaf 4% o arbedion wedi'u cyflawni ar gyfer 2021-22 a swm tebyg wedi'i nodi ar gyfer 2022-23. Byddai'r gofyniad hwn yn lleihau ar gyfer blynyddoedd dau a thri o'r cynllun fel y byddai lefelau buddsoddi; - Roedd nifer sylweddol o flaenoriaethau gweinidogol wedi'u cyfleu ar gyfer gofal wedi'i gynllunio gyda thargedau o ddim cleifion i	

	aros mwy na 52 wythnos erbyn Rhagfyr 2022 a 104 wythnos erbyn mis Mawrth 2023; Roedd peirianwyr gwyddor gofal iechyd wedi'u cyflogi i gefnogi datblygiad llwybrau sy'n seiliedig ar ragdybiaethau cadarn, gan y byddai Llywodraeth Cymru yn disgwyl cyflawni unrhyw beth a gyflwynwyd; - Roedd y targed gofal brys a gofal brys pedair awr ychydig yn is na'r targed o 75% ond roedd y perfformiad 12 awr ymhell oddi ar y trywydd iawn. Roedd gwaith sylweddol ar y gweill i leihau gorlenwi yn yr Adran Achosion Brys, gyda pheth llwyddiant o ran lleihau'r galw drwy wardiau rhithwir, gwaith meddygon teulu i ailgyfeirio cleifion o'r simnai ambiwlans a mentrau eraill wrth y drws ffrynt. Fodd bynnag, roedd cynyddu llif trwy leihau cleifion â'r gorau yn glinigol yn profi'n anoddach er bod llawer o waith yn cael ei wneud gydag awdurdodau lleol i leihau'r nifer; - Roedd y rhaglen ailgynllunio gwasanaethau meddygol aciwt yn hollbwysig i leihau'r pwysau gorlenwi yn yr adran achosion brys yn y tymor canolig i'r tymor hwy; - Er bod yr ôl-groniad o achosion canser yn lleihau, roedd perfformiad yn erbyn y SCP yn dal yn rhy isel. Fodd bynnag, disgwyliwyd gwelliant yn yr ychydig fisoedd nesaf wrth i gapasiti'r fron ac wroleg gynyddu; - Roedd angen i'r bwrdd iechyd fod yn ymwybodol o'r posibilrwydd o leihau argaeledd gweithlu nid yn unig o ganlyniad i Covid ond hefyd gweithredu diwydiannol o amgylch y dyfarniad cyflog; - Roedd gwaith yn cael ei wneud gyda'r grwpiau gwasanaeth i gau'r bylchau yng nghynlluniau'r gweithlu ac roedd recriwtio lleol a rhyngwladol yn cael ei wneud, gyda chynnydd o 150 o nyrsys tramor yn cael eu recriwtio o 200 i 350; - Roedd trafodaethau'n cael eu cynnal gyda chydweithwyr clinigol i gyflwyno rolau newydd ar gyfer meysydd anodd eu recriwtio, er enghraifft, meddygon cyswllt, rolau band pedwar a chynorthwywyr anesthetig; - Roedd mynd i'r afael ag absenoldeb salwch hefyd yn flaenoriaeth gyda buddsoddiad yn cael ei wneud yn y gwasanaeth llesiant i gefnogi staff. Roedd achos busnes arall i'w ddatblygu i ddarparu cymorth wedi'i dargedu i ardaloedd â phroblemau i weithio'n gyflym; - Focus would also be given to workforce retention and creating a great place for staff to work. Wrth gyflwyno yr adroddiad, codwyd y pwyntiau canlynol:	
--	---	--

