

## Swansea Bay University Health Board

### Unconfirmed

### Minutes of the Meeting of the Health Board held on 23<sup>rd</sup> June 2021 at 12.45pm 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
Jackie Davies	Independent Board Member
Kathryn Jones	Director of Workforce and OD
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Mark Child	Independent Member
Martyn Waygood	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Tom Crick	Independent Member
Nuria Zolle	Independent Member

#### In Attendance:

Hannah Evans	Director of Transformation
Joanne Abbott-Davies	Director of Strategy
Mwoyo Makuto	Swansea Bay Community Health Council
Pam Wenger	Director of Corporate Governance
Rab McEwan	Interim Chief Operating Officer
Sue Evans	Swansea Bay Community Health Council
Liz Stauber	Head of Corporate Governance
Karen Stapleton	Assistant Director of Strategy (for minute 146/21)

Minute No.		Action
143/21	<b>WELCOME AND APOLOGIES</b>	
	Emma Woollett welcomed everyone to the meeting and noted it was the final one for Kathryn Jones before she took up post with a new organisation. She thanked Kathryn Jones for her commitment and dedication and for stepping up as Interim Director of Workforce and OD on two occasions.	

	Apologies for absence were received from Siân Harrop-Griffiths, Director of Strategy and Matt John, Director of Digital.	
<b>144/21</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>145/21</b>	<b>MATTERS ARISING</b>	
	There were no matters arising not otherwise on the agenda.	
<b>146/21</b>	<b>ANNUAL PLAN 2021-22</b>	
	<p>The annual plan for 2021-22 was <b>received</b> for approval.</p> <p>In introducing the report, Mark Hackett and Karen Stapleton highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The annual plan focused on a set of key goals:               <ul style="list-style-type: none"> <li>• Improving the quality of services;</li> <li>• Improving staff experience;</li> <li>• Transforming primary and community care;</li> <li>• Rejuvenating secondary services;</li> <li>• Improving the financial position;</li> </ul> </li> <li>- It also brought together what the Board had asked for, including the addition of population health as an objective;</li> <li>- Delivering the plan would support developments in urgent and emergency care, workforce and quality;</li> <li>- Discussions were being undertaken with Welsh Government as to additional resources to enable further sustainable improvements;</li> <li>- £16m additional planned care recovery monies had been received which would support diagnostic and elective services to reduce long waiting lists;</li> <li>- Since the Board considered the plan in March 2021, the goal, method and outcomes had been further refined and focus given to delivery, taking on board Welsh Government and Board feedback;</li> </ul>	

- Execution of the plan was the next step and this would be progressed through programme boards for the various priority areas, such as planned care and urgent and emergency care;
- The first iteration of the progress report would be received by the Board in July 2021;
- Clinicians had helped inform the direction of travel and would be engaged in the execution;
- A Board session on plan execution was scheduled for July 2021 which would be an opportunity for independent members to feedback on areas which needed to be developed further;
- Deep dives would be undertaken during the year on critical areas, including cancer, urgent and emergency care and planned care to co-produce the action plans.

In discussing the report, the following points were raised:

Emma Woollett sought confirmation that the minimum datasets had been completed. Karen Stapleton confirmed that they had and the health board had one of the highest completion rates at an early stage.

Darren Griffiths advised that the financial plan forecast a £24m deficit for year-end, rather than a balanced position, in order to provide sustainability to support the recovery plan. This was a strong step forward for the savings and change ambition needed while work was undertaken with Welsh Government to move towards breakeven.

Martyn Waygood noted that the plan referred to two difficult months operationally in early 2022 during which elective services would potentially needed to be reduced. Rab McEwan responded that the throughput of the elective programme would be maximised as much as possible within the restrictions of the pandemic. The plan set out changes and transfers of services to Neath Port Talbot and Singleton hospitals to enable Morriston Hospital to be a Covid-19 hospital and the other two to be 'green pathways' to enable as much planned care activity to be undertaken as possible. A focus was being given returning as many services back to, or better than, the pre-Covid position.

Nuria Zolle sought assurance that the Board would be consulted on any need to reduce elective services due to operational pressures. Mark Hackett provided this, adding that proposals as to how to manage services during the winter period would be shared as part of the execution discussion in July 2021, as well as a summary of progress as the year went on.

