

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board
held on 27th May 2021 at 11.45am
in the Millennium Room, Health Board HQ, Baglan and via Zoom**

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Christine Morrell	Interim Director of Therapies and Health Science
Christine Williams	Interim Director of Nursing and Patient Experience
Darren Griffiths	Interim Director of Finance
Kathryn Jones	Interim Director of Workforce and Organisational Development (OD)
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Mark Child	Independent Member
Martin Sollis	Independent Member
Martyn Waygood	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member
Nuria Zolle	Independent Member

In Attendance:

Alex Atkins	Vice-Chair, Stakeholder Reference Group
Hannah Evans	Director of Transformation
Sue Evans	Community Health Council
Irfon Rees	Chief of Staff
Rab McEwan	Interim Chief Operating Officer
Pam Wenger	Director of Corporate Governance
Liz Stauber	Head of Corporate Governance
Dorothy Edwards	Vaccination Programme Lead (for minute 107/21)
Siân Lewis	Managing Director, WHSSC (Welsh Health Specialised Services Committee) (for minute 114/21)
Carole Bell	Director of Nursing and Quality, WHSSC (for minute 114/21)
Karen Preece	Director of Planning, WHSSC (for minute 114/21)

Minute No.		Action
98/21	WELCOME AND APOLOGIES	

	<p>Emma Woollett welcomed everyone to the meeting.</p> <p>Apologies for absence were received from Matt John, Director of Digital, Hugh Patrick, Community Health Council, Mwoyo Makuto, Community Health Council and Alison James, Associate Board Member.</p>	
99/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
100/21	PATIENT STORY	
	<p>The patient story set out the experience of a patient who had been admitted to the intensive care unit (ITU) with Covid-19 and had been part of a trial testing the impact of having occupational therapy while in ITU. He spoke of how the occupational therapist provided him with a white board followed by an app on his iPad to communicate with the nurses, as he had a tracheostomy and was unable to speak. The occupational therapist also worked with the physiotherapy team to establish goals which were then displayed on the walls of the room as motivation. He felt blessed to have had this opportunity as it supported him through an emotional and anxious time.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Christine Morrell commented that this was part of a wider trial to provide more therapy support within the ITU and also included speech and language and dieticians. Occupational therapy played a significant part in a patient's mental and physical recovery and as well as a direct role in the discharge process. The development was patient-centred, designed to help people recover their independence so that they could manage once out of hospital, with the aim to support some patients to be discharged directly from the ITU rather than having to 'step down' to a general ward.</p> <p>Martyn Waygood stated that it was pleasing to see reference to psychological recovery as an admission to ITU would have a significant impact on mental health. Christine Morrell responded that psychological therapy was an integral part of the all the roles, but where necessary patients could be signposted to more appropriate specialist services.</p> <p>Alex Atkins queried what support was available for those who cared for the patients at home following discharge. Christine Morrell advised that as part of the Discharge to Assess process, occupational therapists transitioned with patients to their homes and made themselves available to provide advice and support when needed as part of an ongoing</p>	

	relationship. She added that carers' and families experiences would also be sought as part of the evaluation to inform the direction of travel.	
Resolved:	- The patient story was noted .	
101/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting held on 25 th March 2021 were received and confirmed as a true and accurate record.	
102/21	MATTERS ARISING	
	There were no matters arising not otherwise on the agenda.	
103/21	ACTION LOG	
	The action log was received and noted and it was agreed to close action point two, which related to an update on the 'Bay Way', as this had been superseded by the recovery and sustainability plan.	
104/21	CHAIR'S REPORT	
	<p>A verbal update from the Chair was received.</p> <p>In introducing the report, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - It was the final scheduled Board meeting for Martin Sollis, Independent Member, and Irfon Rees, Director of Communications, both of whom had made significant contributions to the health board and were wished well for the future. Recruitment processes for both roles were now underway; - She had been able to recommence site visits and had been struck by the dedication of the staff she had met, some of whom had been working in different roles due to the pandemic; - The joint Board meeting with Swansea Bay Community Health Council in April 2021 had been a good session with shared ambition; - Following the recent election, the regular meetings with members of the Senedd and members of Parliament had recommenced which was a valuable opportunity to share plans. 	

