# Swansea Bay University Health Board

## Unconfirmed

# Minutes of the Meeting of the Health Board held on

## in the Millennium Room, Health Board HQ, Baglan and via Microsoft Teams

**Present** 

Emma Woollett Chair

Tracy Myhill Chief Executive
Martyn Waygood Interim Vice-Chair
Richard Evans Medical Director

Christine Williams Interim Director of Nursing and Patient Experience

Chris White Chief Operating Officer/Director of Therapies and Health Science

Siân Harrop-Griffiths Director of Strategy

Keith Reid Director of Public Health (until minute 276/20)

Darren Griffiths Interim Director of Finance

Kathryn Jones Interim Director of Workforce and Organisational Development (OD)

Nuria Zolle Independent Member
Jackie Davies Independent Member
Mark Child Independent Member
Maggie Berry Independent Member
Martin Sollis Independent Member
Keith Lloyd Independent Member
Andrew Jarrett Associate Board Member

In Attendance:

Pamela Wenger Director of Corporate Governance

Matt John Chief Digital Officer and Associate Director of Digital Services

Hannah Evans Director of Transformation
Hugh Patrick Community Health Council
Steve Spill Special Advisor to the Board

Irfon Rees Chief of Staff

Claire Mulcahy Corporate Governance Manager

Minute No.		Action
266/20	APOLOGIES	
	Apologies for absence were received from Reena Owen, Independent Member.	
267/20	WELCOME / INTRODUCTORY REMARKS	

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	Emma Woollett welcomed everyone to the livestreamed meeting of the health board, particularly any members of the public watching via YouTube and Kathryn Jones, who was attending her first meeting as interim Director of Workforce and Organisational Development (OD).	
268/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
269/20	PATIENT STORY	
	A patient story was <b>received.</b>	
	Christine Williams introduced the patient story, stating that it sets out the experience of a patient who was in Morriston Hospital for more than a month recovering from a serious illness. The patient describes the ward environment, the noise, the heat and claustrophobia and his need to access outside spaces outside in the fresh air.	
	Christine Williams highlighted how the video demonstrates the importance for patients to experience the outside and how important it is for their rehabilitation. There have been some court yard project developments to meet this need, including:	
	<ul> <li>the physiotherapy department had opened a courtyard for therapy at Morriston Hospital;</li> <li>the environment team received a grant from Keep Britain Tidy to improve the area and access to the courtyard at Gorseinon Hospital;</li> <li>there was a large project with National Botanic Garden of Wales to improve the green environment at all our sites.</li> </ul>	
	She added that these developments were important but the key issue to address is the issue of smoking on all sites and the impact of that on our patients.	
	In discussion, the following points were raised:	
	Martyn Waygood queried whether the facilities which were off limits previously due to the issue of smoking were now available. Christine Williams advised that the issue of smoking across all our sites has been discussed at a number of forums and addressing this issue was challenging. Some courtyards have been opened up to allow access, and the ongoing projects will support that going forward.	

Mark Child highlighted the benefits of access to green space in the public's wellbeing and mental health and the benefits for patients in terms of their rehabilitation to get better. He stated that the health board must make every effort to enforce the smoking ban on all our sites.	
Tracy Myhill advised that this was also an issue for staff in terms of passive smoking. The issue was raised at a recent 'Meet the Executive Team' session in terms of the impact on our staff. She advised that regulations would change next year. There would be a smoking ban on all sites and enforcement powers would be put in place.	
- The patient story be <b>noted.</b>	
MINUTES OF THE PREVIOUS MEETING	
The minutes of the meetings held on July <b>received</b> and <b>confirmed</b> as a true and accurate record.	
MATTERS ARISING	
(i) Minute 236/20 - Delivery of Quarter One Plan	
Maggie Berry referred to page 10 of the minutes in relation to the discretionary capital plan. It states that an update would be received at the meeting today. Darren Griffiths advised that the capital plan features in the Quarters 3 and 4 Plan and also within the finance update later on the agenda.	
ACTION LOG	
The action log was <b>received</b> and <b>noted</b> .	
CHAIR'S REPORT	
A verbal update from the chair was received.	
In introducing the report, Emma Woollett highlighted the following points:	
- The situation of COVID-19 is moving at a fast pace and we are now on high COVID alert;	
- As a health board we are working closely with the local authorities and	
	wellbeing and mental health and the benefits for patients in terms of their rehabilitation to get better. He stated that the health board must make every effort to enforce the smoking ban on all our sites.  Tracy Myhill advised that this was also an issue for staff in terms of passive smoking. The issue was raised at a recent 'Meet the Executive Team' session in terms of the impact on our staff. She advised that regulations would change next year. There would be a smoking ban on all sites and enforcement powers would be put in place.  The patient story be noted.  MINUTES OF THE PREVIOUS MEETING  The minutes of the meetings held on July received and confirmed as a true and accurate record.  MATTERS ARISING  (i) Minute 236/20 - Delivery of Quarter One Plan Maggie Berry referred to page 10 of the minutes in relation to the discretionary capital plan. It states that an update would be received at the meeting today. Darren Griffiths advised that the capital plan features in the Quarters 3 and 4 Plan and also within the finance update later on the agenda.  ACTION LOG  The action log was received and noted.  CHAIR'S REPORT  A verbal update from the chair was received.  In introducing the report, Emma Woollett highlighted the following points:  The situation of COVID-19 is moving at a fast pace and we are now on high COVID alert;

