

Unconfirmed Minutes of the Meeting of the Health Board held on 26th November 2020 in the Millennium Room, Health Board HQ, Baglan and via Microsoft Teams

Present

Emma Woollett Martyn Waygood Christine Williams Chris White	Chair Interim Vice-Chair Interim Director of Nursing and Patient Experience Chief Operating Officer/Director of Therapies and Health Science/Director of Primary Care and Mental Health/Deputy Chief Executive
Keith Reid	Director of Public Health
Darren Griffiths	Interim Director of Finance
Jackie Davies	Independent Member
Tom Crick	Independent Member
Kathryn Jones	Interim Director of Workforce and Organisational Development (OD)
Mark Child	Independent Member
Maggie Berry	Independent Member
Martin Sollis	Independent Member
Andrew Jarrett Reena Owen	Associate Board Member
Richard Evans	Independent Member Executive Medical Director
Keith Lloyd	Independent Member
Nuria Zolle	Independent Member
Siân Harrop-Griffiths	Director of Strategy (until minute 344/20)
In Attendance:	
Mark Hackett	Chief Executive Designate
Steve Spill	Special Advisor to the Board
Pam Wenger	Director of Corporate Governance
Matt John	Director of Digital
Hannah Evans	Director of Transformation
Irfon Rees	Chief of Staff
Hugh Patrick	Community Health Council
Liz Stauber	Head of Corporate Governance
Deb Lewis	Service Group Director, Morriston Hospital (for minute 334/20)

Minute No.		Action
319/20	WELCOME AND APOLOGIES	



	Emma Woollett welcomed everyone to the meeting, particularly Mark Hackett, Chief Executive Designate. She advised that this would have been Tracy Myhill's final board meeting before she retired in December 2020. Unfortunately, due to a family bereavement, she had given her apologies for the meeting. Emma Woollett paid tribute to Tracy Myhill's contribution to the health board, and the fundamental way in which she had changed the organisation, thanks to her openness and transparency. Emma Woollett advised that since the last board meeting, Chris White has announced his retirement for March 2021. She paid tribute to the way in which he had led a transformation in the management of operational services. Apologies for absence were received from Tracy Myhill, Chief Executive, and Sue Evans, Community Health Council.	
320/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
321/20	PATIENT STORY	
	A patient story was received which set out the experience of a patient who wanted to speak Welsh during her hospital visits so she could participate in the conversations on the ward. This highlighted the importance of not making assumptions as to the language patients wish to use, which was a focus for the health board.	
	In discussing the patient story, the following points were raised:	
	Pam Wenger advised that the patient was not given the opportunity to speak her language of choice. Since this story, a significant amount of work had been undertaken by the health board to ensure language choice was option for patients, and the Welsh language skills of staff were being collated.	
	Christine Williams took the opportunity to thank the graduate trainees for their work to improve the access to Welsh language for patients.	
	Tom Crick expressed his delight at the patient story as the board's Welsh language champion because, as a public service, it was imperative that patients could engage in the language they preferred. He added it was pleasing to see the work to better understand the Welsh language skills of staff.	



	WALES Health Board	
	Reena Owen commented that patients with memory loss could often only converse in their first language, and this also needed to be taken on board.	
Resolved:	- The patient story was noted.	
322/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting held on 24 th September 2020 and the annual general meeting on 14 th October 2020 were received and confirmed as a true and accurate record except to note Tom Crick was in attendance for the meeting on 24 th September 2020.	
323/20	MATTERS ARISING	
	There were no matters arising not otherwise on the agenda.	
324/20	ACTION LOG	
	The action log was received and noted .	
325/20	CHAIR'S REPORT	
	 A verbal report providing an update from the Chair was received. In introducing the report, Emma Woollett highlighted the following points: Covid-19 remained a focus for the health board and the region; Thanks were offered to staff and the local community for compliance with the fire break; The majority of board committees were continuing to meet with action logs now divided into urgent and pending actions; She was delighted to announce that Mark Hackett has been appointed as Chief Executive; The process was underway to recruit a substantive Vice-Chair and thanks were offered to Martyn Waygood for his contribution in the interim role; 	