Martyn Waygood highlighted the improvement trajectories for healthcare acquired infections and queried as to whether they were sufficiently ambitious. Christine Williams advised that it was important that the

	<p>targets were realistic and achievable but the health board was awaiting Welsh Government's trajectories. Once received, the ones within the annual plan would be reviewed against these. A focus had been given to infection prevention and control over the last 12 months and it was important that a continued reduction in cases was evident in order for an improvement in performance to be sustained. Richard Evans added that the targets within the plan should be viewed as a minimum trajectory but it was important to keep in mind that they focused on healthcare acquired infections. The bigger issue was the level of antibiotic prescribing in the community, which resulted in high numbers of infections outside of hospitals, and a significant system change was needed to address this.</p> <p>Reena Owen stated it was pleasing to see the inclusion of population health within the plan and queried if there would be specific outcomes, and if so, how these would be measured. Keith Reid advised that there would be key population health indicators which could be monitored to see progress. To achieve these, engagement was needed with communities to support them to improve their health and wellbeing. Success would not be completely within the health board's gift, and partnership working would be critical. Darren Griffiths added that work was starting on how best to re-allocate the health board's £1.1bn budget to distribute resources to better support population health.</p> <p>Reena Owen queried whether the annual plan set the context for the recovery and sustainability plan. Karen Stapleton confirmed that it was the first year of the three-to-five year plan.</p> <p>Emma Woollett stated that the approval of the annual plan was a significant milestone and focus needed now to be given to delivery. She thanked all those involved in its development, clinically and corporately.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The annual plan for 2021-22 be <b>approved</b> for onward submission to Welsh Government on 25<sup>th</sup> June 2021;</li> <li>- The closure of Bay Field Hospital be <b>approved</b>.</li> </ul>	
<b>147/21</b>	<b>BUSINESS CASE FOR THE PET SCANNER</b>	
	<p>A report setting out the business case for a PET (positron emission tomography) scanner was <b>received</b>.</p> <p>In introducing the report, Christine Morrell highlighted the following points:</p>	

	<ul style="list-style-type: none"> <li>- Access to PET scanning had been a particular challenge across NHS Wales for a number of years;</li> <li>- There was currently a five-day service via a fixed scanner in Cardiff and mobile scanners in Swansea and Wrexham;</li> <li>- Welsh Government and the Welsh Health Specialised Services Committee (WHSSC) were leading a piece of work to replace these with new, fixed scanners to increase capacity across Wales;</li> <li>- The programme business case was set out in the report for approval and had been supported by the cancer programme board as this would be a major step forward for its services;</li> <li>- The health board was in discussions with WHSSC to determine if its timescales could be brought forward.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The all Wales PET/CT (computerised tomography) programme business case be <b>approved</b> and it be <b>noted</b> that the income received for the development would meet in full all costs of operating the service;</li> <li>- The Collaborative Executive Group decision be <b>supported</b>;</li> <li>- A static PET/CT service at Singleton Hospital be <b>supported</b>;</li> <li>- The business case be <b>recommended</b> for approval.</li> </ul>	
<b>148/21</b>	<b>ARRANGEMENTS FOR THE OLDER PERSON'S MENTAL HEALTH SERVICES CONSULTATION</b>	
	<p>A report setting out the proposed arrangements for the older person's mental health services consultation was <b>received</b>.</p> <p>In introducing the report, Joanne Abbott-Davies highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The arrangements for older person's mental health services had been the subject of discussions for mental health clinicians, partner organisations and the health board's planning and engagement teams for a some;</li> <li>- Community-based services which had received £1.5m investment a few years ago were now coming to fruition, leading to fewer services users requiring inpatient beds;</li> <li>- The health board had a higher than average number of inpatient beds for the patient group compared with the rest of the UK;</li> </ul>	

	<ul style="list-style-type: none"> <li>- A set of proposals to redress the balance between inpatient and community based care had been developed;</li> <li>- These would reduce the number of inpatient beds and sites to strengthen staff resources and make services more sustainable;</li> <li>- One integrated service would be created, managed through Cefn Coed and Tonna hospitals, releasing capacity on the Neath Port Talbot Hospital site to develop orthopaedic services;</li> <li>- Part of the work would include the refurbishment of facilities at Tonna Hospital as they were not specifically designed for those living with dementia;</li> <li>- The proposals would require public engagement which would commence on 5<sup>th</sup> July 2021 and run until 12<sup>th</sup> September 2021;</li> <li>- The engagement documents had been considered by and agreed with the community health council.</li> </ul> <p>In discussing the report, Sue Evans provided confirmation that community health council members had considered and accepted the proposals.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The draft engagement document on the proposed changes to older peoples' mental health services be <b>agreed</b>;</li> <li>- The draft equality impact assessment on these proposed changes be <b>agreed</b>;</li> <li>- The formal public engagement on these proposals should commence from 5<sup>th</sup> July 2021 for a 10 week period as agreed with the Community Health Council be <b>agreed</b>.</li> </ul>	
<b>149/21</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>150/21</b>	<b>DATE OF NEXT BOARD MEETING</b>	
	The date of the next meeting was confirmed as 29 <sup>th</sup> July 2021.	