- The key message to the public is to 'please comply with Welsh Government and in particular with the extended household rules';
- To reverse the increase in transmission it was critical that we all limit our socializing as set out within the guidance;
- The more we can comply, the better we can control the virus and limit the impact on our services;
- This was a plea from all of us at the health board in order to maintain the achievements made in the first few months of the pandemic;
- In terms of governance arrangements, all committees were now up and running as planned, and all held remotely which is working well;
- Board Development had been reinstated and one will take place on the on the 7<sup>th</sup> October which will include sessions with the Black, Asian, and minority ethnic network (BAME), Health Inspectorate Wales (HIW) and Public Health;
- In terms of the governance structure, this will remain flexible to respond to the COVID-19 situation and ensure we have the transparency and accountability required;
- The recent Structured Assessment from Audit Wales showed that the Board had maintained good governance throughout the pandemic, wit there was sustained focus on finance and performance whilst responding to the situation.
- The recruitment for the new Chief Executive was underway and going well and there would be an update at next Board meeting;
- The advert for the substantive Vice Chair post was out at the end of this month, with interviews planned for early December;
- At a meeting of the City Deal Joint Committee it was good to see progress, in particular to the life sciences campuses in Singleton and Morriston and the life science and wellbeing village at Llanelli;
- A Regional Collaboration for Health (ARCH) meeting took place this month which included all three partners: Hywel Dda, Swansea University and Swansea Bay Health Board. We reaffirmed our commitment to collaboration, with a focus on a limited number of key areas;
- The monthly update to Senedd members and Members of Parliament had been very helpful and thanks are given to our local politicians for their support and insight.

### Resolved:

- The report be **noted**.

# 274/20

CHIEF EXECUTIVE'S REPORT

An update report from the Chief Executive was received.

In introducing the report, Tracy Myhill highlighted the following points:

- In terms of the COVID-19 response, the written report was now out of date in terms of numbers of cases, which illustrates the significant change across the country;
- She would like to echo the plea of the Chair to help us as we move into a very challenging times and urge to the public to follow the guidelines, as this can make a difference. Any support from anyone to contain the spread will be greatly appreciated;
- Executives will have a more detailed discussion next week to ensure we to respond to the challenges appropriately;
- The Quarters 3 and 4 Operational plan will be critical for us in the next six months, along with unscheduled care which is a crucial part of that plan;
- We continue our internal engagement with the employees of the health board. A *Meet The Executive Team* session took place yesterday and over 150 staff attended virtually;
- Executives will continue to engage this way with our employees;
- Tracy thanked staff, who have remained steadfast over the summer, for everything they do. She added that we were now moving into the most difficult time of the year and we need to look after one another and our staff over the next six months.

#### Resolved:

The report be **noted**.

## 275/20 | COVID-19 UPDATE

- General Update

A report setting out an update in relation to Covid-19 was **received.** 

In introducing the report, Keith Reid highlighted the following points:

- We are now seeing the number of positive cases increasing across both Swansea and NPT,
- There is a significant deterioration in the position day on day, which means we are now in the red zone of threshold for action.
- There are more than 50 cases per 100k over the last 7 days.
   Consideration is being given to the need for implementation of local lockdown measures, and urgent discussions are currently taking place with regards to this;

- With regards to the prevention response plan, the report sets out the escalation approach and focuses on enhancing local control measures before Welsh Government control measures are put in place;
- The Incident Management Team is a multiagency group which has authority to direct authorities to taken action and reports to Welsh Government to request support and activate the local contingencies;
- There were two key messages for the local community to help us keep the virus under control:
  - Firstly, if you experience symptoms fever, cough or loss of smell/tastes, you need to isolate. This is very important as a delay in self-isolation will drive infection in the community. Ensure you get a test; there is capacity in the system to get a test promptly; and
  - Secondly, the public need consider and follow the guidelines of socalising and the rule of six. No more than six people from extended households should meet indoors and they must belong to the same extended household group. Up to four households can form an extended household.
- There has been an increase in patients admitted to Morriston and intensive care with severe COVID-19 symptoms;
- Our focus is on how well we and the public can manage the virus within the community;
- These increased numbers are a sobering picture and this needs to be dealt with as a matter of urgency;
- The prevention and response plan is an iterative document, which clearly sets out the escalation triggers:
- There is a multiagency incident management team which covers Swansea and Neath Port Talbot under the emergency planning arrangement and we need comply with what is directed from there:

## (ii) Test, Trace and Protect (TTP)

A report providing an update on trace, test and protect was received.

In introducing the report, Keith Reid and Siân Harrop-Griffiths highlighted the following points:

- In terms of TTP team, they have an increased the workload and are managing contact tracing in a timely fashion. There is mutual aid in place between NPT and Swansea local authorities for contract tracing;
- Problems are arising due to the increasing number of contacts per case, and this would not occur if rule of 6 was being applied. There are also delays in seeking tests when having symptoms;

- For TTP, they had recruited at 50% capacity initially and are now up to 100% capacity, with staff being drawn in immediately;
- There is an increase in testing capacity so the public are able to access, and we urge the public to get tested;
- From Monday, there would be seven mobile, locally available testing units in the area, carrying out sessions throughout the week. We are also in discussion about a walk-through testing unit at Swansea Grand Theatre;
- Audit Wales have undertaken a review of the testing process and results will be discussed shortly;

In discussing the report, the following points were raised:

Mark Child commented that he had had a recent conversation with a Member of Parliament from London who commended our tracing record and the level of tracing we are undertaking. In terms of the number of cases, he queried whether these were spread across the community or whether they were clustered. Keith Reid replied, stating that there had been an underlying trend in the increase of cases and an unusual pattern of peaks of cases seven days apart. There have been some discrete clusters across the community; we have seen multiple clusters with up to a dozen cases and also some sporadic cases across the areas. If we continue to see a rise in community transmitted cases, this would trigger the local lockdown measures.

With regards to testing in care homes, Mark Child stated it was imperative that this sector has full confidence in the health board going forward. We need to ensure that we react to the testing of staff and residents in care homes and increase the testing as and when necessary. Keith Reid replied, stating that there was significant contrast in the laboratory testing between the UK labs and those run by Public Health Wales. Public Health Wales had expanded laboratories in Wales so we can access some additional testing slots. In relation to care homes, we have to continue to go through lighthouse laboratories, and there was continued effort to ensure results are obtained with a quick turnaround. If suspected cases arise, we are undertaking whole home tests in 24hours with rapid results. This has been the way we have mitigated the risk.