	Dywedodd Reena Owen ei bod yn cefnogi'r Bwrdd i gymeradwyo'r CTCI i'w gyflwyno i Lywodraeth Cymru a nododd fod hyn yn benllanw nifer o flynyddoedd o waith. Byddai'n bwysig aros yn hyblyg gan y byddai pethau'n mynd ag ef oddi ar y trywydd iawn ac y byddai angen mynd i'r afael â nhw, ond byddai cael cynllun cymeradwy yn helpu'r cyhoedd i weld y canlyniadau yr oedd y sefydliad am eu cyflawni yn ogystal â'i wneud yn lle mwy deniadol i pobl i weithio. Dywedodd Nuria Zolle fod hon yn foment arwyddocaol i'r bwrdd iechyd ond bod angen lefel o hyder ynghylch y risgiau a'r gallu i gyflawni'r cynllun. Byddai cynlluniau wrth gefn yn bwysig a byddai angen elfen o fod yn agored pan na fyddai pethau'n mynd yn unol â'r cynllun, gan fod hyn yn cael ei gymeradwyo ar adeg benodol. Holodd a fyddai'r CTCI yn cael ei ddiweddarau i adlewyrchu sut y byddai'r bwrdd iechyd yn ymateb i'r heriau gweithredol a pherfformiad. Dywedodd Mark Hackett y byddai hyn yn cael ei adlewyrchu yn llythyr y Swyddog Atebol ac y byddai'r fersiwn derfynol yn cael ei rhannu â'r Bwrdd. Roedd angen mwy o fanylion ynghylch y tybiaethau a'r risgiau presennol, gan egluro'r hyn nad oedd o dan reolaeth y bwrdd iechyd/nad oedd o dan reolaeth. Diolchodd Emma Woollett, ar ran y Bwrdd, i'r tîm gweithredol a'u timau am eu gwaith i gael y sefydliad i'r sefyllfa hon, a oedd yn gyflawniad sylweddol.	
Penderfyniad:	- Dylid nodi'r adroddiad; - Dylid cymeradwyo CTCI (cynllun adfer a chynaliadwyedd) 2022-23 y bwrdd iechyd cyn ei ailgyflwyno'n ffurfiol i Lywodraeth Cymru.	
181/22	ADRODDIAD LLYWODRAETHU CORFFORAETHOL	
	Derbyniwyd a nodwyd adroddiad yn nodi materion llywodraethu corfforaethol i'w hystyried, gyda'r cylch gorchwyl ar gyfer pwyllgorau'r Bwrdd wedi'i gymeradwyo .	
182/22	ADRODDIADAU CRYNO GAN GRWPYAU YMGYNGHOROL Y BWRDD IECHYD	
	Derbyniwyd a nodwyd adroddiad yn nodi'r adroddiadau cryno gan grwpiau cynghori'r bwrdd iechyd.	
183/22	ADRODDIAD PERFFORMIAD	

	Derbyniwyd yr adroddiad perfformiad tri mis. Wrth gyflwyno'r adroddiad, amlygodd Darren Griffiths y pwyntiau a ganlyn: - Roedd y 25 diwrnod cyntaf ym mis Gorffennaf 2022 wedi casglu 1,100 o achosion yn aros mwy na 12 awr yn yr adran achosion brys, a oedd yn welliant o fis Mehefin 2022 ac roedd cynlluniau pellach i fynd i'r afael â hyn; - Roedd 300 o gleifion wedi'u hoptimeiddio'n glinigol mewn gwelyau ysbyty.	
Penderfyniad:	- Dylid nodi'r adroddiad;	
184/22	ADRODDIAD CYLLID	
	Derbyniwyd yr adroddiad cyllid mis tri. Wrth gyflwyno'r adroddiad, amlygodd Darren Griffiths y pwyntiau a ganlyn: - Roedd yr adroddiad wedi'i ddrafftio cyn derbyn llythyr gan Lywodraeth Cymru yn cadarnhau'r £24.4m ychwanegol ar gyfer dyraniad y gyllideb ac felly roedd diffyg o £24m yn y cynllun ariannol o hyd; - Y sefyllfa gronnus a ddangoswyd yn yr adroddiad ar gyfer chwarter un oedd gorwariant o £7.1, a fyddai'n gostwng i £1.1m unwaith y byddai'r arian ychwanegol yn dod i law Llywodraeth Cymru; - Byddai senarios rhagolwg diwedd blwyddyn yn cael eu rhannu gyda'r Pwyllgor Perfformiad a Chyllid yn ei gyfarfod nesaf ar gyfer cyflawni cynllun ariannol cytbwys; - Pe bai'r camau gweithredu a nodir yn y senarios yn cael eu cyflawni fel y cynlluniwyd, ni fyddai angen cynyddu'r sefyllfa.	
Penderfyniad:	- Dylid nodi'r adroddiad.	
185/22	UNRHYW FATER ARALL	
	Nid oedd unrhyw fusnes pellach a chaewyd y cyfarfod.	
186/22	DYDDIAD Y CYFARFOD NESAF	