Regular briefings were continuing with the leaders, chief executives and directors of social services of the local authorities as well as members of the Senedd and Parliament;	
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Meetings in relation to the ARCH (A Regional Collaboration for Health) programme had recommenced with Swansea University and Hywel Dda University Health Board;	
Progress was being made in terms of the City Deal, particularly in relation to the wellness centre in Llanelli;	
A presentation had been received by the Regional Partnership Board as to the response to Covid-19 and the wider strategic work;	
As part of the transition of the NHS Wales Informatics Service (NWIS) to a special health authority, she had been invited to support the recruitment process for independent members.	
The report be noted.	
F EXECUTIVE'S REPORT	
port providing an update from the Chief Executive was received.	
roducing the report, Chris White highlighted the following points:	
Best wishes were sent to Tracy Myhill for a happy and healthy retirement;	
A warm welcome was extended to Mark Hackett and the executive team offered its support as he took up post;	
While the response to Covid-19 was a critical focus, it should be highlighted that the health board's escalation progress had been downgraded from targeted intervention to enhanced monitoring which was a vote of confidence from Welsh Government;	
Test, Trace and Protect was an integral part of the health board's response to the pandemic as would be the vaccination programme once it commenced;	
Due to the increased operational pressures, the additional intensive care unit (ITU) capacity had opened at Morriston Hospital;	
The health board was continuing to provide essential services	
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	 Preparations for Brexit (the UK's exit from the European Union) were continuing; 	
	- Wellbeing services remained in place for staff and the efforts of all were recognised and greatly appreciated.	
Resolved:	- The report be noted.	
327/20	COVID-19 UPDATE	
	A report providing an update on Covid-19 was received.	
	In introducing the report, Keith Reid highlighted the following points:	
	- The firebreak had led to a decrease in the rate of new Covid-19 cases for around 10 days, but this had not been sustained;	
	 An increase in new cases was now evident once again with around 1,100 new infections in the last week; 	
	 There were currently 217 cases within the health board's hospitals, with around 20 in critical care; 	
	- The health board had experienced a number of transmission clusters within hospital sites, and 65 people had died after contracting the virus while in hospital. Enormous efforts had been made to control this nosocomial transmission;	
	- The majority of community cases were in adults of working age, particularly in large employers, and the surge in student cases had passed, with just a small sporadic cluster in this group now;	
	- 38 care homes were currently managing outbreaks;	
	 A cluster of schools had reported outbreaks, and there was starting to be evidence of in-school transmission; 	
	 The Test, Trace and Protect service had been challenged at the peak of the second wave leading to a backlog of cases, but this had been cleared quickly; 	
	- The immunisation programme was due to commence in early December 2020 but confirmation was still awaited of the availability and eligibility of the vaccine.	
	- It was hoped that a number of frontline health and social care staff would be vaccinated before Christmas 2020, but it was unclear as to whether the programme could be extended to care home residents.	
	In discussing the report, the following points were raised:	



Mark Child sought details of the timescales and facilities in which the vaccination programme would be delivered to communities. Keith Reid responded that a mass vaccination centre approach was being taken with sites in three locations; the Bay Field Hospital, Gorseinon and Margam, with capacity across the three to provide around 3,300 vaccines a day, dependent on recruitment of staff for seven-day working. The other contingency to consider was the availability of the vaccine as the information in this regard was variable, making it difficult to plan. There would also be vaccination centres on the acute hospital sites for staff. He added that the health board was entering a difficult winter period. Although the UK Government had taken an optimistic view that the vaccination programme would be completed by Easter 2021, the health board was of the opinion that it would take much longer than this, probably until autumn 2021. The health board had a commitment to vaccinate 160,000 people out of a 390,000 population. This was a significant number, and primary care services would be needed to support this.

Martyn Waygood queried the progress being made to recruit to the Test, Trace and Protect workforce, noting that the usage of the drive-thru test centre had decreased. Siân Harrop-Griffiths responded that the contact tracing team, and its recruitment, was primarily managed through the local authorities, which were working to employ 100% of the establishment. Demand on the service was increasing, and consideration was needed as to how to maximise the availability of those currently providing the service, particularly those from the public health protection team. A national team was to be set-up by Cardiff and Vale University Health Board to which health board staff would be deployed under agreed parameters. Keith Reid added that the deployment of testing capacity was flexed depending on demand. There had been a dip in requests in October 2020 for the drive-thru facility, although the reasons why were not clear. He stated that any spare slots were transferred to the national booking system to reduce wastage.

Nuria Zolle queried if any learning had been taken from the first wave in terms of transmissions across care homes. Keith Reid advised that a number of lessons had been learned, particularly in relation to testing and infection control measures in order to respond to an outbreak quickly and effectively, as well as compliance with personal protection equipment (PPE) and physical distancing. He added that supporting care homes during periods of significant pressure was a key focus of the health board's activity.