Andrew Jarret queried whether lessons were being learned from areas that have seen a spike before us. In some areas, this spike has affected our staff groups a lot more and business continuity is very important. Keith Reid responded, agreeing that this was very important and it has the potential to put significant challenge and strain on the health board. His observation was that there appeared to be a different set of tensions compared to earlier in the year. In the first wave, there was a primary focus on COVID-19 and this is not the case now. There are a different set of expectations in terms of maintaining access to services and ensuring the workforce is in place.

Pressures are now on a larger scale and more complex. There is a sense of apprehension amongst the workforce.

Maggie Berry commented that she was pleased that a decision had been made to appoint an archivist for COVID-19. Keith Reid added that the employee would begin immediately, as it was important to capture all the actions and lessons learned linked to COVID-19.

Maggie Berry made reference to Assistant Director of Health and Safety, who had managed a consistent approach to our bed spacing which had ensured maximum capacity for the health board. Keith Reid commented that this was a great piece of work, which has assisted our capacity modelling plans and has enabled us to maintain capacity in the system.

Maggie Berry stated that the Health and Safety Committee had raised concerns surrounding Perspex curtains and patient dignity. They also raised concern with regards to healthcare acquired infection transmissions and whether this would factor into the RIDDOR report for the Health and Safety Executive. Keith Reid advised that there was ongoing consideration of patient dignity. In terms of nosocomial transmission, this was seen in the 1<sup>st</sup> phase, but we are working to make sure lessons learned are incorporated into our plans. We also need to consider how we deploy our staff to avoid the risk of transmission. He reminded Board members that we now have real time data as part of dashboard to monitor nosocomial transmissions.

Matt John made reference to the NHS COVID-19 app, which launched today for those over 16 years old. This can be downloaded via google or the apple platform.

Nuria Zolle queried whether we had information on the number of people who cannot get a test and who are driving demand elsewhere. Keith Reid advised that concerns were raised in relation to 119 and the government portal which had directed people to tests outside the area. There is now capacity locally and much more control and local reliability for testing. Members of the public should be confident in using our dedicated telephone line for accessing testing.

Keith Lloyd queried whether attention had been paid to the impact of the pandemic on mental health and wellbeing and what steps were being undertaken to address this for both staff and the general public. Keith Reid replied that this was a consistent concern, particularly in relation to those who have suffered loss of employment or financial losses. There has been the implementation of the mental health sanctuary for those who require specialist support. In terms of generic mental health support this has been picked up through the community groups and third sector for vulnerable groups. This is an important area, and executives would be happy to receive suggestions or opportunities to specifically address mental health support.

Emma Woollett thanked Keith Reid, Sian Harrop-Griffiths and her team for all their support and hard work.

# Resolved: (i) General Update The progress in responding to COVID-19 and key activity during July and August 2020 was noted. The overarching critical risks to the health board relating to the pandemic was **noted**. (ii) Test, Trace and Protect The Welsh Government requirements for the Test, Trace and Protect programme was noted. The progress made across Swansea Bay in implementing the Test, Trace and Protect programme on a multiagency basis was **noted.** The risks associated with implementation of the programme were noted. The submission of the multiagency Swansea Bay Covid Prevention and Response Plan to Welsh Government and the planned resubmission was noted. 276/20 OPERATIONAL PLAN FOR QUARTERS THREE AND FOUR A report providing an update on the operational plan for quarters three and four was received. In introducing the report, Siân Harrop-Griffiths highlighted the following points: The plan had been considered at a briefing session for independent members in August. This report provides an update on the approach and work to date: **Appendix 1**, the winter protection plan, was issued by Welsh Government and sets out their approach and expectations for the upcoming winter. We are required as a health board to prepare a response to it; **Appendix 2**, which sets out detailed modelling work for general beds and emergency beds and detailed work discharge modelling and community capacity, is still being finalised: The development of the integrated Seasonal plan is being prepared in close collaboration with Local Authorities and is being discussed through community silver group. This will be an integral part of the quarter 3 and quarter 4 operational plan; Welsh Government will be issuing a template to complete for quarter 3 and guarter 4. It will require some quantitative detail on activity across core services and public health measures, and the team is working through those currently. It will also include a short narrative document;

- The full plan will be submitted on the 16<sup>th</sup> October 2020, before the deadline of the 19<sup>th</sup> October 2020.

In discussing the report, the following points were raised:

Darren Griffiths made reference to the financial approach set out in the report, adding that we are currently refining the year-end financial forecast. There will be new initiatives emerging through the integrated planning process which will increase the financial deficit, and these are being reviewed and prioritized. In terms of the capital process, we are currently engaged with Welsh Government to seek out further opportunities to develop the capital plan further.

Kathryn Jones made reference to the workforce approach on page 5 of the report, highlighting the development of a modelling tool to better understand staff availability. The team work were working through workforce plans for core surge and super surge.

She highlighted the many demands on the workforce at the moment in core services, supporting test trace protect and vaccination work and advised that all these need to be factored into the plan. Staff are fatigued and anxious about a second wave, so we will continue to put an emphasis on health and wellbeing services for our staff. She further added that a recruitment campaign had begun.

Emma Woollett informed the Board that a Special Board meeting would take place in early October when members will be able to consider the plan in more detail. Given the submission deadline, final approval will have to be through Chair's action, but she was keen that Board members had the fullest opportunity to scrutinse the plan before this approval.

## Resolved:

- The update on the development of the final draft SBUHB Q3&4 Operational Plan was **noted**;
- The revised actions and timelines aligned with the receipt and submission of the health and social care components of the Winter Protection Plan were **noted**;
- The process for consideration, review and prioritisation of service proposals emerging from the Q3&4 Plan was **noted**;

# 277/20 KEY ISSUES REPORTS

# (i) Quality and Safety Committee

A report setting out the key discussions of the Quality and Safety Committee held in July 2020 and August 2020 was **received** and **noted**.

