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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th May 2022		Agenda Item	4.1
Report Title	Corporate Governance Report			
Report Author	Leah Joseph, Corporate Governance Officer			
Report Sponsor	Hazel Lloyd, Acting Director of Corporate Governance			
Presented by	Hazel Lloyd, Acting Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	To report on corporate governance matters arising since the previous meeting.			
Key Issues	<p>There are a number of corporate governance matters which have to be reported to the board as a regular item in-line with standing orders. This report encompasses all such issues as one agenda item.</p> <p>The Board is asked to receive the updates in relation to :</p> <ul style="list-style-type: none"> • Matters considered In-Committee; • Affixing the Common Seal; • Welsh Health Circulars; • Business Cycle; • Committee Annual Report 2021-22. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report • APPROVE the Health Board's Committee Annual Report 2021-22. 			

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

To report on corporate governance matters arising since the previous meeting.

2. BACKGROUND

There are a number of corporate governance matters, which have to be reported to the board as a regular item in-line with standing orders. This report encompasses all such issues as one agenda item.

3. GOVERNANCE AND RISK ISSUES

(i) Matters Considered In-Committee

In accordance with standing orders, the health board is required to report any decisions made in private session, to the next available public meeting of the board.

The following items were discussed during the in-committee board session in March 2022:

- **Key Issues Report from In-Committee Board Committee meetings** - a report on key issues discussed at recent committee meetings was received for assurance.
- **Urgent and emergency care pressures** - a verbal update was provided by Mark Hackett, Chief Executive.
- **Burns services** – a verbal update was provided by Richard Evans, Executive Medical Director.
- **Chair's Actions** – The following seven separate actions were received for ratification:
 - Clinical Negligence 495
 - Invoice payment to City and Council of Swansea for maintenance at the Bay Studios field hospital
 - Clinical Negligence claim 1172 462
 - Clinical Negligence claim 1243
 - Refurbishment of the fracture clinic at Morriston Hospital
 - Chairs actions to approve payment of invoices over £750k to Neath Port Talbot County Borough Council in respect of Intermediate Care Funding
 - Clinical Negligence Claim – 1372/437

(ii) Affixing the Common Seal

In-line with standing orders, a routine report on documents to which the common seal has been affixed is required. Attached at **appendix 1** are details taken from the seal register.

(iii) Welsh Health Circulars (WHCs)

Welsh Government issues WHCs around specific topics. The WHCs set out in **appendix 2** have been received since the last meeting and are available via the [Welsh Government website](#), where further details as to the risks and governance issues are available.

(iv) Board Business Cycle

At each meeting, the board receives copy of its business cycle, which outlines the business planned for each meeting. This is set out in **appendix 3**.

(i) Committee Annual Report

An integrated committee annual report has been developed to cover the breadth of each committee into one report for 2021-22. The committee chairs have been sighted on the committee annual report (**appendix 4**) and have provided comments and the final version is at appendix four for approval.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising within this report.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the report.
- **APPROVE** the Health Board's Committee Annual Report 2021-22.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The common seal is applied to legal and official documents which develop services, buildings, processes and systems to enhance the way in which the health board functions and support and patients. In addition, Welsh health circulars provide advice, guidance and information relating to changes in process or services which work to enhance services.		
Financial Implications		
There are no financial implications associated with this report.		
Legal Implications (including equality and diversity assessment)		
The common seal is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the board or committee of the board has determined it shall be completed under seal, or if a transaction to which the document relates has been approved by the board or committee of the board. Any legal implications relating to Welsh health circulars would be identified in the individual documents.		
Staffing Implications		
There are no staffing implications contained within this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

Welsh health circulars provide advice, guidance and information relating to changes in process or services which work to enhance the way in which NHS Wales organisations function and would therefore potentially have individual long-term impacts.