Nuria Zolle sought clarity as to whether work was being undertaken with partners to share messages within deprived areas of what action should be being taken. Keith Reid responded that it was difficult to identify the geographical spread of cases with the information available to the health



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Swansea Bay University Health Board

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	board; the majority of outbreaks were related to workplaces rather than particular geographical areas. He added that the economic vulnerability of people was not well understood, particularly among some choosing to continue to go to work despite being advised to self-isolate. There was also the fact of the interconnectedness of families, with many living in extended households, which also needed to be considered.	
	Tom Crick queried whether there was any evidence of transmission within younger children. Keith Reid stated that the health board remained alert as to what was happening within schools. To begin with, while the rates of cases among children was low, those who had contracted the virus did so outside school, generally through household transmissions, but as a consequence, the whole school bubble had to isolate. This had led to a request to reconsider the bubble sizes nationally. However, more recently a trend of in-school transmissions was starting to be observed. Emma Woollett acknowledged the enormous amount of work being undertaken in response to the pandemic and expressed thanks on behalf of the Board to those working on the frontline.	
Resolved:	 The progress in responding to Covid-19 and key activity in October and November be noted; The overarching critical risks to the health board relating to the 	
	pandemic be noted .	
328/20	RISK REGISTER	
	A report setting out the current health board risk register was received.	
	In introducing the report, Pam Wenger highlighted the following points:	
	- The health board risk register had been updated and aligned with the Covid-19 risk register;	
	 Significant changes had been made to the management of risk following the update to the March 2020 board, including committees considering the risks allocated to them; 	
	- New financial risks had been incorporated into the register;	
	 The Audit Committee continued to have oversight of the risk management system; 	
	- The process had improved, with all service groups now having their own risk registers, for which monthly updates were required and issues escalated to the health board-wide scrutiny panel;	



[WALES Health Board	
	 At the start of the pandemic, the board agreed to increase the level of risk for escalation to Board from level 16 to level 20 and it was proposed that this remained. 	
	In discussing the report, the following points were raised:	
	Emma Woollett stated that risk management underpinned the work of the Board and so needed to be robust.	
	Martyn Waygood offered his thanks to Pam Wenger and Christine Williams for reviewing those risks aligned to the Quality and Safety Committee which had a risk score of at least 20. These risks would then form the basis of a series of deep dives, starting with foetal growth.	
Resolved:	- The updates to the health board risk register and Covid-19 gold command risk register and the further changes being made in recognition of the changing risks facing the health board and the uncertainty in terms of modelling required as a result of the current second wave of Covid-19, and the risk of a potential third wave be noted ;	
	 The updates to the health board risk register approved by the executive team and reported to the Audit Committee in November 2020 be noted; 	
	- It be agreed for the tolerance level to risks to remain at 20;	
	- The updates to the risk management policy, risk management group terms of reference and terms of reference for the risk scrutiny panel be noted .	
329/20	KEY ISSUES REPORTS	
	(i) Quality and Safety Committee	
	A report setting out the discussions of the Quality and Safety Committee held on 27 th October 2020 was received and noted , with the following discussion undertaken:	
	Martyn Waygood advised that infection control remained a key focus for the committee. Good progress had been made in all areas with the exception of <i>clostridium difficile</i> . Richard Evans added that there were higher rates of this infection being seen generally across the UK, most likely due to the use of antibiotics to treat Covid-19. He advised that, as the strain of the infection varied between patients, it was likely the majority were acquiring it in the community.	
	(ii) <u>Performance and Finance Committee</u>	



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	A report setting out the discussions of the Performance and Finance Committee held on 27 th October 2020 was received and noted , with the following discussion undertaken:	
	Reena Owen stated that the committee had noted the increase in attendances at the emergency department as well as the increase in GP referrals, which was affecting the planned care waiting lists. She added that deep dives had been undertaken in relation to planned care, cancer and theatre efficiency as well as a clear focus given to the financial position.	
	(iii) <u>Audit Committee</u>	
	A report setting out the discussions of the Audit Committee held on 12 th November 2020 was received and noted , with the following discussion undertaken:	
	Martin Sollis advised that regular updates were provided as to the work to address the recommendations of the governance reviews undertaken during the first wave of the pandemic. He offered his thanks to the executives involved, adding that assurance had been taken by the committee. In addition, the committee had also received an update in relation to the Guardian Service, for which members had pledged their full support.	
	(iv) Mental Health Legislation Committee	
	A report setting out the discussions of the Mental Health Legislation Committee held on 5 th November 2020 was received and noted , with the following discussion undertaken:	
	Martyn Waygood stated that the committee continued to monitor the assessment of deprivation of liberty safeguards as the internal best interest assessors were not currently being used to the extent that might be expected.	
	(v) <u>Charitable Funds Committee</u>	
	A report setting out the discussions of the Charitable Funds Committee held on 14 th October 2020 and 6 th November 2020 was received and noted , with the following discussion undertaken:	
	Martyn Waygood advised that a significant spend had been approved to extend the contract of two wellbeing counsellors until December 2021, as this service was well used by staff.	
330/20	NURSE STAFFING LEVELS (WALES) ACT 2016	
	A report providing an update on the Nurse Staffing Levels (Wales) Act 2016 was received.	