Resolved	<ul style="list-style-type: none"> - The report be noted. 	
105/21	CHIEF EXECUTIVE'S REPORT	
	<p>A report providing an update from the Chief Executive was received.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - Heartfelt thanks were offered to Irfon Rees and good wishes given for his new role; - Progress was being made to finalise the annual plan 2021-22 which would address the fundamental issues for which people expected to see improvements; - The health board continued to operate in a de-escalating major response mode in its response to Covid-19; - There had been a number of achievements in non-Covid areas, including the opening of the mother and baby mental health unit at Tonna Hospital and e-prescribing implemented at Singleton Hospital; - The recruitment processes for the current interim executive posts were underway. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
106/21	COVID-19 UPDATE	
	<p>A report providing an update on Covid-19 was received.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - There continued to be a level of uncertainty in relation to Covid-19 due to the variant of concern which had originated in India. There were around 60 cases in Wales of this variant at present, all due to domestic travel; - It was likely this would become the dominant variant and more evidence was needed as to the potential impact on services; - Cases were doubling within the Swansea Bay area at a rate of 17 days and the 'R' rate was 1.17; - Modelling was underway as to the potential impact of a third wave on hospitals but this needed to be refined. 	

	<p>In discussing the report, Martyn Waygood queried the level of impact vaccinations were having on the variant of concern which had originated in India. Keith Reid responded that there was evidence that the first dose of the vaccine had led to a reduction in the severity of symptoms and hospitalization, and even more so with the second. A decision had been made in England to accelerate the second doses for those in high-risk areas and this option was available in Wales at the discretion of the regional incident management team. As the case numbers were low in the health board area and those deemed at highest risk would be fully vaccinated in-line with the current schedule within two weeks, an accelerated programme was not going to be implemented at this time.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. 	
<p>107/21</p>	<p>VACCINATION PROGRAMME</p>	
	<p>A report setting out the vaccination programme for Covid-19 was received.</p> <p>In introducing the report, Dorothy Edwards highlighted the following points:</p> <ul style="list-style-type: none"> - A further 50,000 vaccinations had been administered since the report was drafted, giving a total of 387k, which included 93.5% of those aged over 50 and 80% of over 40s; - Over the coming few weeks, adults aged over 18 would be offered a vaccination; - The vaccination programme would be adapted to take into account the latest guidance change from the Joint Committee for Vaccinations and Immunisations (JCVI) to offer those under 40 an alternative to the AstraZenica vaccine. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried to what extent the learning around the needs of hard to reach groups would be used to inform future health board plans. Keith Reid responded that one of the health board's wellbeing objectives had been changed to take into account equitable approaches and how to embed these into day-to-day business. He added that the importance of services for different groups need to be understood in order for gaps to be addressed, and plans needed to be developed in partnership with the public.</p> <p>Jackie Davies referenced the significant amount of resources needed to deliver the ongoing vaccination programme and queried what plans were in place to maintain the teams. Dorothy Edwards advised that a number</p>	