Report History	This report is a standard item on the board's business cycle.
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Appendices	Appendix 1 - Affixing of the common seal; Appendix 2 - Welsh Health Circulars; Appendix 3 - Board business cycle. Appendix 4 – Committee Annual Report 2021-22.
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Appendix 1

REGISTER OF SEALINGS

Document Number	Date Signed	Document Details
19/22	16.02.22	Standby Generator at Gorseinon Hospital
20/22	02.03.22	Installation of Pharmacy Robot at Singleton Hospital
21/22	02.03.22	License to Occupy Canolfan Gorseinon Centre Short Term
22/22	02.03.22	Refurbishment Works at Bryn Afon Ferndale
23/22	02.03.22	CT Scanner Replacement at Morriston Hospital
24/22	02.03.22	Lease of Unit 30D Aberafan Shopping Centre for new MVC
25/22	02.03.22	Sale of Trehafod, Waunarlwyydd Road, Cockett
26/22	11.03.22	Lease of Suite 4,8 and 9 Red Dragon Court for Training Facility
27/22	15.03.22	Boiler Replacement at Cimla Resource Centre and Cymmer Health Centre
28/22	15.03.22	Automation of Doors at Endoscopy Unit, Singleton Hospital
29/22	15.03.22	Morriston Hospital Server Room Scheme

Appendix 2

WELSH HEALTH CIRCULARS LOG

WHC number and title	Date received	Recipients
WHC/2022/005 Welsh Value in Health Care – data requirements	24/03/2022	Health Boards and NHS Trusts in Wales and Digital Health and Care Wales
WHC/2022/011 – Patient Testing Framework – Updated Guidance	24/03/2022	All Health Boards and NHS Trusts
WHC (2022) 010 – Reimbursable vaccines and eligible cohorts for the 2022/23 NHS seasonal Influenza Vaccination Programme	29/03/2022	<p>General Practitioners</p> <p>Community Pharmacists</p> <p>Chief Executives Health Boards/Trusts</p> <p>Immunisation leads Health Boards/Trusts</p> <p>Immunisation Coordinators, Health Boards</p> <p>Flu leads, trusts</p> <p>Medical Directors, Health Boards/Trusts</p> <p>Directors of Primary Care Health Boards/Trusts</p> <p>Nurse Directors Health Boards/Trusts</p> <p>Chief Pharmacists Health Boards/Trusts</p> <p>Directors of Public Health Boards/Trusts</p> <p>Executive Director of Public Health, Public Health Wales</p>

		<p>Head Vaccine Preventable Disease Programme, Public Health Wales</p> <p>Community Pharmacy Wales</p> <p>General Practitioners Council, Wales</p>
WHC/2022/009 Prioritisation of Covid-19 patient episodes by NHS Wales Clinical Coding Departments	14/04/2022	Clinical Coding managers of Local Health Boards and NHS trusts
WHC/2022/005 Welsh Value in Health Care – data requirements	24/03/2022	Health Boards and NHS Trusts in Wales and Digital Health and Care Wales

Health Board Work Programme

Topic	Lead	May	June	July	September	November	January	March	
Preliminary Matters									
Patient Story	Director of Nursing and Patient Experience								
Minutes of the Previous Meeting	Director of Corporate Governance								
Action Log	Director of Corporate Governance								
Chair's Report	Chair (verbal)								
Chief Executive's Report	Director of Corporate Governance								
Quality, Safety and Performance									
Committee Key Issue Reports	Director of Corporate Governance								
HIW Annual Report	Director of Nursing and Patient Experience								
Risk Register	Director of Corporate Governance								
Board Assurance Framework	Director of Corporate Governance								
Annual Report and Governance Statement	Director of Corporate Governance								
Annual Accounts and ISA260	Director of Finance								
Strategic Items									
Progress Against the IMTP	Director of Strategy								
Discretionary Capital Plan	Director of Strategy								
Budget and Financial Allocations	Director of Finance								
Major Incident Plan	Director of Strategy								
Winter Plan	Chief Operating Officer								
Governance									
Corporate Governance Issues	Director of Corporate Governance								
Welsh Language Standards	Director of Corporate Governance								
Review of Standing Orders	Director of Corporate Governance								
Organisational Annual Report	Director of Corporate Governance								
Accountability Report	Director of Corporate Governance								
Structured Assessment and Audit Letter	Director of Corporate Governance								
Items Already Considered by Committees									
Financial Position	Director of Finance								
Performance Report	Director of Finance								
Nurse Staffing Levels (Wales) Act 2016	Director of Nursing and Patient Experience								
Items for Noting									
NHS Wales Partnerships	Director of Strategy								
External Partnerships	Director of Strategy								
Primary Care Annual Report	Chief Operating Officer								
Carers Annual Report	Director of Nursing and Patient Experience								
Research and Development Annual Report	Medical Director								
Director of Public Health Annual Report	Director of Public Health								
Ombudsman Annual Letter	Director of Nursing and Patient Experience								
SIRO Annual Report	Director of Digital								
Advisory Group Key Issues	Director of Corporate Governance								

Swansea Bay University Health Board

Committee Annual Report 2021/22

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Chair's Foreword



Welcome to our committee annual report for 2021-22. Reflecting on the year, I am proud of the way in which we adapted our committee work to respond to the continued impact of the COVID-19 pandemic, ensuring that scrutiny of our performance and our governance continued while reflecting the realities of the operational pressures and wider restrictions.