	WALES Health Board	
	In introducing the report, Christine Williams highlighted the following points:	
	 The health board continued to take action to ensure the appropriate staffing of medical and surgical wards in accordance with the Act; 	
	 Steps were taken to mitigate risks, including increased use of healthcare support workers and student nurses; 	
	 As wards had been repurposed in response to the pandemic, the nursing establishment had also been reviewed. These reviews took into account patient acuity and were managed through a scrutiny panel process; 	
	 Risk assessments were undertaken on a regular basis to ensure staffing levels remained compliant. 	
	In discussing the report, Jackie Davies acknowledged the hard work by the nursing team but queried how non-compliance with the Act was reported. Christine Williams responded that, although there was not currently an all-Wales template which required the reporting of non- compliance, each area of the health board completed a workforce tool to record staffing on a daily basis, and this demonstrated whether the Act had been met. The findings of these daily records were reported to the Nursing and Midwifery Board. Emma Woollett stated that it would be useful for the information to be reported to the Quality and Safety Committee as a sense check. Pam Wenger responded that this was to be the subject of a future deep dive.	
Resolved:	- Changes in funded establishments to ensure the Board remains fully compliant with the Nurse Staffing Levels (Wales) Act 2016 be agreed.	
	- The actions undertaken to ensure appropriate staffing levels during the Covid-19 pandemic be noted .	
331/20	RATIFICATION OF CHAIR'S ACTION TAKEN TO APPROVE THE QUARTER THREE/FOUR OPERATIONAL DELIVERY PLAN	
	A report seeking ratification of the Chair's action taken to approve the quarter three/four operational delivery plan.	
	In introducing the report, Siân Harrop-Griffiths highlighted the following points:	



	NHS Wales organisations was received. In introducing the report, Siân Harrop-Griffiths highlighted the following points:	
	A report providing an update in relation to partnership working with other	
332/20	NHS PARTNERSHIPS	
Resolved:	 The quarter three/four operational plan 2020-21 following approval by chair's action and submission to Welsh Government be ratified. 	
	Kathryn Jones advised that the Workforce and OD Committee had recently met and reviewed the detail of the plan and a scrutiny session was also arranged with Welsh Government.	
	Darren Griffiths advised that £26.4m had been the forecast deficit at the time that the quarter three/four operational delivery plan had been submitted. Following a further scrutiny session with Welsh Government this had been reduced by £1m following advice that funds could be found for the planned decommissioning of buildings at Morriston Hospital.	
	Emma Woollett reiterated that a significant amount of work had been undertaken to prepare the quarter three/four operational delivery plan, and there had been input from the Independent Members.	
	In discussing the report, the following points were raised:	
	- The annual plan would need to be submitted in March 2021.	
	- Planning had commenced for an annual plan for 2021-22 and this would be shared with the board at a briefing in December 2020;	
	 Formal feedback on the plan would not be received from Welsh Government, but progress would be discussed at a meeting in December 2020; 	
	 Progress against each of the quarterly delivery plans was reported to the Performance and Finance and Quality and Safety committees as well as the board; 	
	 The plan set out the priorities for responding to Covid-19 as well as providing essential services; 	
	 Prior to this, it had been considered at a Board briefing session and circulated for comments, all of which had been incorporated as appropriate; 	
	 The quarter three/four operational delivery plan had been agreed through Chair's action for submission to Welsh Government; 	



	In introducing the report, Deb Lewis highlighted the following points:	
	A report setting out the strategic outline case for the development of an elective orthopaedic unit was received.	
334/20	STRATEGIC OUTLINE CASE FOR ORTHOPAEDICS	
	 The minutes of the recent partnership meetings which have taken place be noted. 	
	 The issues discussed in these external partnerships and the key implications for the health board be noted; 	
Resolved:	- The key external partnerships of which Swansea Bay University Health Board is part be noted ;	
	In discussing the report, Mark Child stated that it was pleasing to see the first meeting of the combined Health and Housing Group and he was looking forward to the valuable input it would have.	
	- Regional housing work was providing shelter for rough sleepers.	
	- Substance misuse was being tackled as a regional priority;	
	- Work was being undertaken to reduce violence against women;	
	- The Youth Justice Board continuing to develop;	
	 The Regional Partnership Board had met recently, during which the chair had advised he was stepping down from March 2021; 	
	In introducing the report, Siân Harrop-Griffiths highlighted the following points:	
	A report providing an update on external partnerships was received.	
333/20	EXTERNAL PARTNERSHIPS	
Resolved:	 The update on the health board's joint NHS partnership and commissioning arrangements be noted. 	
	Vale university health boards was progressing well.	
	 development of a business case for the health campus; Partnership working with Cwm Taf Morgannwg and Cardiff and 	
	 Clear progress was being made through ARCH, including the 	
	 The mother and baby perinatal mental health unit at Tonna Hospital was on track for April 2021; 	