	<p>of the posts were filled by people specifically wanting to support the vaccination programme, either by taking on new roles or returning from retirement. They had been asked to plan to continue until March 2022 and work was being undertaken internally as to the longer-term workforce structure. Another recruitment drive was to be carried out in readiness for the winter and consideration was to be given as to whether to integrate the Covid-19 vaccination programme with the flu programme.</p> <p>Reena Owen referenced the drop-off in people taking up the offer for the vaccine and queried whether this was the result of complacency due to restrictions starting to be eased. Dorothy Edwards stated that the vaccination programme was mindful of the fact that the uptake was lower as the offer reached the younger age groups. A proactive piece of work was to be undertaken nationally to encourage those who came under this category to come forward for a vaccination. Irfon Rees added that he and Dorothy Edwards were working on a local approach which would help encourage people to take up the offer without being too 'preachy'.</p> <p>Keith Reid commented that the media coverage of the AstraZenica vaccination concerns had caused unnecessary anxiety, particularly for those awaiting a second dose. He said that the evidence showed that the risk from a second dose was significantly lower. He added that for some members of the public, it was believed that there was no incentive to have the vaccine as it did not relieve them of having to stick to guidance and restrictions.</p> <p>Martyn Waygood noted that the guidance had changed and pregnant women were now advised to have the vaccine. He queried what was being done to spread the message that it was safe for them do so. Keith Reid responded that the evidence demonstrated that the administration of the vaccine during pregnancy was safe and midwifery and obstetric staff were firmly behind pregnant women receiving the vaccine, so women were receiving clear, professional advice from those responsible for their clinical care.</p> <p>Keith Reid advised that Dorothy Edwards was about to temporarily leave the health board for a three-month career break and wished her well.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The forward plan for milestone three be approved; - The high level risks that are currently being managed through the programme and note mitigating actions be approved. 	
<p>108/21</p>	<p>KEY ISSUES REPORTS</p>	

(i) Quality and Safety Committee

A report setting out the discussions of the Quality and Safety Committee was **received** and **noted**.

(ii) Performance and Finance Committee

A report setting out the discussions of the Performance and Finance Committee was **received** and **noted**.

Martyn Waygood advised that the first joint meeting of the Performance and Finance and Quality and Safety committees had taken place earlier that week with a focus given to cancer and planned care. This was a more holistic way of considering critical issues.

(iii) Workforce and OD Committee

A report setting out the discussions of the Workforce and OD Committee was **received** and **noted**.

Maggie Berry sought assurance that the committee was monitoring the wellbeing of staff working from home. Tom Crick responded that this was to be a focus of the next meeting.

Mark Hackett queried the issues relating to staff not returning to work. Kathryn Jones advised that each service group had a sickness absence plan and overall attendance was monitored through the committee. Work was taking place within the occupational health team to ensure line managers had the right skills to manage staff through the sickness process.

(iv) Mental Health Legislation Committee

A report setting out the discussions of the Mental Health Legislation Committee was **received** and **noted**.

Alex Atkins referenced the change in legislation for deprivation of liberty standards and stated that it would be important for any action undertaken by the health board to be in partnership with the third sector. Concerns had been raised at the Stakeholder Reference Group around people not having direct support, especially carers, and they needed to be more aware of the process, particularly at the front door of services.

Emma Woollett noted the increase in the number of patients under the age of 18 being admitted to adult mental health wards, adding that the capacity of specialist child and adolescent mental health services (CAMHS) was a concern.

(v) Health and Safety Committee

A report setting out the discussions of the Health and Safety Committee was **received** and **noted**.

	<p>Mark Hackett referenced the investment needed into backlog maintenance work, adding that capital estates would be included in the recovery and sustainability plan. Profound changes had already been made in response to Covid-19 which would have had a positive impact on the hospital environments. These included the use of technology so more people could be seen virtually. As the health board had three acute sites, this was an opportune time to consider where services were duplicated and could be consolidated or centralised. Darren Griffiths added that there was recognition nationally that more investment was needed into estates and a six facet review of sites was to be undertaken internally to inform future bids for additional funding.</p>	
<p>109/21</p>	<p>BUSINESS CASE FOR REFURBISHMENT OF WARD G AT MORRISTON HOSPITAL</p>	
	<p>A report seeking approval on the business case for the refurbishment of Ward G at Morriston Hospital in response to an infection control issue was received.</p> <p>In introducing the report, Siân Harrop-Griffiths advised that:</p> <ul style="list-style-type: none"> - The preferred option was option four, which was a complete refurbishment of the ward and implementation of the Chief Medical Officer's guidance to have a 50/50 split of single and multi-bed rooms; - This would be at a cost of £1.2m and take around a year to complete once the work had commenced; - There were plans within the annual plan to reduce length of stay which would provide the capacity for the work to be undertaken. <p>In discussing the report, the following points were raised:</p> <p>Rab McEwan advised that there were a number of infection control challenges at Morriston Hospital so the business case was the first step to a wider plan to consider other issues such as ventilation and single rooms as well as cleaning and maintenance.</p> <p>Christine Williams stated that one of the quality priorities within the annual plan was to improve healthcare acquired infection rates but it was recognised that there was an insufficient number of single occupancy rooms, therefore supporting the business case would assist with the delivery of the objective.</p> <p>Alex Atkins commented that the Stakeholder Reference Group had read the proposal and while it looked good on paper, it was suggested that the advice of the Accessibility Reference Group be sought to ensure the plans resulted in a ward which was fully accessible. Siân Harrop-Griffiths</p>	

