Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Annual General Meeting held on 15th July 2021 at 1.30pm 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
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
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member
Nuria Zolle	Independent Member

In Attendance:

Julian Quirk	Interim Deputy Director of Workforce and OD
Matt John	Director of Digital
Mwoyo Makuto	Swansea Bay Community Health Council
Nick Samuels	Interim Director of Communications
Pam Wenger	Director of Corporate Governance
Sue Evans	Swansea Bay Community Health Council
Liz Stauber	Head of Corporate Governance
John Gorst	Clinical Director and Consultant, Intensive Care (for minute xx)
Richard Tristham	Clinical Director for Primary Care and GP (for minutes 153/21 and 154/21)
Anjula Mehta	Service Group Medical Director, Primary, Community and Therapies (for minute 154/21)

Minute No.		Action
151/21	**WELCOME AND INTRODUCTIONS**	
	Emma Woollett welcomed everyone to this year's annual general meeting. She advised that although this was not a formal Board meeting, it was the last week for Hannah Evans, Director of Transformation, so	

	she thanked her for all she had done for the health board. No requests had been received for people to participate in Welsh, therefore the meeting would be conducted in English, but all supporting documents were available in both languages on the health board's website.	
151/21	**HIGHLIGHTS VIDEO**	
	A short video of images from 2020-21 produced by the communications team to set the scene was **received** and **noted.**	
152/21	**MATTERS ARISING**	
	There were no matters arising not otherwise on the agenda.	
153/21	**INTENSIVE CARE PRESENTATION**	
	Dr John Gorst, Clinical Director and Consultant for Intensive Care was welcomed to the meeting to share his experiences of working of the pandemic. In introducing his presentation, he highlighted the following points: - Covid-19 had raised people's awareness of intensive care; - Two of the biggest challenges during the first wave had been the speed with which people had become seriously unwell and the pressure on staff; - Due the high numbers of workforce needed, staff were redeployed from other areas to provide support and received a two day 'crash course' in intensive care medicine as opposed to the normal six week training; - The numbers of those dying from the virus in the first peak was only matched by the number of new admissions to the unit, with no ventilated patients surviving; - Staff were constantly asking themselves if they were doing the right thing as often their efforts seemed in vain; - Those admitted to the unit had a 50% chance of survival and it took two weeks before any improvement was seen; - Patients were now starting to pull through and sharing their stories helped staff morale; - The intensive care unit was currently running a pilot to trial the benefit of starting physiotherapy and occupational therapy to	

	patients while they were admitted and continuing as they returned home. This was improving outcomes, particularly psychologically; - The pilot had led to low rates of post-traumatic stress in survivors and few needed readmission. It was hoped that the service would continue once the trial ended; - The unit had excellent medical equipment with all patients having access to new, specialist ventilators. However, equipment alone was not enough without trained staff to use it; - Across the UK there was a relatively low number of intensive care facilities and staff per head of population, and the health board had one of the lowest bed and workforce numbers; - As a result, additional critical care space had been temporarily built in the former outpatient area of Morriston Hospital, and staff were redeployed from others areas, such as theatres. This inevitably affected elective services; - The first Covid-19 patient of the "third wave" had just been admitted to the unit. In discussing the presentation, the following points were raised: Emma Woollett thanked John Gorst for his presentation, stating that it had been powerful to hear of the experiences of intensive care staff. Keith Reid thanked John Gorst and the intensive care team for all that they have done and continue to do as part of the Covid-19 journey. He thanked him for sharing his experience, adding that it provided astute learning and general themes which aligned with what others were finding across the UK. The first wave had been a source of great distress and would have a permanent effect on those working within the service. Richard Evans paid tribute to staff, who had stepped into the breach without hesitation having watched the scenes in Italy, not knowing what would happen in Wales and despite their own fear. He added that the health board now knew much more about the virus compared to last year, and this was helping to support those treating the patients.	
Resolved	- The presentation be **noted.**	
154/21	**PRIMARY CARE PRESENTATION**	
	Emma Woollett introduced a video from Dr Richard Tristham, Clinical Director of Primary Care and GP, setting out his experiences of the pandemic. He highlighted the following points:	