	WALES Health Board	
-	The waiting list for orthopaedic services had increased significantly over recent years, and the Covid-19 pandemic had made the situation even worse;	
-	A feasibility study had been shared with Welsh Government proposing the establishment of an elective orthopaedic centre;	
-	It has been received favourably, with advice to consider as many options as possible rather than decide on a preferred one;	
-	The capital costs varied for each option from £1.3m to £13.5m, but as this was a new innovation for Wales there was a likelihood of external support;	
-	Work was to take place with 'Getting it Right First Time' (GIRFT), who focussed on efficiencies within the NHS, and while this may change the options proposed, it was likely the costs would remain similar.	
In dise	cussing the report, the following points were raised:	
noted	a Woollett advised that this was an important piece of work and that orthopaedic waiting lists accounted for a significant proportion complaints she received.	
planne Finan servic condit	a Owen supported the paper, advising that a deep dive into ed care had taken place at the most recent Performance and ce Committee highlighting that the pandemic had decimated the e's ability to improve its position. She added that, while often the ions were not life threatening to those waiting for treatment, it was ating for their everyday lives.	
would electiv emerg perfor	White commented that centralising orthopaedics in one place create capacity on other sites to provide other services, improving ve services more broadly. He added that separating elective and gency surgery where possible would be integral to improving the mance of elective waiting times, although it would take three to five to recover the performance position.	
with H respo servic	a Sollis sought assurance that the health board was working closely lywel Dda University Health Board colleagues. Deb Lewis inded that the health board provided some orthopaedic and spinal es to the neighbouring organisation, so colleagues were implicitly ed, but it was not a joint case.	
also b	Zolle stated that the case for change was compelling but it would e critical not to lose sight of personal outcomes and what mattered ients as surgery may not always be the best option.	



	 The health board was required to comply with the Welsh Language Standards; 	
	A report providing an update on Welsh language services was received. In introducing the report, Pam Wenger highlighted the following points:	
336/20	WELSH LANGUAGE SERVICES	
Resolved:	- The memorandum of understanding be approved .	
	- In-line with other hosted organisations, an annual report would be shared with the Audit Committee.	
	 This was a national service and a memorandum of understanding had been drafted for all health boards to sign, to set out roles and responsibilities; 	
	 It was proposed that the arrangements be formalised and the health board host the service in its entirety from April 2021; 	
	 The clinical team had been hosted by the health board for a number of years; 	
	In introducing the report, Pam Wenger highlighted the following points:	
	A report setting out the memorandum of understanding for the transfer of the lymphoedema service for approval was received	
335/20	MEMORANDUM OF UNDERSTANDING FOR THE TRANSFER OF THE LYMPHOEDEMA SERVICE	
Resolved:	- The strategic outline case for submission to Welsh Government be endorsed.	
	Emma Woollett thanked Deb Lewis and her team for the work to date, adding that it was an exciting development for the health board.	
	Richard Evans advised that GIRFT first became involved with the health board in relation to fractured neck of femur, for which performance had been very poor. Performance had since improved significantly, and it would be good to have that support for this development.	
	Darren Griffiths commented that the financial implications were material but the work could transform the health board's direction of travel and the way in which it provided elective care.	



337/20	PROGRESS OF DIGITAL TRANSFORMATION
	- The key actions taken during the 2020-21 year to date to further work in this area be noted.
Resolved:	 Progress against delivering the standards as set out in the body of this report and the draft annual report be noted; Assurance that the final version of the annual report would be completed by the revised deadline of 30th November 2020 be received;
	Richard Evans welcomed the report as the executive lead for Welsh language, noting that it was important to integrate the work into day-to- day interactions. He added that it was important to have flexible staff, to enable those who speak Welsh to be with patients that need them.
	Reena Owen stated that this was an important area for the health board and queried if there was an opportunity to learn from other networks. Pam Wenger responded that there was a Welsh language champions' network of which all health boards were members, and this was an opportunity to share learning and best practice. She added the health board had been fortunate to benefit from the support of the Welsh language officer at the NHS Wales Shared Services Partnership (NWSSP) while it had a gap in its own service, and this had identified opportunities to identify ways to do things differently.
	In discussing the report, the following points were raised:
	 Work was ongoing to capture the Welsh language skills of staff as well as those keen to learn the language. Around 900 responses had been returned to date.
	 Investment had been made into the translation service enabling more work to be undertaken in-house rather than contracted to an external service;
	 An external report had been commissioned to determine the health board's position and to set a subsequent action plan;
	 During the year, the Welsh language officer had retired and there had been a gap in the service;
	 Part of the compliance included the production of an annual report setting out progress against the standards, for which organisations had been given an extension to November 2020 due to the pandemic;