	Cadarnhawyd mai dyddiad y cyfarfod nesaf fyddai 8 Mehefin 2022 (cyfrifon blyneddol).	
--	---	--

Daeth y cyfarfod i ben: 3.50pm

Swansea Bay University Health Board
Unconfirmed Minutes of the Annual General Meeting of the Health Board
held on 21st July 2022 at 2pm via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Director of Nursing and Patient Experience
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Nuria Zolle	Independent Member
Pat Price	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Tom Crick	Independent Member

In Attendance:

Hazel Lloyd	Interim Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Nick Samuels	Director of Communications
Nicola Johnson	Assistant Director of Strategy
Liz Stauber	Head of Corporate Governance
Malcolm Jones	Associate Service Director, Mental Health (for minute 145/22)
Janet Williams	Service Group Director, Mental Health and Learning Disabilities (for minute 145/22)
Anjula Mehta	Service Group Medical Director, Primary, Community and Therapies (for minute 146/22)
Brian Owens	Service Group Director, Primary, Community and Therapies (for minute 146/22)

Minute No.		Action
143/22	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the annual general meeting, noting apologies from Siân Harrop-Griffiths, Director of Strategy, Christine Morrell, Director of Therapies and Health Science and Keith Lloyd, Independent Member.	
144/22	HIGHLIGHTS VIDEO	

	A short video of images from 2021-22 produced by the communications team to set the scene was received and noted .	
145/22	PRESENTATION: COMMUNITY MENTAL HEALTH DEVELOPMENTS	
	A presentation setting out community mental health developments was received. In introducing the presentation, Malcolm Jones highlighted the following points: - There is a range of mental health services available to the local communities including local primary mental health support service, community mental health teams, crisis resolution and home treatment teams, inpatient services and a range of specialist teams; - Some of the key issues for mental health services include the impact of Covid-19 on mental health and wellbeing, which has contributed to increased demand and expectations. Workforce availability has been difficult, leading to challenges in workforce planning. Physical infrastructure needs improvement in some areas; - A single point of access for health professionals was launched on 1st April 2022 which enabled just one number to be called to seek advice on an individual. Calls were answered by a mental health professional trained in triage, with outcomes agreed with the referrer; - From 1st August 2022, the health board would be one of the first in Wales to offer mental health services through 111 (option two) alongside Hywel Dda University Health Board; - Plans were being developed to replace some of the out-of-date facilities on the Cefn Coed Hospital site and this would become the single point for acute adult inpatient mental health services; - The role and function of the community mental health teams was being reviewed as further work was undertaken to develop a crisis service; - A number of bids had been approved for the national mental health service improvement fund 2022-23 including eating disorders, GP cluster link workers, prison in-reach services and early intervention in psychosis; In discussing the presentation, the following points were raised:	

	Mark Hackett advised that discussions would be undertaken in the autumn with the local authorities as to the changes being made around mental health services around early intervention and prevention. Public engagement would also take place. The health board was committed to doing this as part of three statutory partners for Swansea Bay and also the regional planning arrangements. These sessions would be an opportunity to talk about how mental health services would be deployed as partnerships rather than health only. Gareth Howells commented that there was still more to do to support the transition from child to adult services. Malcolm Jones agreed, adding that the service was working closely with colleagues within the child and adolescent mental service (CAMHS) to share expertise in supporting services users with the transition, not just when they were in crisis. Steve Spill queried the size population that the service supported. Malcolm Jones responded that 90% of service users were based in the community and the average caseload for members of clinical staff was 20-25, with a referral rate of 350-400 a month. Given the significant demand, the way in which the service was being developed was being considered to meet the demand across all aspects of patient need.	
Resolved:	The presentation be noted .	
146/22	PRESENTATION: PRIMARY CARE TRANSFORMATIONS TO SUPPORT PLANNED CARE	
	A report setting out primary care transformation to support planned care was received. In introducing the presentation, Anjula Mehta highlighted the following points: - The pandemic had significantly increased the number of patients waiting for planned care; - 40,000 patients were currently waiting more than 52 weeks for planned care treatment; - A set of principles had been established for the shifting of services to primary care to ensure the needs of the patients were being met; - The transformational work was resulting in shorter waiting lists within secondary care, earlier treatment for patients and no hospital admissions;	