	- Following the announcement of lockdown in March 2020, practices had to work behind closed doors as much as possible and had to significantly change the way they worked. Buildings had to be redesigned to provide 'red' and 'green' zones to safely treat Covid and non-Covid patients that needed to be seen in person; - Communication during the first lockdown was not as good as it needed to be; - Significant administrative work was involved in relation to identifying those who needed to shield. Some staff were victim to aggressive behaviour from patients who had not been advised to shield but believed that they should have been; - There had been confusion around the supply and use of personal protective equipment (PPE); - The suspension of some secondary care services, such as blood tests, counselling, outpatients and therapies, had caused anxiety as some needed to be delivered by primary care services; - Operational pressures within the ambulance service had led to some delays with GP staff sometimes conveying patients who could not wait to hospital; - Once the first lockdown eased, the numbers of patients accessing primary care services started to increase, but as not all secondary care services had reopened, this led to a backlog of patients; - New ways of working had been of benefit, with diagnostics and consultant opinions obtained more quickly by telephone and email services; - By the second lockdown, staff were tired, but support was provided to the vaccination programme, both through normal surgeries and also through weekend and evening services; - As 2021 began and the second lockdown eased, the number of non-Covid patients accessing practices surged, particularly for mental health issues, and the numbers referred to secondary care increased, with many patients demanding expedite letters; - Some positives included the success of the vaccination programme and the use of technology, particularly that allowing GPs to work from home if shielding and to gain direct advice from secondary care; - Technology also helped more patients to be seen virtually by practices and many found this more convenient;	

	- His own practices had moved from a telephone-based service to internet-based shortly before the pandemic, with only around 22% of patients now seen face-to-face – the rest was by telephone or email. The practice had a 95% satisfaction rate. In discussing the presentation, the following points were raised: Reena Owen commented that it had been beneficial to hear the experiences of a GP, and it was important that learning was taken from this. It was pleasing to see there had been some positives, including the way in which technology was assisting practices to see and diagnose patients rapidly. Keith Lloyd acknowledged the work of primary care and intensive care throughout the pandemic and offered his thanks. Martyn Waygood noted the patient satisfaction score for Richard Tristham's practice, adding it would be beneficial to understand how patients at other practices felt about the changes. Anjula Mehta responded that the vast majority of practices were now using 'AskMyGP', an online service for patients. Use of the system remained high and numbers of people registering were increasing. Patients seemed to like the system, particularly the convenience it afforded, as often they could communicate with the GP out-of-hours. Anjula Mehta advised that there had been significant changes within primary care and staff were tired, so consideration was needed how best to support them as they continued to see patients.	
Resolved:	- The presentation be **noted**.	
155/21	**SUMMARY OF THE YEAR**	
	A presentation setting out a summary of the year was **received.** In introducing the report, Emma Woollett stated that it had been a long, hard year and she was very proud of the way the organisation and those working within it had responded. There had been a number of retirements within the Board and new faces joining, which she outlined. She welcomed Mark Hackett and Steve Spill as Chief Executive and Vice-Chair respectively. She also thanked the bBoard, noting in particular those in interim roles through such a difficult year. The presentation highlighted the following points: - Testament was paid to Keith Reid as gold commander of the pandemic response;	