Throughout the second and third peak of COVID-19, Welsh Government imposed continued 'working from home' restrictions. In light of the Health Board's dynamic digital utilisation, Board members were able to continue to meet virtually at committees to scrutinise reports, discuss high-level issues and focus fully on the recovery and sustainability.

2021/22 was a year of opportunity for Swansea Bay University Health Board, and we took the opportunity to develop our services to make the Health Board more sustainable in the longer-term. The engagement programme, '[Changing for the Future](#)', took place over the summer of 2021 and consulted on a number of service change proposals to address longstanding challenges, such as significant local health inequalities, a growing and ageing population, prevalence of long-term illness and recruitment and financial challenges. These were part of our [annual plan priorities for 2021-22](#). 'Changing for the Future' also set out proposals to recreate our three main hospitals as centres of excellent, and each one having a set focus. Morriston Hospital for urgent, specialist and regional care, Singleton Hospital for planned care, cancer care, maternity and diagnostics and Neath Port Talbot Hospital for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology. We are now in the process of moving these forward.

Although it has been another challenging year for the Swansea Bay University Health Board and for the communities that we serve, we are continuing our transition from responding to the pandemic to recovery, and this will progress further in 2022/23.

Keep safe

A handwritten signature in blue ink, appearing to be 'EW'.

Emma Woollett

Chair of Swansea Bay University Health Board

Introduction

Swansea Bay University Health Board's (SBUHB) committee annual report details the committee arrangements throughout 2021/22. It highlights the reports that have been received at each committee to provide advice and assurance to the board and the accountable officer on whether effective arrangements are in place.

The Health Board has established a number of committees as set out in the diagram below. Each one is chaired by an independent member and has a key role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the Health Board at its next formal meeting and all the papers for the public sessions of board and committee meetings are published on the Health Board's [website](#). There are some meetings which do not take place in public either because of the confidential nature of the business or the items are in a developmental stage. Committee meetings take place either monthly, bi-monthly or quarterly depending on committee arrangements and terms of reference.

As detailed in last year's committee annual report, a report was taken through the Quality and Safety committee which provided details on the rationale for the selections of the Health Board's five quality priorities, which are:

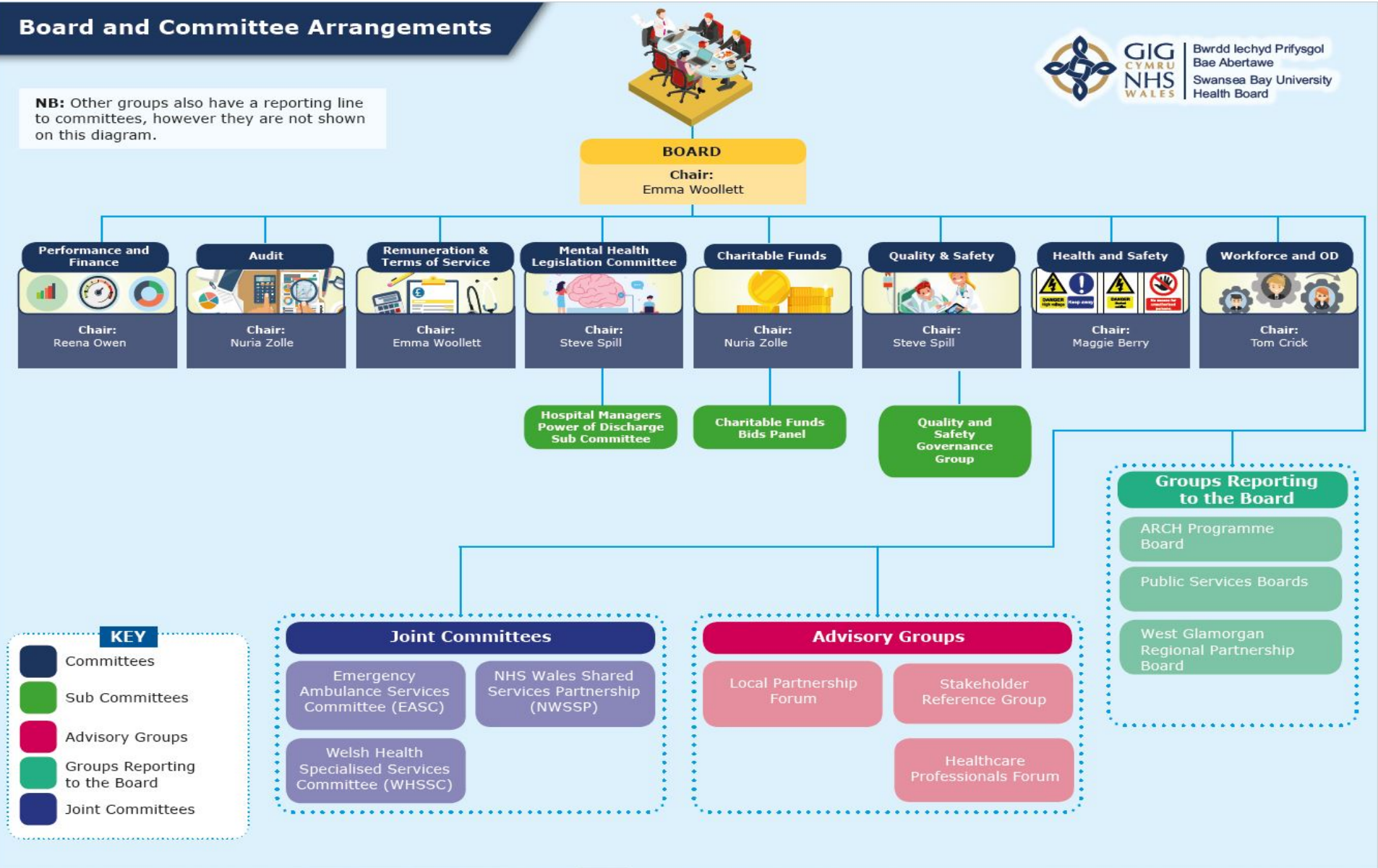
- ❖ Suicide prevention
- ❖ Falls prevention
- ❖ Sepsis
- ❖ Infection, prevention and control – healthcare acquired infections
- ❖ End of life care for adults

The quality priorities were reviewed, discussed and refined at the senior leadership team meetings on 3rd March 2021 and 17th March 2021. The quality priorities formed part of the Health Board's [annual plan priorities for 2021-22](#). For each of the five priorities, 100-day plans were developed and were aligned with the quarters of the year.

The committee work programmes have been focussed around the quality priorities and are expected to evolve as the Health Board continues to move to progress in its recovery from the COVID-19 pandemic.

Board and Committee Arrangements

NB: Other groups also have a reporting line to committees, however they are not shown on this diagram.



Committee Membership

Name of Committee	Executives	Independent Members	Secretariat	Frequency
Quality and Safety Committee	<ul style="list-style-type: none"> - Christine Williams, <i>Interim Director of Nursing and Patient Experience (to September 2021)</i> - Gareth Howells, <i>Interim Director of Nursing and Patient Experience (from September 2021)</i> - Richard Evans, <i>Medical Director</i> - Christine Morrell, <i>Director of Therapies and Health Science</i> - Keith Reid, <i>Director of Public Health</i> - Sian Harrop-Griffiths, <i>Director of Strategy</i> 	<ul style="list-style-type: none"> - Stephen Spill (<i>chair from July 2021</i>) - Martyn Waygood (<i>chair until June 2021</i>) - Maggie Berry - Reena Owen - Keith Lloyd (<i>until August 2021</i>) - Nuria Zolle (<i>until June 2021</i>) 	Leah Joseph (<i>Corporate Governance Officer</i>)	Monthly
Performance and Finance Committee	<ul style="list-style-type: none"> - Siân Harrop-Griffiths - Darren Griffiths, <i>Director of Finance and Performance (from July 2021)</i> - Rab McEwan <i>Interim Chief Operating Officer (from March 2021 to August 2021)</i> - Janet Williams, <i>Interim Director of Operations (from August to October 2021)</i> 	<ul style="list-style-type: none"> - Reena Owen (<i>chair</i>) - Stephen Spill - Pat Price (<i>from November 2021</i>) - Paul Mapson – board advisor (<i>from January 2022</i>) 	Claire Mulcahy, (<i>Corporate Governance Manager</i>)	Monthly