A report providing an update on the progress of digital transformation was received.
In introducing the report, Matt John highlighted the following points:
 The report provided a summary of the inaugural meeting of the Digital Transformation Leadership Group. This superseded previous governance arrangements within the service;
 Attendance was health board-wide, including corporate and service group representatives;
 The health board continued to respond digitally to the pandemic, supporting remote patient services and home working for staff;
 Significant achievements had been made in Neath Port Talbot in terms of patient flow and e-prescribing, taking the hospital closer to being able to deliver a digital ward;
 National outages remained a risk on the health board risk register but an upgrade of the national data centres was soon to take place which would provide greater robustness;
 A business case was in development for the Welsh Community Care Information System (WCCIS), for which the financials now needed to be considered;
 Discussions were taking place as to how to stand-down the service level agreement with Cwm Taf Morgannwg University Health Board, established as part of the Bridgend boundary change.
In discussing the report, the following points were raised:
Chris White stated that from an operational perspective, it was important that the efficiency gains seen at Neath Port Talbot Hospital were replicated at other sites. He queried as to how long before the health board had digital hospitals. Matt John responded that the organisation was already well placed due to the innovations it had taken forward as well as the learning from others. He added that a fully digital hospital could not happen overnight, but there were already six workstreams ongoing that would move the health board in the right direction, including some which would support patients to be more self-sufficient.
Mark Child commented that WCCIS would be a welcome development and queried the timeframe for implementation. Matt John responded that the health board's business case was in development, but the City and Council of Swansea would be going live with the system in January 2021 and this would include access for 500 health board staff due to shared systems.



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	Tom Crick stated it was pleasing to see the digital ambition as well as the planned upgrades to the national data centres. He commented that recruiting the right skillset was often a challenge and queried the work to address this. Matt John responded that digital development of the workforce and an effective business change approach was essential and needed collaboration with Health Education and Improvement Wales (HEIW). Also NWIS was there to support the organisation on the development of digital professionals. Financially, there were huge challenges to invest digital, but the health board was dedicated to establishing an effective digital investment and benefits plan working with NWIS, HEIW and Welsh Government colleagues. Darren Griffiths stated that he and Matt John were meeting and developing a close working relationship with NWIS to better support a strategic and financial framework for digital.	
Resolved:	 The progress that has been made across the digital transformation and enabling programmes to support the health board's response to Covid-19 and the provision of essential services be noted. 	
338/20	RESPONSE TO THE CONSULTATION FOR A NEW DIGITAL SPECIAL HEALTH AUTHORITY	
	A report setting out the health board's proposed response to the consultation for a new digital special health authority was received.	
	In introducing the report, Matt John highlighted the following points:	
	 The views of executive directors and independent members had been sought on the response as well as feedback from the Digital Transformation Leadership Group; 	
	 The health board was supportive of the proposal, as it would provide clearer lines of accountability; 	
	 It would important for Welsh Government to retain the Chief Digital Officer post in addition to establishing the special health authority to prevent conflicts of interests; 	
	- The consultation proposed an executive team of five members, so the health board's response recommended the need for a board secretary, although this had since been advertised, as well a Director of Workforce and OD.	
	In discussing the report, Tom Crick stated that the response was fair and balanced, picking up the key points needed in terms of accountability, delivery and clarity of roles. He added that retaining the Chief Digital	



	Officer would be key for impartiality as some national systems had proved challenging previously.	
Resolved:	- The response be approved.	
339/20	INSIGHTS REPORT	
	A report setting out the themes collated as part of a review of changes and developments made as part of the response to Covid-19 was received.	
	In introducing the report, Hannah Evans highlighted the following points:	
	 The report had been considered by the Recovery, Learning and Innovation Steering Group which had provided helpful guidance and feedback; 	
	 It provided a collection of themes emerging from the changes made in response to Covid-19, not only to services and pathways but also to ways of working to take forward the learning; 	
	 It was important that feedback was provided to all who contributed; 	
	 The next step was the 'so what?' and how the information would be used to support the planning for the future. 	
	In discussing the report, the following points were raised:	
	Nuria Zolle commented that cultural change would be a key component in driving forward the innovations. Kathryn Jones concurred, adding that any change would need the support of those involved and affected. It was important to take them on the journey in order to help them accept and harness the change.	
	Reena Owen as Chair of the Recovery, Learning and Innovation Steering Group offered her thanks to Hannah Evans and all those involved in the work. She stated that it was a good and engaging piece of work, which demonstrated that 'one size did not fit all' when it came to change. She added that the benefits realization would be critical to driving forward the work.	
Resolved:	 The key learning messages be received; Actions being taken to implement the learning be noted; The risks and mitigations be noted; 	
	 Further opportunities available to the health board to embed the learning were considered. 	