# (ii) Health and Safety Committee

A report setting out the key discussions of the Health and Safety Committee held in September 2020 was **received** and **noted** with a verbal update

	outlining that backlog maintenance remained an issue, and there was difficulty obtaining engagement and responsibility from some of the smaller sites. The committee is continuing to embed the health and safety culture.	
	(iii) Performance and Finance Committee	
	A report setting out the key discussions of the Performance and Finance Committee held in July 2020 was <b>received</b> and <b>noted</b> , with a verbal update outlining the following from the September 2020 meeting:	
	Martin Sollis advised that focus around performance in terms of the four quadrants of harm was important and it was pleasing to see positive performance throughout the pandemic for example in cancer and handover times. An update on Continuing Health Care was received and it was highlighted that partnership working arrangements were much stronger.	
	Emma Woollett commented that within the terms of reference there are some elements of overlap and it would be helpful to review these terms of reference to avoid duplication of discussion at committees.	
	Members were content to approve the terms of reference.	
Resolved	- The terms of reference for Quality and Safety Committee were approved;	
	<ul> <li>The terms of reference and annual plan for health and safety committee were approved;</li> </ul>	
	<ul> <li>The terms of reference for performance and finance committee were approved.</li> </ul>	
	<ul> <li>It was agreed that a strategic review of Committee terms of reference would be undertaken.</li> </ul>	PW
278/20	TRANSCUTANEOUS AORTIC VALUE INSERTION (TAVI)	
	An update report on transcutaneous aortic value insertion (TAVI) was received.	
	Richard Evans highlighted the following points;	
	<ul> <li>The Board was aware of the action plan which had been developed in response to the report he had commissioned in December 2018, after it became clear that a number of patients had experienced adverse outcomes due to waiting times within the service;</li> </ul>	
	<ul> <li>This paper provides assurance on progress against the action plan, demonstrating a tightening of the process and the current waiting times despite challenges with COVID-19;</li> </ul>	

- Within the attached appendices is the assurance framework, which was formed around the recommendations of Royal College of Physicians (RCP);
- The quality dashboard is a key part of that assurance framework. It is a suite of measures which measure the quality of service we are providing. This is shared with the Quality and Safety committee on a regular basis;

In discussion of the report, the following points were raised;

Andrew Jarret stated that he would like to put on record his appreciation and take the opportunity to thank Richard Evans and his team for their responsible and transparent approach in dealing with this. As a Board member he can now take much more assurance on the positive steps forward.

## Resolved

The report be **noted**.

### 279/20 | FIELD HOSPITAL UPDATE

An update on the field hospital was received.

In introducing the report, Chris White highlighted the following points;

- The paper provides an update to the report provided to the Board in July 2020;
- The change of modelling assumptions and guidance from Welsh Government on social interaction has resulted in decrease in the forecast capacity required;
- An option appraisal was undertaken through the health board's Field Hospital Establishment Group to determine the revised future Field Hospital response. The outcome of this appraisal was that the health board's response could be delivered from the Bay Field Hospital only;
- Chair's Action was sought (and given on 13<sup>th</sup> August 2020) to support the change in model;
- Transfer of services from Llandarcy Field hospital to Bay Field Hospital took place on 28<sup>th</sup> August;
- The decommissioning process and arrangements for a date for formal termination of the contract were currently in discussion to establish a mutually agreeable date for early contract termination.

In discussing the report, the following points were raised;

Martyn Waygood queried whether the issue of drinkable water on site had been resolved. Chris White advised that there were some issues with the

	Agenda item.	. 1.0
	water supply, but a series of tests have been undertaken and his understanding was that the supply was now fit for purpose.	
	Darren Griffiths advised the Board that Welsh Government Integrated Assurance Hub had undertaken an assessment of the governance of the field hospital set ups. There were seven findings within the review which had been translated into eleven actions, seven of which are complete. There will be a follow up review on the 7 <sup>th</sup> October with the review team. Martin Sollis confirmed that the outcome of the review and progress against all actions are being scrutinised by Audit Committee to ensure all lessons are learned and embedded.	
Resolved	The update on Field Hospital provision to maintain capacity preparedness in line with modelled capacity was <b>noted.</b>	
280/20	STRATEGIC OUTLINE CASE FOR ADULT ACUTE MENTAL HEALTH RE- PROVISION	
	The strategic outline case for adult acute mental health re-provision was received;	
	In introducing the report, the following points were raised;	
	This was a significant milestone for the health board; there are only two boards in the UK using such old hospital facilities;	
	- The public consultation was undertaken in 2013/14 on future arrangements for mental health services and there had been agreement to locate a single facility in the Neath Port Talbot region;	
	- This was not taken forward as there was focus on priorities in community settings. It was picked up again in 2017, but progress was delayed due to the Bridgend boundary change;	
	- The first phase of business case process re-started in 2019, and there has been significant engagement with patients, services users and carers;	
	<ul> <li>There have been no specific decisions made on the location, with a number of possibilities being considered. It was important to note that Cefn Coed had previously been declared surplus to requirement, so a decision to use this site might have implications for capital receipts. However, potential clinical and operational risks of not co-locating services had been identified during the project teams work, so it was appropriate to retain the Cefn Coed site as a potential option;</li> </ul>	
	- It was important to highlight the financial implications of this case. The report identifies a £400k revenue gap. This is related to the increase	

in the crisis resolution service and the provision of a new psychiatric intensive care unit.

In discussing the report, the following point were raised;

Mark Child commented that this report was overdue and was very welcome. After a recent visit to Cefn Coed, it was striking how old the site had become, and the quicker we can reach a resolution for the new modern standalone facility the better.