	<p>provided assurance that at least one of the cubicles would be compliant with the Equality Act and confirmed accessibility would be a key factor in the early engagement of the plans.</p> <p>Martyn Waygood noted the potential disruption to the physiotherapy pool and sought further details. Rab McEwan responded that this was adjacent to Ward G and there was no suitable decant space on the Morryston Hospital site. As the work would take around nine to 12 months, it was possible that there would be some impact on the areas surrounding the ward.</p> <p>Mark Hackett stated that the work was the right thing to do for patients, although it was recognised that by creating more space, there would be fewer beds. Conversations were taking place with the community health council around some of the service changes needed in order to provide high quality and safe patient care through better use of all the sites. Sue Evans concurred, adding that the community health council had seen an earlier draft of the report and was supportive of the business case, but it was important to continue the discussions as to the further work needed.</p>	
Resolved:	<ul style="list-style-type: none"> - The business justification for submission to Welsh Government to seek funding 2021-22 to support the Board's quality priority on reducing infection was approved. 	
110/21	ANNUAL ASSURANCE 2020-21 REPORT ON COMPLIANCE WITH THE NURSE STAFFING LEVELS (WALES) ACT 2016	
	<p>The Annual Assurance Report 2020-21 on compliance with the Nurse Staffing Levels (Wales) Act 2016 was received.</p> <p>In introducing the report, Christine Williams highlighted the following points:</p> <ul style="list-style-type: none"> - The complexity of the report template was noted and feedback would be provided to the national group; - This was the first year that the health board would be required to submit a three-year compliance update and this report was the final year of that summary; - The report demonstrated the unprecedented demands on the availability of nursing staff over the last 12 months; - The Act currently covered surgical and medical wards but the report also outlined compliance within paediatrics, emergency medicine and critical care; 	

	<ul style="list-style-type: none"> - The report demonstrated that there were well embedded processes within the nursing structures with the service groups for reviewing nurse staffing levels operationally on a daily basis and for making operational, risk-based decisions on deployment of staff through the daily site staffing meetings. A range of reasonable steps were outlined to mitigate the risk of staffing due to the impact of Covid-19 disruption; - Compliance with key quality indicators such as falls and pressure ulcers was monitored as part of the reporting requirements of the Act. <p>In discussing the report, Jackie Davies commented that the health board had done well to maintain compliance during such extreme circumstances, noting that a significant amount of work had been undertaken to maintain services. Christine Williams concurred, adding that an exception report had been shared with the Board in May 2020 setting out mitigating actions as absence levels reached 50% at one point.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
111/21	CHANGE IN AGENDA ORDER	
Resolved:	The agenda order be changed and items 3.2 and 3.3 be taken next.	
112/21	REGIONAL PARTNERSHIP BOARD CARERS STRATEGY	
	<p>A report setting out the Regional Partnership Board five-year carers' strategy and associated quick reference guide, carers' emergency action planning guidelines and carers' annual report was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett endorsed the importance of the five-year strategy for both the Regional Partnership Board and the health board.</p> <p>Alex Atkins confirmed that the Stakeholder Reference Group had been happy to endorse the five-year strategy although its members had raised the issue of the mental health of carers as a result of the pandemic. Something to be considered was the increased signposting of helplines as the pandemic had affected those working throughout as well. She added that the needs of those without a wider family network also needed to be considered as they had suffered with isolation and</p>	