	<ul style="list-style-type: none"> - Inese Rowbotham, <i>Chief Operating Officer (from October 2021)</i> 	<ul style="list-style-type: none"> - Mark Child 		
Audit Committee	<ul style="list-style-type: none"> - Christine Williams - Gareth Howells - Darren Griffiths 	<ul style="list-style-type: none"> - Nuria Zolle <i>(chair from July 2021)</i> - Martin Sollis <i>(chair until June 2021)</i> - Tom Crick - Jackie Davies - Keith Lloyd <i>(from January 2022)</i> - Patricia Price <i>(from November 2021)</i> 	Leah Joseph	Bi-monthly
Health and Safety Committee	<ul style="list-style-type: none"> - Christine Williams - Gareth Howells - Darren Griffiths - Rab McEwan - Janet Williams - Keith Reid - Inese Rowbotham - Kathryn Jones, <i>Interim Director of Workforce and Organisational Development (to July 2021)</i> - Debbie Eyitayo, <i>Director of Workforce and Organisational Development (from August 2021)</i> 	<ul style="list-style-type: none"> - Maggie Berry <i>(chair)</i> - Jackie Davies - Tom Crick 	Leah Joseph	Quarterly

Charitable Funds Committee	<ul style="list-style-type: none"> - Darren Griffiths - Sian Harrop-Griffiths 	<ul style="list-style-type: none"> - Martyn Waygood (<i>chair to December 2021</i>) - Nuria Zolle (<i>chair from February 2022</i>) - Jackie Davies 	Georgia Pennells (<i>Corporate Governance Administrator</i>)	Quarterly
Mental Health Legislation Committee	<ul style="list-style-type: none"> - Christine Williams - Gareth Howells 	<ul style="list-style-type: none"> - Steve Spill (<i>chair</i>) - Martyn Waygood (<i>until November 2021</i>) - Jackie Davies - Maggie Berry 	Claire Mulcahy	Quarterly
Workforce and OD Committee	<ul style="list-style-type: none"> - Kathryn Jones - Debbie Eyitayo - Christine Williams - Gareth Howells - Richard Evans 	<ul style="list-style-type: none"> - Tom Crick (<i>chair</i>) - Nuria Zolle - Jackie Davies 	Claire Mulcahy	Bi-monthly

Performance and Finance Committee

The Performance and Finance committee was established in June 2017. Its principle remit is to scrutinise and review to a level of detail not possible in board meetings performance relating to:

- financial planning and monitoring, including delivery of savings programmes;
- activity and productivity including operational efficiency and effectiveness and workforce metrics;
- operational delivery against national performance measures

It also ensures that, via its approach to examining escalation areas, evidence-based and timely interventions are implemented to drive forward improved performance, thereby allowing the Health Board to achieve the requirements and standards determined for NHS Wales and as outlined within the Health Board's annual plan.

During 2021/22, the following reports were received by the committee:

Performance

❖ Integrated Performance Report

One of the main areas of focus for the committee was the integrated performance report. As a standing agenda item, the report was received on a monthly basis and provided an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.

Due to the change in focus during the pandemic the layout of report was restructured to align with the four quadrants of harm set out in the NHS Wales COVID-19 Operating Framework. The report also included local COVID-19 specific measures and a new suite of primary and community therapies measures. The report also set out vaccination and immunisation information, which developed as the financial year progressed.

During the year, key high level performance issues were highlighted in relation to the following areas;

- COVID-19 metrics
- Unscheduled care;
- Cancer;
- Planned care;
- Healthcare acquired infections;
- Stroke;
- Mental health and child and adolescent mental health;
- Clinically optimised patients;
- Sickness absence;
- Serious incidents and complaints;
- Diagnostics and therapies; and
- Theatre efficiencies.

❖ Primary Care Performance Data

Early in the financial year, there was a focus surrounding performance in primary, community and therapies service. Reports were received throughout the year that

provided measures and data for primary care contracted services to enable the development of meaningful information for assurance on contracted services.

❖ **Performance Management Framework**

The report set out the performance management framework for SBUHB for recommendation for approval by the Board.