- The areas currently covered by the work were spirometry, non-urgent suspected cancer dermatology, validation of waiting lists and pre-habilitation for cancer patients;
- Given the ageing and growing population with increasing complex needs, prevention was more critical than cure;
- The most prevalent chronic conditions had been identified as diabetes, atrial fibrillation and heart failure and goals had been set for improvements that could be made within primary care to support these patients;
- The next step for the transformational work was to improve the musculoskeletal pathways working closely with outpatient department colleagues, improving falls management and developing primary care gynaecology clinics;
- The primary care team was committed to developing a quality service and capturing what was important to patients.

In discussing the presentation, the following points were raised:

Emma Woollett stated that the presentation demonstrated the wide variety of service available in specialist primary care and the relationship that this was building with hospital care. Having interventions closer to home was more beneficial to service users.

Gareth Howells commented that the pre-diabetic work was essential in developing people to take ownership of their own health and it was important to do this with them, rather than to them. There was more work that could be done in this area. Anjula Mehta concurred, adding that it was about empowering people and spreading this across the community. The success within the cluster currently piloting the work needed to be captured and developed into a community service to spread the message.

Reena Owen queried if good practice was being shared across Wales as well as the service looking across the borders to England and Scotland for additional initiatives as there was huge potential for knowledge sharing. Anjula Mehta confirmed that that the work was being shared as part of the assistant medical directors' peer group and there were particular programmes, the validation work and spirometry, for which the services were being commended as trailblazers, developing frameworks for other health boards. There was continuous learning and improvement for interfaces with local, national and international colleagues, as some of the approaches could be universal. The public needed to start being educated about their health and wellbeing before they became ill.

Mark Hackett paid tribute to Anjula Mehta as an inspirational GP leader, supported by the Service Group Director for Primary, Community and

	Therapies, Brian Owens. The level of innovation and discipline throughout the service group was admirable and the presentation demonstrated good examples of how primary and community care were stronger when they worked together. These initiatives were more cost-effective and had a proven evidence-base of working in primary care, but there were limited resources. An approach was being adopted by the Director of Finance and Executive Medical Director to not keep piloting initiatives and once it was proven to work, roll it out more widely.	
Resolved:	The presentation be noted .	
147/22	SUMMARY OF THE YEAR	
	A presentation setting out a summary of the year was received. In introducing the presentation, the following points were raised: - There was still some service disruption due to Covid-19, affecting staff ability to attend work; - Staff were physically and mentally exhausted; - There was a backlog of work that needed to be addressed with increasingly reduced resources; - These had been the toughest years that the health board had seen and tribute was paid to staff for working through what were extraordinary times; - 2021-22 had seen the largest public consultation undertaken by the health board for the 'Changing for the Future' designed to change the way in which systems and services were provided; - It would create three centres of excellence in the acute hospitals building on a thriving bedrock of primary, community, mental health and learning disabilities services through an ambitious change programme; - The Bay Field Hospital was due to close at the end of July 2022 and tribute was paid to the staff who had worked tirelessly to establish and provided community services from it, as thankfully, it had never been needed for its original intention; - Work was continuing to improve the reliability of digital services and the health board was the first in Wales to implement e-prescribing in secondary care services, making services safer;	