	<p>loneliness. All these issues were continuing despite restrictions being lifted.</p> <p>Alex Atkins advised that Carers' Week was taking place in June 2021 which was an opportune time for the work of unpaid carers to be recognised. Nuria Zolle concurred, adding that it would be a good idea to use the time to thank carers for their support and contributions.</p> <p>Mark Child noted that the strategy had been co-produced by carers which was a pleasing to see given the vital service that they undertake, particularly over the last 12 months.</p> <p>Mark Hackett stated that on behalf of the health board, he was very grateful for all that carers did and a lot of the health board's work could not be done without their input.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The West Glamorgan regional carers' strategy and associated quick reference guide be endorsed; - The report be noted. 	
<p>113/21</p>	<p>ARRANGEMENTS FOR PARTNERSHIP WORKING WITH THE THIRD SECTOR</p>	
	<p>A report seeking approval of the arrangements for partnership working with the third sector was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Mark Child echoed the value of the third sector's contribution as set out in the report, adding that the level of professionalism was exemplary.</p> <p>Nuria Zolle welcomed the report, stating that the arrangements would help strengthen the relationship between the health board and the sector. She referenced the issues relating to costs, acknowledging that the health board had its own pressures to manage and this was an opportunity to jointly build efficient and effective services to help the community.</p> <p>Reena Owen advised that this was an important priority as the third sector knew the people that the health board served so it was important that they were engaged and consulted.</p> <p>Mark Hackett stated that the health board currently delivered through services under its own management, and it was important to shift the balance and expand into the third sector in partnership. Alex Atkins concurred, adding that as more services were commissioned, it needed</p>	

	<p>to be kept in mind that there were some gaps in the provision and the process, so more work may need to be done to achieve the right results.</p> <p>Maggie Berry noted the need for tenders to progress the arrangements and advised that some of the smaller third sector may need additional support to be able to manage.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The revised timescale for recommissioning third sector services (April 2021 to end March 2023) be agreed; - The contribution of the third sector budget to the financial stability of the health board whilst the recommissioning process is implemented be agreed; - The application of the commissioning processes outlined above and agreed previously by the Board to all third sector agreements with the health board going forward be agreed; - The proposals for developing plans to expand the role of the third sector in supporting health board priorities be agreed; - The report be noted. 	
<p>114/21</p>	<p>SPECIALISED SERVICES FOR 2021</p>	
	<p>A presentation providing an update from the Welsh Health Specialised Services Committee (WHSSC) on specialised services for 2021 was received.</p> <p>In introducing the presentation, the following points were raised:</p> <ul style="list-style-type: none"> - Congratulations were offered to the health board following the successful implementation of a number of specialised services including the mother and baby mental health unit, the operational delivery network for the major trauma network and the PET (positron emission tomography) mobile scanner; - The health board was the only provider of plastic surgery in Wales and highest proportion of the patients seen were ones from its own localities; - The majority of the WHSSC funding to the health board was spent within plastic surgery, renal, cardiac surgery and forensic psychology; - There had been a significant drop in plastic surgery activity due to Covid-19 and while levels were starting to increase, they were not yet back to pre-pandemic levels, and consideration was needed if 	

there were alternative options with which to see/treat patients to address the backlog;

- A joint workshop on efficiency had recently taken place which had highlighted the issue of equity and differing waiting times and consideration was now being given how to address these collaboratively;
- A regular patient safety report was issued to health board lead executives, Chief Executives and the independent member for each who attended the WHSSC Quality and Patient Safety Committee;
- Looking ahead, the aim was to work with the health board to understand its ambition as a provider and how this could align with the wider strategy.