Keith Lloyd echoed the above point welcoming the report, stating that Healthcare Inspectorate Wales had identified this as a key area for development in their last visit. A public consultation would be very important and the site will need good access to public transport for patients and relatives are able to visit

Jackie Davies made reference to the mental health unit at Neath Port Talbot adding that this was a not purpose built facility and had some issues, so a standalone facility is needed to meet the needs of the patients

Martyn Waygood stated that having visited Cefn Coed recently, it was important to highlight and to put into context that every effort has been to update the hospital, and it has been refurbished to a high standard. The patients are generally happy at the site and supportive of the staff there also. He fully supported the case for a new unit but felt it was important to highlight the commitment and positivity within the current service, despite the undoubted physical gaps.

Martin Sollis made reference the indicative dates within the report for Autumn and Winter 2022 and queried whether these were fixed. Sian Harrop-Griffiths replied that some of which were fixed through the all Wales capital programme, but we could commit to work as quickly as possible on this. This was a key priority for the capital planning team. Martin Sollis added that it was important that we make sure the relevant approvals are received at the right times and keep momentum going.

Tracy Myhill reiterated Martyn Waygood's previous point, stating that she agreed that this development was overdue but the service was about the people and we were providing a good service at the site. The service would be even better when we deliver the new facility.

Emma Woollett commented that, while this case clearly had a long history and good awareness, it would be beneficial for forthcoming business cases in general to be discussed at Independent Members briefings prior to submission to Board. This will support Sian Harrop-Griffiths in the scrutiny and approval process of the cases.

#### Resolved

- The development work undertaken with partners to complete the Strategic Outline Case was **noted**.

	Agenda iten	n: 1.5
	- The Strategic Outline Case (SOC) for submission to Welsh Government was <b>approved</b> .	
	<ul> <li>The implications for the current masterplan of including the Cefn Coed Hospital site as a one of the options to be considered for the new unit were <b>noted</b>.</li> </ul>	
281/20	FRAMEWORK FOR ENAGEMENT AND CONSULTATION	
	A report seeking approval for the framework for engagement and consultation was <b>received</b> ;	
	In introducing the report, Sian Harrop-Griffiths highlighted the following;	
	<ul> <li>The health board and Community Health Council (CHC) had worked together on an approach for continuous engagement;</li> </ul>	
	- It gives robust and transparent approach to how we do engagement;	
	- The approach has been adopted in other parts of Wales;	
	<ul> <li>This framework will enable us to engage on a range of issues simultaneously;</li> </ul>	
	- The framework has been updated co-produced with Community Health Council and has been updated in line with legislation and guidance;	
	- The revised framework is set out in Appendix A;	
	<ul> <li>Appendix B formalizes the approach of how we will handle service change during COVID;</li> </ul>	
	In discussing the report, the following points were raised;	
	Huw Pattrick recommended the framework for approval, stating that it was important particularly during COVID-19 where we are required to work as quickly and within a good framework of consultation.	
	Nuria Zolle commented that she was very happy to support and pleased to see we have co-produced the document	
	Maggie Berry commended this approach, stating as she previously worked with closely with the health board in the 3 <sup>rd</sup> Sector and the partnership with 3 <sup>rd</sup> Sector is one of the best in Wales.	
	Emma Woollett thanked CHC colleagues for the continued constructive way in which they work with us.	
	Sian Harrop-Griffiths thanked the Assistant Director of Strategy and Partnerships, for her work on this report and the following agenda item	
Resolved;	- The work undertaken in co-developing and coproducing the revised framework for engagement and consultation between the health board and the community health council was <b>noted</b> ;	

- The framework for engagement and consultation was approved; - The covid-19 agreement with the CHC was approved; - The covid-19 agreement with the CHC was approved;  PARTNERSHIPS BETWEEN HEALTH BOARD AND VOLUNTARY SECTOR  A report outlining the partnerships between the health board and the voluntary sector was received.  In introducing the report, Sian Harrop-Griffiths highlighted the following points; - The report outlines the working arrangements with the 3rd Sector and the opportunities where we can further develop these relationships; - We will produce a revised and updated strategic framework for working with the voluntary sector; - The report sets out examples of where we are working closely with the 3rd sector for example GP Clusters and Our Neighbourhood Approach; - It was important to pick up the learning from the way we have worked together during COVID-19 - There is a co-productive approach to developing the framework with the 3rd Sector and there is potential for Board members to be involved in the development.  In discussion of the report, the following points were raised; Nuria Zolle added that the paper was excellent and a good foundation for us to build on with our relationship with the 3rd Sector which is fundamental. There is a lot to learn from the 3rd sector and she hoped to continue to strengthen our relationship with them.  Maggle Berry commented that the work undertaken has been commendable. Integrated Care Funding did help to make this relationship better in terms of co-production.  Mark Child concurred with the above comments and stated he would be happy to join any groups. There were lessons to be learned from the 3rd sector and their ability to be experimental. It was useful to see how they operate and learn from it.  Emma Woollett requested that the Board members thanks are relayed to the Assistant Director of Strategy and Partnerships for her work to date and reports today.  **The partnership between the health board and the voluntary sector and the positive impact this has for the	<del>.</del>	Agerida iterii. 1.5	
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	<ul> <li>The intention to develop a Strategic Framework with the voluntary sector for 2021-24 was noted.</li> <li>The potential opportunities for the health board to further strengthen its relationship with the Voluntary Sector was noted.</li> </ul>	
283/20	NHS PARTNERSHIPS	
	A report providing an update on external partnerships was received.	
	In introducing the report, Sian Harrop-Griffiths highlighted the following points;	
	<ul> <li>The Major Trauma Network went live on the 14<sup>th</sup> September 2020 and there had been 40 patients admitted so far;</li> </ul>	
	<ul> <li>Some had been coordinated through the triage desk. There had been a number of repatriations which tested the system, and this has worked well;</li> </ul>	
	- A transfer between several health boards had gone smoothly;	
	<ul> <li>An ARCH meeting took place last week         – the business of ARCH continues to progress, with a focus on some of the service change elements;</li> </ul>	
	The Joint Executive Group with Cwm Taf Morgannwg Health Board had taken place with the new Chief Executive;	
	The partnership with Cardiff and Vale health board on some difficult service issues has been working well.	
	In discussing the report, Tracy Myhill advised that the recent Joint Executive Group with Cwm Taf Morgnnwg colleagues had gone well, and positive conversations had taken place regarding partnership working, risk sharing and working for the benefits of patients and staff. She added that was an important relationship for the health board as there were over 100 service line agreements between us and it is important we work together going forward.	
Resolved	The report be <b>noted.</b>	
284/20	EXTERNAL PARTNERSHIPS	
	A report providing an update on the external partnerships was <b>received.</b>	
	In introducing the report, Sian Harrop-Griffiths highlighted the following points:	
	<ul> <li>The Health Campus business case, which takes place through the City Deal, was near finalization. This collaboration between Swansea University, Hywel Dda and the health board would deliver two site solutions to improve health and wellbeing in the region;</li> </ul>	