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340/20	LOCAL PARTNERSHIP FORUM	
	A report providing a summary of the key discussions of the local partnership forum was received and noted.	
341/20	DELIVERY OF THE QUARTER TWO OPERATIONAL DELIVERY PLAN ACTIONS	
	A report setting out the progress to deliver the actions of the quarter two delivery plan was received.	
	In introducing the report, Siân Harrop-Griffiths highlighted the following points:	
	 The report had already been considered by the Performance and Finance and Quality and Safety committees; 	
	 A significant number of the actions were either completed or on track; 	
	 During the quarter, there had been 13 actions off track and this had since reduced to two, which should be delivered in January 2021. 	
Resolved:	 The actions and milestones identified within the quarter two plan be noted; 	
	 The reported RAG (red, amber, green) status and supplementary comments against each action that was off-track and the revised milestone be noted; 	
	 It be noted that a report would be taken to Performance and Finance and Quality and Safety committees on a quarterly basis, followed by board.; 	
	- The timelines for the reporting arrangements for the remainder of 2020-21 be noted .	
342/20	PEFORMANCE REPORT	
	The integrated performance report was received.	
	In introducing the report, Darren Griffiths highlighted the following points:	
	 The performance report was aligned to the four quadrants of harm as set out by Welsh Government; 	



	WALES Health Board	
	- To date, the health board had reported 11,000 positive cases of Covid-19;	
	 The health board's response rate to red ambulance release requests remained above the 65% target; 	
	 Attendances at the emergency department were starting to reduce, as they had during the first wave of the virus. Emergency pathways were complex, owing to the need to separate Covid-19 and non Covid-19 patient pathways, but performance had been maintained at 77%; 	
	 Referrals from GPs had started to increase and there were now more than 30,000 cases waiting more than 36 weeks for planned care. This would require a focus over three to five years to address; 	
	- The diagnostic position was starting to stabilise;	
	 Urgent suspected cancer performance was currently reported at 77% but this could improve after validation. 	
	In discussing the report, the following points were raised:	
	Emma Woollett stated that the reinstatement of national benchmarking was useful to highlight areas of focus.	
	Martyn Waygood advised that the Quality and Safety Committee had raised concern about the deterioration of performance relating to neuro- development disorders and would be monitoring this closely.	
Resolved:	- The health board performance against key measures and targets be noted.	
343/20	FINANCIAL REPORT	
	A report setting out the financial position for month seven was received.	
	In introducing the report, Darren Griffiths highlighted the following points:	
	 The original forecast deficit for the year had been £24.4m, predicated on £23m of savings; 	
	 The month seven cumulative position was £14.2m as funding received from Welsh Government to cover Covid-19 expenditure had been deployed over months six and seven, totaling £117m; 	
	 Advice had been to assume vaccination costs would also be covered; 	



	WALES Thealth board
	 The end-of-year forecast stood at £25.4m, a reduction from £98 the previous month and £1m above the original target;
	 The health board's position had been set out in an accountable officer letter to Welsh Government which was appended for transparency.
Resolved:	 The board's financial performance for period seven (October) 2020-21, was considered and commented upon, in particular:
	i. the revenue outturn position of £14.825m deficit;
	ii. the capital outturn position;
	iii. balance sheet movements;
	iv. cash position; and
	 v. performance against the public sector payment policy compliance;
	 The Covid-19 revenue impact for period seven 2020-21 and the current estimated year-end outturn be noted;
	- The risk and opportunities be noted.
344/20	GUARDIAN SERVICE
	A report providing an update on the contract with the Guardian Service was received.
	In introducing the report, Kathryn Jones highlighted the following points:
	 The Guardian Service had been commissioned in 2019 following 20% of staff reporting bullying in the national staff survey;
	 Since then, 133 contacts had been made which was in-line with the predictions and experience elsewhere;
	- The service was available 24 hours a day, every day of the year;
	 The original contract had been for 12 months and then extended for a further six;
	 Concerns had been raised by trade unions colleagues as to the commissioning of the service, and work was being undertaken to address these;
	 Given the current pressures on staff, it was felt important to retain the service, and the senior leadership team had agreed a further contract extension to be reviewed in nine months.