In discussing the presentation, the following points were raised:

Emma Woollett stated that the position in relation to plastic surgery access had not changed since the previous year. Siân Lewis concurred, adding that it would need to be considered as part of wider discussions for the next commissioning plans as to whether it was being accessed as a specialised service.

Martin Sollis commented that it was not surprising that the access rates for specialised services were highest for patients living within that particular organisation's boundaries and this was true across Wales. If services were to recover to a more sustainable platform, it would be important for organisations to work together and identify the difference between commissioned and regional pathways, and how this impacted on upon the redirection of patients.

Richard Evans stated that it was unclear as to the patient count for service access and the price per each of these patients and it would be useful to understand what the levels should be per 100,000. Siân Lewis responded that in order to provide this, it first needed to be determined what was a specialised service. Keith Reid commented that a needs assessment was needed nationally as to how make population health more effective.

Keith Reid queried if the data was available broken down by diagnostic or procedure code as this may help to explain some of the inconsistencies of access across Wales. Karen Preece confirmed that it was possible to provide such detail.

Mark Hackett commented that as a specialist services provider, it also provided services commissioned directly by other health boards, rather than through WHSSC. On that basis, some of the access to services

	<p>provided by others by return may be impeded by local arrangements, consequently impacting on the data.</p> <p>Mark Hackett stated that it was important to note that much of the health board's elective activity was currently driven by the Royal College's guidance for restating essential services, but work was being undertaken internally to determine how to put more sustainability behind the activity.</p> <p>Rab McEwan provided assurance that a plan for better access to cardiac services was in development and would be shared with WHSSC in due course. Siân Lewis responded that the waiting list currently appeared to be ongoing, rather than growing, and at some point, a backlog may come into the system which would also need to be managed.</p> <p>Darren Griffiths commented that as part of the WHSSC recovery plans, consideration needed to be given as to the service level agreements and whether these were still fit for purpose. As a commissioner and a provider, it would be beneficial to be included in such discussions. Siân Lewis responded that discussions were being undertaken with Welsh Government in relation to recovery monies and whether some of it should be allocated directly to WHSSC.</p> <p>Siân Harrop-Griffiths advised that the monthly service level agreement meetings had restarted after a six-month break due to the pandemic and that the WHSSC commissioning intentions for 2022-23 had been received and were to be discussed through internal channels.</p>	
Resolved:	<ul style="list-style-type: none"> - The presentation be noted. 	
115/21	PEFORMANCE REPORT	
	<p>The integrated performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - This was the year-end performance report so was presented differently. It had previously been discussed with the Performance and Finance and Quality and Safety committees; - The four-hour emergency department performance had achieved 79%; - Access to a stroke specialist within the designated time had been good but the ability to protect specialist beds had been affected by the pandemic; - Sickness absence rates had started to recover; 	

	<ul style="list-style-type: none"> - Diagnostics had improved from 7,000 patients waiting more than eight weeks to 3,000; - There was a strong ambition to improve access to service for the people the health board served. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted; 	
116/21	FINANCIAL REPORT	
	<p>A report setting out the financial position for month one was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points, adding that the financial report had been scrutinised in Performance and Finance Committee:</p> <ul style="list-style-type: none"> - Work was in train to finalise the annual plan for 2021-22; - In-year costs pressures of £27m needed to be managed; - Month one was a reported deficit of £3.5m which was in-line with the trajectory, albeit off-track by £40k; - Assumptions had been made for £99m additional Covid-19 funding, of which some had already been received; - £16.2m of the national planned care recovery monies had been received and a second tranche was anticipated. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
117/21	PERFORMANCE MANAGEMENT FRAMEWORK	
	<p>A report seeking approval of the performance management framework was received.</p> <p>In introducing the report, Darren Griffiths highlighted that an iteration of the framework had been considered by the Executive Team, Management Board and Performance and Finance Committee. This final version reflected those discussions and was presented to the Board for approval.</p> <p>In discussing the report, the following items were raised:</p> <p>Nuria Zolle stated that at the heart of the work was an ambition for staff and the health board to transform its ways of working to deliver what matters to patients. She added that it would be important to stay alert to risks and actively check that achieving one target was not at the</p>	