	<ul> <li>Phase 1 involves a development at Morriston, a digital technology centre, and at Singleton the proposal is to develop an innovation centre for health, wellbeing, life science and sport;</li> </ul>	
	<ul> <li>The strategic outline case will have to go through various approvals and will take place in the autumn. This will then be submitted to the City Deal.</li> </ul>	
Resolved	The report be <b>noted</b> .	
285/20	LOCAL PARTNERSHIP FORUM	
	An update on the local partnership forum was <b>received.</b>	
	Kathryn Jones advised that the main focus of the forum currently and over the last few months has been on COVID-19.	
	In discussing the report, Maggie Berry stated it would beneficial and important for members of the local partnership forum to receive the recent health and safety newsletter which focuses on COVID-19. Kathryn Jones undertook to arrange this.	
	Jackie Davies added that she would like to highlight the excellent support our staff have received during the pandemic and workforce colleagues had been really flexible in this regard.	
Resolved	The report be <b>noted</b> .	
286/20	STAKEHOLDER REFERENCE GROUP	
	An update report on the Stakeholder reference Group (SRG) was <b>received.</b>	
	Christine Williams highlighted the following points;	
	- The report highlights the key matters discussed in the meetings on the 7 <sup>th</sup> July 2020 and 18 <sup>th</sup> August 2020;	
	<ul> <li>In relation to the patient feedback report, while the friends and family questionnaire had been suspended, patient feedback was being monitored on line and reported directly to the delivery units;</li> </ul>	
	<ul> <li>The meeting on the 10<sup>th</sup> September was cancelled at the last minute, due to the resignation of the Chair from the Stakeholder Reference Group;</li> </ul>	
	- Work is underway to secure a Chair and Vice Chair and amendments will be made to the memorandum of understanding to ensure lack of a	

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	formal Chair/Vice Chair does not prevent a meeting from taking place again.	
	In discussing the report, Maggie Berry added that, as previous Chair of the SRG, how important it was to have chair and vice chair in place and how very important this group was for the health board	
	Maggie Berry made reference to the issue within the report on accessible letters, stating that issue had been raised with NHS Wales Informatics Services and accessible letters were a requirement under the Equality Act. Matt John advised he was happy to take this outside of the meeting to address.	
Resolved;	- The issue of accessible letters be discussed outside of the meeting;	MJ/MB
	- The report be <b>noted.</b>	
287/20	PERFORMANCE REPORT	
	The performance report was received.	
	Emma Woollett reminded the Board that the performance report had been scrutinised in some detail in the September 2020 meetings of both Performance and Finance and Quality and Safety committees.	
	In introducing the report, Darren Griffiths highlighted the following points:	
	<ul> <li>The structure of the report had changed to reflect the four quadrants of harm set out in the Welsh Government COVID-19 operating framework;</li> </ul>	
	<ul> <li>The report included three new components; primary and community care metrics, COVID-19 metrics and information on immunization and vaccinations, which would be developed in coming months;</li> </ul>	
	<ul> <li>In relation to unscheduled care, red call response rates within eight minutes remained above target and delivered over 65 % consistently;</li> </ul>	
	<ul> <li>The one-hour ambulance handover delays had started to increase as pressure is increasing within the system but performance stood at over 81%;</li> </ul>	
	<ul> <li>The reporting of stroke measures had re-started following its suspension at the start of the pandemic;</li> </ul>	
	<ul> <li>August had been challenging in terms of increased infection rate, and detailed discussion on this had taken place at the Quality and Safety Committee;</li> </ul>	
	<ul> <li>Page 39 sets out performance figures for planned care which cover metrics for access times, outpatients, lengths of waits, diagnostics and</li> </ul>	

therapies. We are working to address this as far as possible within the constraints we are operating under at the moment.

 Cancer performance was strong and stood at a level of 88% for August;

In discussing the report, Emma Woollett stated it was good to see the primary care measures within the report. Martyn Waygood concurred, but advised that discussion at Quality and Safety Committee suggested that this could be further developed.

With regards to infection control figures, Martyn Waygood advised that this was regularly discussed at Quality and Safety Committee. In particular, for healthcare acquired infections, a significant number of infections are related to transmission from the community. The committee were given assurance that the Infection Prevention Control team would be working out in the community to address the issue.

Emma Woollett made reference neurodevelopment targets stating she would pick this up outside of the meeting.

# Resolved:

- The health board performance against key measures and targets be **noted**.

# 288/20

## **FINANCIAL REPORT**

A report providing an update on the financial position was received.