- Covid had encouraged the health board to think about the way it did things and make improvements to the day-to-day way in which it worked;
- The health board's £1.1bn budget was spent at a rate of £3m a day in 2021-22;
- £130m additional funding had been received to support the Covid-19 response, £60m of which was to create stable and safe clinical pathways and £25m for additional planned care capacity;
- £60m had also been received for test, trace and protect services and £40m for vaccination services, which was a substantial amount to support the health board through the pandemic;
- An unprecedented amount of capital monies had been received which enabled important pieces of equipment to support digital and cancer services to be bought;
- Significant investment had been made throughout the year to support the development of services;
- At the heart of everything the health board did was the quality and safety of patient care, and this was the organisations main focus, with work underway to create a quality management system
- Children and young people had been a focus in 2021-22 and the development of the children's board to determine how to the best by the younger members of the community at the key part of their lives;
- An investment of £250k had been made into occupational health services to continue to support staff through challenging times;
- The health board had an ambitious plan for 2021-22 of which Welsh Government was supportive;

In discussing the presentation, Emma Woollett stated that it had been an exceptional year on all fronts and paid tribute to the workforce for its continued efforts. The NHS responded well to the crisis as it always does, but the crisis had been ongoing for two years and the health board and its teams had continued to adapt throughout this period to do their best for patients. She offered her thanks to all staff from the bottom of her heart. She added that the pandemic had left significant difficulties and delays and that some of the delays being experienced were unacceptable. There was determination to progress with the changes needed for the future to provide high quality and responsive services across the health board and help improve the health and wellbeing of the public in collaboration with regional partners.

148/22	QUESTION AND ANSWER SESSION	
	In introducing the question and answer session, Emma Woollett noted that some questions had been received relating to ongoing complaints and as such, it would not be appropriate to address them as part of the meeting. The answers would be included as part of the responses to the complaints and would be provided to board members outside the meeting. A number of questions had been received in advance of the meeting and the following answers were provided: <i>Why is it that when Morriston Hospital has had Covid outbreaks, doctors and nurses are seen moving between wards and not wearing masks? This contributes to the spreading of this virus and thus preventing family and friends seeing sick patients.</i> Richard Evans stated all preventative measures advised by Welsh Government had been implemented throughout the pandemic to protect staff and patients as much as possible, this included the wearing of personal protective equipment (PPE) and establishing a nosocomial infection group. Where outbreaks were identified in hospitals or healthcare settings, measures were taken to reduce the transmission of the virus including staff staying home if they tested positive and closing areas to the public. It was also made clear to staff when they needed to wear PPE and/or masks. The Coronavirus Act had ended in March 2022, therefore there was no longer a legal requirement for people to wear masks and the challenges of wearing these in a healthcare setting had been recognised. For this reason, mask wearing had been stepped back in non-Covid areas, recognising a watchful eye needed to be kept on the rising case numbers, which had led to the reintroduction of mask wearing more recently for public areas on health board sites. This did differ from the national advice and it was understandable that it was not always clear to the public what was required, so if anyone was unsure, staff or the concerns teams would be happy to advise. <i>Why has Morriston Hospital seemed to have closed off Ward C on a number of occasions to apparent Covid outbreaks? Is this due to staff not wearing masks? There have been many people that have witnessed this.</i> Richard Evans responded that he completely understood how isolating it was for people in hospital when they could not see their loved ones. However, while numbers of cases were still high, it would be catastrophic to risk introducing the virus onto a ward. The restrictions had been relaxed for a short period but had to be reinstated as the figures started to rise. There were some exceptions to the rules, namely the patients for	

whom it would improve health and wellbeing to have a visitor, particularly those who had been in hospital for a long period of time, as well as those at the end of their lives. Consideration was also being given as to how to make best use of technology using health board equipment.

3. What is the health board doing to ensure safe staffing across all clinical teams especially those without coverage within section 25b of the Nurse Staffing Levels (Wales) 2016 Act?