	- Coronavirus had been officially declared a public health emergency of international concern on 31st January 2021 at which time the health board's gold command structure was established; - The health board had been the first to implement a drive-thru testing centre and had played a significant role in Welsh vaccination programme, supported by primary care; - A paediatric emergency department had been opened as well as two field hospitals in a matter of weeks; - Tribute was paid to the support provided by military colleagues; - The health board had quickly learned how to adapt digitally and was the first in Wales to implement Consultant Connect to support communications between primary and secondary care and the first to establish e-prescribing; - Electronic devices were provided to wards to allow shielding medics to continue their rounds and for patients to keep in contact with loved ones while visiting was stopped; - The wider workforce was also able to work from home when appropriate through Office 365, and the use of data had increased to better support decision making; - Just under £1.1billion had been spent in 2020-21, which included £150m additional funding from Welsh Government to support the Covid response; - The financial position at the end of the year had been a deficit of £24m and while this was in-line with the financial plan, it was a failure to meet a financial duty to breakeven; - The capital plan recorded an underspend of £28k; - Operational performance had not been as expected due to the pandemic but through digital innovations, 40% of patients had been able to be seen/treated virtually during the first two waves; - 250,000 outpatients had been seen and 97,000 people attended the emergency department during the year; - The health board had now returned to 80% planned care activity levels and work was continuing to increase this further. Diagnostic and therapy performance was back at national target levels; - Morriston Hospital was the first in Wales to build a solar farm – at a cost of £5.7m, it would generate a quarter of the site's electricity; - The health board had opened Wales's first mother and baby unit for those who with mental health issues during pregnancy or after birth. Previously the closest facility had been in Bristol;	

	- Staff health and wellbeing had been paramount with a number of packages implemented; - The focus for 2021-22 was to improve patient experience through better quality and safety and less harm – five quality priorities had been agreed as well as clinical outcomes and standards; - Work was being undertaken to determine how best to provide services in hospital and the community through the rejuvenation of sites; - There was an ambition to transform mental health and learning disability services and provide better staff experience; - It was uncertain what the future would bring following the easing of restrictions but there was a determination to recover and deliver services.	
Resolved:	- The presentation be **noted**.	
156/21	**QUESTION AND ANSWER SESSION**	
	In introducing the question and answer session, Emma Woollett noted that questions had been received from families involved in the health board's external review of the children's community nursing team. As this review was ongoing, it was not be appropriate to answer these queries as part of the annual general meeting and responses would be provided directly to those who have asked questions following the meeting. However one of the questions had asked if the health board would commit to publishing the full report from the independent external review. The report was anticipated to be completed by 30th September 2021 and Emma Woollett confirmed that, in-line with current practice, the Board would publish the recommendations in full. A number of questions had been received in advance of the meeting and the following answers were provided: *Question One: How does the health board explain having one of the highest rates of hospital caught Covid-19 infections in Wales?* Richard Evans responded that that a Wales-wide focus would be given to cases of hospital acquired Covid-19 in the next few months but it was important to note that such deaths were counted in different ways dependent on criteria, which included the hospital type. As the health board had three acute sites, this would impact on its numbers. Throughout the last 18 months, strict infection control measures had been implemented in-line with national guidance, but despite this a	

	number of cases were still identified in admitted patients, some of whom subsequently died. Some patients caught the virus while in hospital, while others were incubating it on admission. Each death was a tragedy and the impact on loved ones was recognised. Richard Evans also confirmed that each death was being reviewed in detail by the health board as part of the Wales-wide work. *Question Two: How has the health board complied with the Nurse Staffing Levels (Wales) Act 2016 legislation throughout the pandemic and what preparations are in place for the extension of section 25b of the act to paediatrics?* Christine Williams advised that it had been clear at an early stage that changes would need to be made on wards covered by the Act due to the unavailability of staff at the onset of the pandemic. In March 2020, each health board had received a letter from the Chief Nursing Officer clarifying the position of the Act and advising that professional judgement should be used to navigate the risks of moving staff around, and that this would not be considered as non-compliance. Wards were repurposed during the first and second waves to accommodate the needs of patients, and other nursing staff (such as students and clinical nurse specialists) as well as allied health professionals were used to backfill deficits. The situation was risk assessed on a daily basis. In terms of the extension of the Act to paediatrics, Christine Williams stated that the health board had followed the national approach and had convened a task and finish group to ensure this was fully implemented. The work was on track to reach the required milestones and the first triangulation of data would be available in August 2021, with a formal report to Board in the autumn. *Question Three: What is the compliance with PADR and mandatory training?* Julian Quirk advised that as at 31st June 2021, compliance with appraisals was just under 65%. This reflected the circumstances of the previous year, with some staff groups having higher compliance than others, depending on their areas of work. The previous plan to link appraisals to pay progression had been suspended until the situation had stabilised. The national target was 85% compliance. The target for statutory and mandatory training was also 85% and current compliance was 81%. Progress was being monitored through the Workforce and OD Committee and managers were being encouraged to support their teams to complete the modules, as online courses were available.	