In introducing the report, Darren Griffiths highlighted the following points:

- The base (pre-COVID) financial plan for 2020-21 was a year-end deficit of £24.4m;
- The month five position was an overspend of £7.582m in-month, which gives a cumulative overspend of £28.711m. This position is net of the receipt of £37.065m from Welsh Government, of which £6.831m was for staffing and £28.897m for field hospital establishment;
- No funding has been received for COVID or workforce in months 4 or
   5, but an allocation is expected shortly;
- The movement in month 5 can be attributed to £3.77m of COVID impact; £1.447m savings under-delivery and £2.358m overspend from the base plan;
- Pay is overspent by £1.872m cumulatively after the receipt of £6.831m from Welsh Government for 3 out of the 5 months. It is important to note that pay costs are £12.3m higher than the comparable period last year and we are working through this currently;

- The savings delivery target was £23m with £2.002m delivered to date and a further £3.6m currently planned. A deep dive into savings will be picked up at Performance and Finance Committee in October;
- The finance team were working with the Units to look at further savings opportunities within the recommendations of the KPMG review;
- The capital outturn figure is £2.3m overspent but we have a balanced plan. An allocation from Welsh Government to cover the overspend was due shortly;
- The Public Sector Payment Policy performance stood at 94% against a 95% target. The failure to meet the target relates to processing of agency invoices and receipting of goods and are working with operational teams to address this;
- The forecast position had been adjusted to £96.18m to account for the £2m TAVI demand, £0.331m savings delivery improvement and £1.151m additional COVID costs:
- In terms of the operational plan and forecast, it was important to highlight that with some aspects of activity we may incur additional costs to meet essential services demand and a separate forecast has been built to assess these.

In discussing the report, the following points were raised:

Emma Woollett thanked Darren Griffiths for his report, stating that it highlighted how complex it is to separate out COVID and how the grip and control on the underlying positon was fundamental.

Martin Sollis concurred, adding that we must ensure that the underlying position is under control while we deal with the uncertainty of current situation. It was important to maintain our cost base and ensure this does not drift during COVID.

Mark Child, echoed the above points stating that we need to keep an eye on the underlying position as this also affects the reputation of the health board with Welsh Government. In the near future, they will be looking at how health boards in Wales have performed in this area and there is the need to keep a constant vigilance.

Emma Woollett concurred adding that this was not about 'penny pinching' and savings, it was about provision of effective and efficient care.

### Resolved:

- The health board's financial performance for period five (August) 2020-21 was considered and commented upon;
- The Covid-19 revenue impact for period August 2020-21 be **noted**.

#### 289/20

# **NURSE STAFFING ACT (WALES)**

A report providing an update on the health board's compliance with the Nurse Staffing Act (Wales) was **received.** 

In introducing the report, Christine Williams highlighted the following points:

- The report provided compliance figures for the period 1<sup>st</sup> April 2019 to 5<sup>th</sup> April 2020;
- This annual report had been delayed due to COVID-19 and would have been reported in May but it had been agreed to postpone;
   It is the responsibility of the health board to provide appropriate nurse staffing levels in all areas where care is provided;
- As part of the Act, we are required to report against 29 adult medical and surgical wards in the health board. this includes 7 at Singleton, 21 at Morriston and at 1 at Neath Port Talbot:
- The Health Minister in December 2019 had extended the requirement to paediatric inpatient areas, and a task and finish group was implemented to take this forward. This work has been postponed until the return to normal business:
- The establishment is calculated via the triangulation methodology, using information from a bi-annual acuity measurement, professional judgement and a review of quality indicators;
- Within that calculation for the establishments, the whole time equivalent (wte) is calculated with a 26.9% head room and with 1 wte for the ward sister;
- The health board had agreed the uplift to the establishments and budgets were realigned in April 2020;
- We are required to report how we maintain staffing levels and this is done via risk assessments, the operational framework and escalation policy, recruitment and retention plans and roster and scrutiny process;
- The Act requires a report on the impact on care;
- Over the last 3 years, significant progress has been made in meeting the requirements of the Act.

In discussing the report, the following points were raised;

Jackie Davies acknowledged the health board's compliance with Act and the huge work and improvement in care. She raised a query in terms of non-compliance and how this data would be captured and whether this data would be available.

Christine Williams replied there was not a solution at present but this was being looked at on an all Wales level. A potential solution would be via the 'safe care module'. She further advised that if there were any adverse effects

	this would be reported via the Datix system. She assured that there had been none to date.	
Resolved:	- The report be <b>noted</b> .	
290/20	ANNUAL QUALITY STATEMENT 2019-20	
	The Annual Quality Statement for 2019-20 was received.	
	In introducing the report, Christine Williams highlighted the following points:	
	The annual quality statement forms part of the annual reporting process for all NHS organisations;	
	<ul> <li>Due to the impact of COVID-19 there had been a delay in the submission, but confirmation was received May 2020 which stated that submission would be by the 30<sup>th</sup> September;</li> </ul>	
	<ul> <li>The data within this year's submission would not be compared to last year's due to the Bridgend boundary change, so the document is presented slightly differently;</li> </ul>	
	- The document had been circulated and considered at the Stakeholder Reference Group, Quality And Safety Governance Group, Audit Committee and Quality and Safety Committee prior to being submitted to Board.	
	The document was still in draft format as comments and changes from Quality and Safety committee were to be included;	
	- The final document will be circulated to members prior to submission;	
	- There would be an easy-read and Welsh version of the document.	
Resolved:	- The revised Annual Quality Statement be approved.	
291/20	HEALTHY RELATIONSHIPS FOR STRONGER COMMUNITIES STRATEGY	
	A report seeking approval of the healthy relationships for stronger communities' strategy was <b>received.</b>	
	Christine Williams highlighted the following points;	
	Neath Port Talbot local authority and the health board had reaffirmed their commitment to tackle domestic abuse and sexual violence;	

- This document builds upon progress of the original strategy, which launched in 2017 and prioritizes prevention, protection and support;
- The strategy raises awareness and focuses on key areas of communication and engagement, multiagency working and commissioning and the national training programme;
- The item had been considered at the Safeguarding Committee and Quality and Safety Committee and approved by Neath Port Talbot Council.

## Resolved

- The report be noted.
- The Neath Port Talbot Healthy Relationships for Stronger Communities Strategy for 2020-2023 was **approved.**
- The communication statement be approved

## 292/20 KEY ISSUES REPORT

# (i) Audit Committee

A report setting out the key discussions of the Audit Committee held in September 2020 was **received** and **noted** with following updates;

With regard to the field hospital review, Martin Sollis stated it was pleasing that the health board were learning lessons, and the Audit Committee took assurance that actions were being undertaken following the recommendations of the review.