345/20	ANNUAL REPORT FROM THE SENIOR INFORMATION RISK OWNER
	- The decision to contract for a further 12 months with the Guardian Service to ensure staff and volunteers continue to be supported during the adverse circumstances presented by the Covid-19 crisis be noted .
	 The update and recommendations detailed in the end-of-year report from the Guardian Service be noted;
	 The development and implementation of a partnership working improvement plan be noted;
Resolved:	 Assurance be received that feedback from staff relating to bullying have been and continue to be listened to, through the continued action the health board has taken;
	Martyn Waygood referenced two wellbeing counsellors supported through charitable funds and queried if they worked with the Guardian Service. Kathryn Jones responded that alignment between the two was actively encouraged.
	Martin Sollis stated that it was important that health board demonstrated that it was taking action to the concerns raised by staff and the Guardian Service was essential to this. He added that the Audit Committee was supportive of the service and he looked forward to seeing the improvements it provided.
	Mark Child queried the work being undertaken to address the fact that 20% of staff felt bullied at work and to stop such behaviours by managers. Kathryn Jones responded that a significant amount of work was being undertaken to redress the balance including leadership programmes such as 'Bridges' and 'Footprints'. She added that the current national staff survey was now open and would provide a more up-to-date position of how staff felt. Tom Crick commented that bullying was a multi-faceted issue and it remained a focus for the Workforce and OD Committee as did the concerns of the trade unions in relation to the Guardian Service.
	Jackie Davies commented that the Guardian Service was an important one as it was an independent service which gave staff the confidence to speak up. She welcomed the contract extension, adding that it should be a permanent asset. Emma Woollett concurred, stating that it was a fundamental service and one which was mandated within NHS England.
	In discussing the report, the following points were raised:

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	A report setting out the annual report of the senior information risk owner (SIRO) was received.	
	In introducing the report, Pam Wenger highlighted the following points:	
	 Significant progress had been made during the year; 	
	 Compliance with information governance training remained a focus with the team developing a bi-lingual video; 	
	 A Board development session had taken place around clinical coding and high performance continued to be provided; 	
	 A renewed focus had been given to cyber security with recruitment and investment made into a dedicated team. 	
Resolved:	- The report for publication be agreed ;	
	 The assurances and progress provided across all areas of the report be noted; 	
	 The objectives and priorities across the four sections of the report for 2020-202 be noted. 	
346/20	CORPORATE GOVERNANCE ISSUES	
	A report setting out corporate governance matters was received.	
	In introducing the report, Pam Wenger highlighted the following points:	
	 The report set out proposed changes to committee arrangements in light of the second wave of the pandemic. These would continue to be flexible; 	
	 Changes to the standing orders were proposed to provide a fully up-to-date suite of documents; 	
	 The standards of business conduct had been revised, partly to make it easier to declare interests. The new document would be live from April 2021; 	
	 The new Chair and Vice-Chair for the Stakeholder Reference Group needed to be ratified. 	
	In discussing the report, Martin Sollis, as Chair of the Audit Committee, advised that the standards of business conduct was essential to the governance of the organisation. Implementation had been agreed from April 2021 to enable the right preparations to be put in place so that staff were aware of it.	



Resolved:	- The report be noted ;	
	- The proposal to revise the board and committee arrangements as a result of the second wave of Covid-19 be approved ;	
	 The specified changes to standing orders to create a full suite of documents be approved; 	
	- The proposed amendments to the standards of business conduct for implementation be approved ;	
	- The Chair and Vice-Chair roles for the Stakeholder Reference Group be ratified .	
347/20	ANY OTHER BUSINESS	
	(i) <u>Statement from the Chief Executive Designate</u>	
	Emma Woollett invited Mark Hackett to give his reflections. He highlighted the following points:	
	 Testament should be paid to Tracy Myhill's leadership and all she had achieved during her tenure; 	
	- He looked forward to working with the Board;	
	 Covid-19 would need to remain a focus for some time, especially in vaccination and testing, and the pandemic would leave a legacy which would need to be addressed; 	
	 How resources, staff and services were managed would be integral to developing a solution to improve health for the longer- term; 	
	 Appointing substantive members of the executive team would be a key priority working with Emma Woollett and the independent members; 	
	- He was looking forward to the challenges ahead.	
	There was no further business and the meeting was closed.	
348/20	DATE OF NEXT BOARD MEETING	
	The date of the next meeting was confirmed as 28 th January 2021.	