	Question Four: What has been the staff turnover during the pandemic and what strategies are the health board putting in place for recruitment and retention? Julian Quirk responded that turnover had been consistently low, around 8.5% to 9% over the last five years, and this had not changed much due to the pandemic. It stood at around 9.5% as at 31st June 2021, but it was not uncommon to see seasonal variation in certain professional groups. The data was available for each service, to allow for hotspots to be identified and a recruitment and retention strategy was in development for all workforce groups. *Question Five: What are the priorities within the recovery plan? The years ahead are challenging to address the backlog of patients waiting for cancer and planned care. What is the health board doing to ensure patients receive treatment in a timely way?* Siân Harrop-Griffiths advised that along with other health organisations across the UK, the health board had a significant work to do to fully reinstate cancer and planned care services, which had been significantly impacted by Covid-19. This would need to be achieved alongside the effective delivery of urgent and emergency care services. The annual plan had been approved by the Board in June 2021. This set out the recovery plan and aimed to move the organisation to a position which was better than pre-Covid-19, based on what staff and patients had said was important. There was a three year improvement programme for urgent and emergency care to build sustainable service change, for which the public engagement would commence shortly. Hospital sites would be rejuvenated to give them clearly defined roles to integrate with primary care and provide patients with services in the places which were right for them. Staff health and wellbeing was also a key priority for the coming year. Richard Evans stated that priority had been given in the first wave to maintaining services for those with life or limb threatening conditions. Focus was now being given to restarting elective services, starting with the patients with the greatest clinical need. A review of cases was being undertaken to develop a planned approach to seeing patients, so that those waiting could be given an indication of what to expect. Cancer care was a key priority as it had been heavily impacted by Covid-19, both in terms of bed availability and reductions in capacity resulting from social distancing guidance. For example, chemotherapy chairs had to be more spaced out which meant fewer patients could be seen at one time.	

	Covid-19 had however, provided an opportunity to fundamentally change the way in which the health board provided services, and it was important that the improvements developed in response to Covid-19 were continued and built on. *Question Six: The health board has not achieved the statutory financial duty this year. Can you outline the plans in place to address this over the next few years?* Darren Griffiths advised that the health board's recovery plan was built on an integrated approach to finance, workforce, quality and performance. In terms of financial recovery, there were four areas of focus. Firstly, establishing where the deficit lay in order to target it – this had been completed. Secondly, an external financial review had been undertaken prior to the pandemic which had set out a pipeline of savings opportunities, and this was to be given a renewed focus as part of the recovery. Consideration was being given as to how to reallocate the health board's £1.1billion budget to address health inequalities, and finally there was a need to review investments to determine if they were delivering as expected or whether they needed to change.	
157/21	**CLOSING REMARKS**	
	In closing, Emma Woollett thanked those watching and reiterated that it had been an exceptionally difficult year. A great deal had been learned in 2020-21 and it was hoped that this could be used to develop the way in which the health board worked for the better. She thanked all within the health board for everything that they had done this past year and added that she hoped that the next annual general meeting could be held in person.	