Maggie Berry made reference to the risk sharing agreement due to be invoked in 2020/21 and how this would affect the financial position. Martin Sollis advised that the health board were waiting to understand how this would be calculated and mechanisms. Darren Griffiths advised the value had been estimated at £2.3m and the health board does have provision for this. He assured that this was under constant review by Shared Services and the health board and reported back to Audit Committee;

## (ii) Workforce and OD Committee

A report setting out the key discussions of the Workforce and OD Committee held in July 2020 was **received** and **noted** with following update;

Tom Crick advised that plans had been significantly affected due to COVID-19, but there was a focus on the Workforce and OD Framework to plan and implement some of the strategic elements of the Workforce and OD agenda.

# (iii) Mental Health Legislation Committee

A report setting out the key discussions of the Mental Health Legislation Committee held in August 2020 was **received** and **noted**, with a verbal update outlining the following:

Martyn Waygood made reference to the 70 exceptions under the mMental Health Act, noting that these can be relatively minor issues. While they can have consequences, these are not generally significant. In terms of the number of invalid detentions, the consequences are more significant but he assured the Board that the committee does monitor this closely.

Thanks were given to Jackie Davies for her work as Chair of the Hospital Managers Powers of Discharge committee.

# (iv) Charitable Funds Committee

A report setting out the key discussions of the Charitable Funds Committee held in July 2020 was received and noted with the following update:

The committee approved a request for funding from Singleton charitable fund at the sum of £167k in relation to purchasing equipment to improve patient experience. Many thanks given to the person who kindly donated the legacy that made this possible.

## Resolved

- The Audit Committee terms of reference be approved;
- The Mental Health Legislation Committee annual report be approved;
- The Hospital Managers Powers of Discharge Committee annual report be **approved.**
- The Charitable Funds Committee terms of reference be **approved.**

## 293/20

## CORPORATE GOVERNANCE ISSUES

A report providing an update on corporate governance issues was **received.**In introducing the report, Pam Wenger highlighted the following points:

- The Board was asked to note the Socio- Economic Duty 2020 which is due to come into effect in March 2021;
- An update will be brought to a Board development session to understand the impact of this on the organisation;
- The report sets out the Board and Committee arrangements going forward, which were planned to return to that of pre-COVID;
- However, it was recognized that it would be important to take account
  of the operational reality over the next few months and adjust the
  governance arrangements accordingly.

In discussion, Tracy Myhill added that it was important to highlight that the governance arrangements would be approved but were subject to the immediate review of the emerging situation with COVID-19. The report be **noted**; The proposal to return Board and committee arrangements to the schedule set prior to COVID -19 be approved subject to the immediate review of the current situation with COVID-19. 294/20 ANNUAL REPORTS (i) Research and Development The annual report for Research and Development was received. Richard Evans highlighted the following points; The report provides the Board with an update on the R&D agenda with particular focus on the impact of COVID-19: The report highlights the huge contribution the health board has made into research related to COVID -19, in particular that of utility of dexamethasone and the interlinking projects the health board is involved in: In discussion, Martin Sollis made reference to the financial implications and queried whether the Director of Finance was aware of that £200k loss associated with loss of activity. Darren Griffiths advised that the £96.1m forecast deficit included these losses. Martin Sollis further gueried whether this would be subject to change. Richard Evans advised that the health board was keen to re-start clinical trials as soon as possible as there was commercial income associated with them. However, this was vulnerable due to the current situation with COVID-19. Martin Sollis undertook to discuss his concerns on the financial impact with the Director of Finance outside of the meeting. Public Services Ombudsman (ii) The annual letter from the Public Services Ombudsman was received; Christine Williams highlighted the following points; The report updates the Board on the annual letter from the Public Services Ombudsman: The letter was positive and shows the improved relationship between the health board and the ombudsman; The letter highlights a decrease in the number of complaints referred between 2019/20 and 2018/19;

The letter also highlighted the decrease in the number of complaints that proceeded to investigation in comparison to the previous year. In discussion the following points were raised: Mark Child queried whether the numbers had decreased due to the Bridgend hospital not being included. Christine Williams confirmed that the figures were like for like, and the report does reflect a significant improvement in the processes in place. Mark Child referred to one particular incident and Martyn Waygood replied stating this was discussed at Quality and Safety Committee and that the Board can be assured that learning has taken place and the relationship between the health board and ombudsman has improved. Pam Wenger added that the improvement in the relationship should be emphasised and the ombudsman have been complimentary of the change. Conversations with the ombudsman team have been positive and they advised that if we were not in COVID-19, they would be looking to deescalate the health board from its improvement status. The Research and Development Annual Report was noted. The annual letter for the Public Services Ombudsman was **noted.** 295/20 RESPONSE TO QUESTIONS FROM MEMBERS OF THE PUBLIC No questions from members of the public had been received. 296/20 ANY OTHER BUSINESS (i) Patient Story Maggie Berry highlighted that the patient story team had received 'The Turning It Around Award at the national Patient Experience awards. (ii) Winter Protection Plan Martyn Waygood commented that as we are unaware when the COVID-19 vaccine will be available, it was important that flu vaccination programme is progressed and that as many people receive this as soon as possible. Tracy Myhill advised that there was a detailed plan in place in terms of the flu and COVID-19 vaccination. The plan would be shared with Board members. Irfon Rees advised that the formal launch for the flu campaign was on the 23<sup>rd</sup>

September and activity had begun both internally with NHS and in the

There was no further business and the meeting was closed.

community.

297/20	EVALUATION OF EFFECTIVENESS OF THE MEETING	
	Emma Woollett invited Board members to submit feedback on the meeting to her directly.	
298/20	DATE OF NEXT BOARD MEETING	
	The date of the next Public Board Meeting was <b>Thursday</b> , <b>26</b> <sup>th</sup> <b>November 2020</b> .	