Gareth Howells advised that the Nurse Staffing Levels (Wales) Act became law on 21st March 2016 and came into full effect in April 2018. There was also an extension of the Act into paediatric inpatient wards from 1st October 2021. The health board acknowledged responsibility for ensuring all reasonable steps were taken to meet and maintain the nurse staffing levels in wards which come under the Act and to do so consistently. For those areas not covered by the Act, staffing establishments were set in a similar way, based on acuity, patient numbers, speciality and the care to be provided. Established processes were in place within the service groups to allow for review of nurse staffing levels operationally on a daily basis (via the daily site/service staffing huddles). There continued to be high visibility of nursing leaders within the clinical areas to early identify areas at risk, and mitigate where possible. These also supported operational risk based decisions about the deployment of staff to ensure all areas were safe.

Where there were shortfalls, temporary staff were used, for example bank, agency, overtime/excess hours or redeployment from other areas. In addition, when required ward managers / matrons / off-ward staff were allocated 'in the numbers' to meet planned roster. The electronic rostering system (Allocate) was being embedded within the health board to support roster planning as well as identifying where potential gaps exist. Roster scrutiny meetings continued to improve monitoring and reporting of rostering, improving real time visibility of where nurse staffing pressures existed.

A development programme for band two/three/four healthcare support workers and apprentices was being developed as well as 'gap and grow' part-time nurse training. 170 international nurses had been recruited with a further 250 to be recruited in 2022-23, with additional support put in place to enhance their experience.

Ongoing risk assessments for nurses with Covid were continuing to ensure the right and safe staffing was in place for patients.

4. How is staff welfare and wellbeing being supported as they continue to see exceptional demand on services whilst supporting the recovery plan?

Debbie Eyitayo stated that a £25k investment had been made for additional staff to extend the services available to support staff, enabling a continuation of individual or staff referral. A focus was being given on resilience to support staff to either remain in or return to work. As part of stress management REACT and TRIM training had been rolled-out across the health board. There were also clinical interventions available to address emotional issues.

5. What support will be given to staff experiencing Long Covid symptoms?

Debbie Eyitayo advised that the health board was the only one to be providing long Covid clinics for staff through its occupational health team. This included a number of elements, including fatigue management and how to adapt and return to work.

6. Are the Health Board happy with the current performance of Maternity Services and the performance of the service over the last 5 years?

Gareth Howells responded that from a performance perspective, the health board ensured maternity services operated to their optimum level of performance and oversight was provided by Singleton and Neath Port Talbot Service Group. Robust governance structures and reporting systems were in place from clinical teams through the maternity quality and safety group and the service delivery group to the Management Board and the Quality and Safety Committee. To support oversight and assurance, regular internal performance reviews were undertaken within the health board, as well as an annual external performance review with Welsh Government, including the Chief Midwife, Chief Nursing Officer and Deputy Chief Medical Officer where quality of care and outcomes were scrutinised.

Family feedback and experience was also central to how the service operated and was used consistently to develop the services provided to families. This is now gathered through the recently established Maternity Voices Group. Comparative data and assessment with the all-Wales neonatal and maternity network was also key, comparing services with others across the country.

Where incidents had occurred, there was a robust process of review in place, to ensure they are investigated, and lessons are learnt. There was also dedicated work in place to compare with external reviews of other health boards and NHS England organisations, such as the Ockenden review, as well as the health board's own unannounced Healthcare Inspectorate Wales reviews. This ensured outcomes and learning were identified and shared and that there not similar issues in Swansea Bay.