	<p>detriment to another. Darren Griffiths concurred, adding that the health board had an ambitious plan for the year which included service changes and system shifts and this would support the journey.</p> <p>Martin Sollis commented that the content of the document reflected what someone undertaking an external review of the health board would be looking for. The next step would be to turn it operational.</p>	
Resolved:	<ul style="list-style-type: none"> - The performance management framework, which the Director of Finance and Performance will implement across the health board service groups and corporate directorates in 2021-22, be approved. 	
118/21	HEALTH AND CARE STANDARDS ASSESSMENT 2020-2021	
	<p>A report setting out the Health and Care Standards Assessment for 2020-2021 was received.</p> <p>In introducing the report, Christine Williams highlighted the following points:</p> <ul style="list-style-type: none"> - The pandemic had caused delays to the self-assessment process but its robustness had been retained, including executive sign-off; - The findings had been received in draft by the Quality and Safety Committee in April 2021 followed by the final version in May 2021; - Five scores had deteriorated from that of last year and the other two had remained the same; - There had been some concern and disappointment raised by the committee as to the lack of progress, but the impact of the pandemic was recognised, and the committee had that the results were in-light of the pandemic, leading to a consensus and support for the outcomes. <p>In discussing the report, Martyn Waygood gave assurance that the Quality and Safety Committee had undertaken robust scrutiny of the process and outcomes and fully understood the position. Confirmation had been provided to members that for 2021-22, there would be more regular submissions to enhance the process.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be approved. 	
119/21	CORPORATE GOVERNANCE ISSUES	

	<p>A report setting out corporate governance matters was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - Included within the report were suggested amendments to the standing orders and standing financial instructions in-line with Welsh Government guidance; - These had been approved by the Audit Committee and comments made during the meeting followed-up with the Chair to provide assurance; - There was a requirement for the health board to undertake a pharmaceutical needs assessment by October 2021 and this would be proceeded by a short consultation. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The changes to the standing orders and standing financial instructions in-line with the revisions to the model documents by Welsh Government be approved. 	
120/21	JOINT NHS PARTNERSHIP AND COMMISSIONING	
	A report providing an update on the joint NHS partnerships and commissioning arrangements was received and noted .	
121/21	UPDATE ON EXTERNAL PARTNERSHIPS	
	A report providing an update on external partnership arrangements was received and noted .	
122/21	PROGRESS TRACKER FOR THE QUARTER THREE/FOUR OPERATIONAL DELIVERY PLAN	
	A report setting out the progress against the quarter three/four operational delivery plan was received and noted .	
123/21	ANY OTHER BUSINESS	
	<p>(i) <u>Children's Nursing Team</u></p> <p>Emma Woollett advised that a number of questions had been received in advance of the Board meeting from a member of the public relating to</p>	

	<p>the children’s nursing team. As these related to a specific patient’s case, these could not be discussed as part of the public meeting but a response would be shared with the inquirer as well as Board members.</p> <p>(ii) <u>Accessibility of Reports</u></p> <p>Alex Atkins referenced the level of detail included in reports, not just to the Board, but other forums as well, such as the Stakeholder Reference Group. Given the accessibility needs of some members, as well as members of the public, consideration was needed as to how to make these easier to read. Pam Wenger undertook to meet with Alex Atkins and Nuria Zolle to take this forward.</p> <p>ACTION – Pam Wenger to meet with Alex Atkins and Nuria Zolle to discuss how to make reports more accessible.</p>	<p>PW</p>
	<p>There was no further business and the meeting was closed.</p>	
<p>124/21</p>	<p>DATE OF NEXT BOARD MEETING</p>	
	<p>The date of the next meeting was confirmed as 7th June 2021</p>	