	Maternity services had a clear training and education programme ensuring the multi-disciplinary team (MDT) could access quality training needed to undertake their roles. In 2020-21, the PROMPT course (PRactical Obstetric Multi-Professional Training) was delivered to all members of the MDT, with more than 95% compliance in attendance. There has been a number of specialist roles developed and services to support families, for example, the mother and baby unit at Tonna Hospital, a perinatal mental health midwife, as well as the soon to be recruited intrapartum lead midwife. It was important to note that Covid-19 continued to be been a real challenge for services and families, especially from a workforce perspective where Covid-19 related absence has increased. An update and mitigating actions was provided to Management Board on 4th July 2022 which included assurances regarding the actions taken to control and mitigate the risk posed by the unavailability of midwifery staff. This included the temporarily suspension of the freestanding midwifery unit at Neath Port Talbot Hospital and the home birth service operating on a case by case basis. Community services had been centralised to maximise available resources <i>7. What contingencies are there to reprioritise services should another Covid-19 wave be experienced and what plans are there around the vaccination programme for the autumn?</i> Richard Evans advised that the organisation was well versed in prioritisation and would be able to invoke the plans it used for the previous waves, with the exception of the establishment of the field hospitals as these had been stood-down. Should there be new variants, it was possible that this would require a reprioritisation of services, but recent evidence showed of the latest variants that there were much fewer inpatients, with the majority of those who were in hospital with Covid admitted for another health condition. In terms of vaccination, the Joint Committee for Vaccination and Immunisations (JCVI) was continuing to review the offer of Covid vaccines in the autumn and it was likely that the programme would cover those over the age of 50, frontline staff, care home staff and residents and those with long-term medical conditions, including children.	
149/22	CLOSING REMARKS	
	Emma Woollett thanked all those who participated in the annual general meeting as well as those watching from home, adding it was hoped that next year, it would be in person. She added that this had been an	

	opportunity to share what had been achieved in a significantly challenging year as well as the aspirations for the future.	
--	---	--

Meeting closed: 3.30pm

Swansea Bay University Health Board
Unconfirmed Minutes of a Meeting of the Health Board
held on 28th 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
164/22	WELCOME AND INTRODUCTIONS	
	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.	
165/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	

166/22	PATIENT STORY	
	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. In discussing the patient story, the following points were raised: 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. 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. 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. 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.	
Resolved:	The patient story be noted .	
167/22	MINUTES OF THE PREVIOUS MEETING	

	The minutes of the meetings held on 26 th May and 8 th June 2022 were received and approved as a true and accurate record.	
168/22	MATTERS ARISING	
	There were no matters arising.	
169/22	ACTION LOG	
	The action log was received and noted .	
170/22	CHAIR'S REPORT	
	A verbal update from the Chair on recent activities was received. In introducing the update, Emma Woollett highlighted the following points: - 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; - This was a huge achievement for the health board and demonstrated the confidence of Welsh Government in the organisation; - 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; - 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 - Work was continuing around developing a unitary Board through development sessions and a review of board effectiveness; - 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; - In recognition of National Volunteers' Week in June 2022, tribute was paid to volunteers and community services;	

	- 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.	
Resolved:	- The report be noted.	
171/22	CHIEF EXECUTIVE'S REPORT	
	A report setting out an update from Chief Executive as to recent activities was received. In introducing the report, Mark Hackett highlighted the following points: - The plans to reduce the number of unnecessary ambulance conveyances had resulted in 25%-30% fewer conveyances last month; - 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; - The consultation for the acute medical service redesign programme was ongoing, the intention of which was to improve quality, safety and outcomes for patients; - 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; - The devastating impact on the expectations of pregnant women of the suspension of some births for three months was recognised; In discussing the report, the following points were raised: 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. Mwoyo Makuto stated that it was important that the health board had realistic, sustainable plans for the workforce as part of the acute medical	

	services redesign as a level of certainty needed to be given to staff, patients and families as how services were accessed. Mwyo 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. 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. 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.	
Resolved:	- The report be noted ;	

	- The enagement plan for Brunswick Health Centre be supported.	
172/22	COVID NOSOCOMIAL REVIEW PLAN	
	A report setting out the Covid nosocomial review plan was received. In discussing the report, the following points were raised: 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. 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. 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. 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.	

Resolved:	- It was agreed that a further report updating the Board on progress to be received in November 2022.	
173/22	HEALTH BOARD'S APPROACH TO DEVELOPING A QUALITY MANAGEMENT SYSTEM	
	A report setting out the health board's approach to developing a quality management system was received. In discussing the report, the following points were raised: 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. 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. 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. 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	

	this to start/stop/continue doing. Staff needed to be empowered to not only recognise poor quality but also to challenge it. 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. 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). 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. 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. 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.	GH GH
--	--	---------------------

	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. 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.	
	- The report be noted; - The next steps in the establishment of a quality management framework be agreed; - 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.	GH
174/22	HEALTH BOARD RISK REGISTER	
	A report setting out the health board risk register was received. In discussing the report, the following points were raised: 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	HL HL HL

	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. 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. 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. ACTION – Workforce and OD Committee to review the risk score for workforce resilience to determine if the reduction from 20 to 12 was appropriate. 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. ACTION – CAMHS review be shared with the Board at the September 2022 meeting.	HL HL/DE HL/DE SHG SHG
Resolved:	- The report be noted; - It be agreed that the Board would receive the risk appetite at the next Board meeting for endorsement; - Scrutiny panel to review the risk score for maternity services in the light of suspended choice, the ALN potential impact on resource	HL

	and whether an entry was needed on the health board risk register for stroke performance; - Workforce and OD Committee to review the risk score for workforce resilience to determine if the reduction from 20 to 12 was appropriate; - CAMHS review be shared with the Board at the September 2022 meeting.	HL/DE SHG
175/12	BOARD ASSURANCE FRAMEWORK	
	A report setting out the board assurance framework was received. In discussing the report, the following points were raised: 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. 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. 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.	
Resolved:	- The report be noted.	
176/22	KEY ISSUES FROM BOARD COMMITTEES	
	(i) <u>Performance and Finance Committee</u> A report setting out the key discussions of the recent meeting of the Performance and Finance Committee was received and noted. (ii) <u>Quality and Safety Committee</u> A report setting out the key discussions of the recent meeting of the Quality and Safety Committee was received and noted. (iii) <u>Workforce and OD Committee</u> A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was received and noted.	

	(iv) <u>Health and Safety Committee</u> A report setting out the key discussions of the recent meeting of the Health and Safety Committee was received and noted. (v) <u>Audit Committee</u> A report setting out the key discussions of the recent meeting of the Audit Committee was received and noted.	
177/22	NEONATAL TRANSPORT OPERATIONAL DELIVERY NETWORK AND APPROVE THE MEMORANDUM OF UNDERSTANDING	
	A report setting out progress to develop the neonatal transport operational delivery network was received and the memorandum of understanding approved.	
178/22	SUBSTATION SIX BUSINESS CASE	
	A report setting out the business case for 'substation six' for approval was received. In discussing the report, the following points were raised. 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. 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.	

Resolved:	- The business justification case be approved for submission to Welsh Government.	
179/22	ACUTE MEDICAL SERVICES REDESIGN PROGRAMME	
	A report providing an update on the acute medical services redesign programme was received. In discussing the report, the following points were raised: 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. 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. 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. 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	

	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. 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. 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. 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. 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.	
Resolved:	- The report be noted; - The governance arrangements and risk mitigations proposed in the paper be agreed.	
180/22	APPROVAL OF HEALTH BOARD'S INTEGRATED MEDIUM TERM PLAN	

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

	needed around the assumptions and current risks with clarity as to what/was not in the health board's control. 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.	
Resolved:	- The report be noted; - The health board IMTP (recovery and sustainability plan) 2022-23 be approved ahead of formal re-submission to Welsh Government.	
181/22	CORPORATE GOVERNANCE RPEORT	
	A report setting out corporate governance issues for consideration was received and noted , with the terms of reference for the Board committees approved .	
182/22	SUMMARY REPORTS FROM THE HEALTH BOARD'S ADVISORY GROUPS	
	A report setting out the summary reports from the health board's advisory groups was received and noted .	
183/22	PERFORMANCE REPORT	
	The month three performance report was received. In introducing the report, Darren Griffiths highlighted the following points: - 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; - There were 300 clinically optimised patients in hospital beds.	
Resolved:	- The report be noted;	
184/22	FINANCE REPORT	
	The month three finance report was received .	

	In introducing the report, Darren Griffiths highlighted the following points: - 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; - 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; - 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; - Should the actions set out in the scenarios be delivered as planned, there would be no need to escalate the position.	
Resolved:	- The report be noted.	
185/22	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
186/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 8 th June 2022 (annual accounts).	

Meeting closed: 3.50pm