❖ **Unscheduled Care Performance**

At April, June and August's committee meetings, reports were provided on SBUHB's performance against the key tier 1 target for urgent and emergency care. The unscheduled care demand has been significantly impacted since the start of COVID-19. Wider system indicators demonstrate an increase in admission numbers, emergency bed day utilisation and patients with a length of stay greater than seven days. SBUHB has committed to an ambitious unscheduled care programme of service developments and expansion across primary, community and secondary care services to improve delivery.

❖ **Continuing Healthcare (CHC) Quarterly Performance Report**

Health Boards across Wales have a statutory duty to report continuing healthcare performance to its boards on a quarterly basis. The reports provided an update on quarterly activity and the financial and performance management relating to CHC funded care.

❖ **Signal project system**

The paper provided an update for the *signal project*. The update included work being undertaken to streamline handovers and lists within the current system to support patient flow and the work related to the development of the system via an online platform.

❖ **Quarter one, two and three operational plan 2020/21 – delivery of actions**

Reports were received throughout the financial year providing high-level summaries of the completed, on-track and off-track actions and detailing feedback including revised milestones and mitigating actions which were previously submitted to Welsh Government.

❖ **Quarter two and three annual plan – progress reports**

Reports were received in November 2021 and March 2022 that reflected the breadth of work that has been undertaken across individual plans. Where priorities were reported as off-track, mitigating actions had been highlighted.

❖ **Performance in relation to Child and Adolescent Mental Health Service (CAMHS)**

In July 2021, a report was received surrounding improving access to CAMHS. This is a key priority for the Health Board, and whilst progress had been made, the increased demands and workforce issues affected access times. In March 2022, the Director of Strategy provided a verbal update which included details on referrals, triaging, intervention clinics and increased sessions to improve performance.

❖ **Performance within clinically optimised patients**

In July and September 2021, reports were received that provided an update on the clinically optimised patient group and described operational and strategic responses aimed at reducing the number of patients that are deemed clinically optimised occupying hospital beds. The reports also provided insight into some of the operational challenges associated with expediting the pathway of patients that fall within this category and describes the actions taken to address these constraints.

❖ **Cancer Performance**

As a key area of concern, the committee received updates throughout 2021/22. Reports provided a summary of cancer performance and the key issues impacting on cancer pathway delivery and performance. The most recent report informed how the Cancer Performance had been placed in enhanced monitoring under the health board's Performance Management Framework, and since start of August 2021 weekly performance meetings were taking place with the Medical Director as Executive Director lead for Cancer, Director of Finance and Performance, Service Group Director for Neath Port Talbot Hospital and Singleton Hospital and Associate Service Group Director for Cancer Division. Reducing the backlog remained SBUHB's biggest challenge with numbers continuing to increase through August, however backlog trajectories were agreed. The risk of patients coming to harm in the backlog continued to be the focus in the weekly operational meetings and work continued to mitigate the risk. SBUHB had also been extremely busy through July 2021 and August 2021 with emergency pressures.

❖ **Stroke Performance**

Reports were received in October 2021 and February 2022 covering the quality improvement measures laid down by the sentinel stroke national audit programme and included on the development of a hyper acute stroke unit as well as other key areas of the stroke pathway.

❖ **Urgent and Emergency Care Performance Improvement**

In September and October 2021, reports were received setting out SBUHB's performance against the tier one standards for urgent and emergency care. The reports described the operational response to the challenge of delivering timely access and quality care to patients on an unscheduled care pathway, including 12-hour wait performance, ambulance handovers performance and four-hour performance. The urgent and emergency care performance was escalated into enhanced performance monitoring under the health board's Performance Management Framework. The impact and restrictions of COVID-19 had affected bed allocations and the number of COVID-19 positive patients admitted into SBUHB's hospitals significantly increased through July and August. An improvement plan had been developed to address the systematic issues affecting patient flow.

❖ **Enhanced Virtual Wards**

A report was received in September 2021 which provided assurance to members on the activity in relation to the establishment of enhanced community virtual wards across four clusters of the SBUHB footprint.

❖ **Performance and Finance Risk Register**

Quarterly reports were received informing members on progress against those risks

from the Health Board Risk Register assigned to the committee. The Health Board continues to operate at the increased risk appetite level of 20 as determined at the outset of the pandemic; a level of 16 was its pre-pandemic position. Individual risks were assigned to committees for more detailed scrutiny and assurance, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth.

Speech and Language Performance

In December 2021, an update on speech and language therapy performance was received which included a recovery plan with clear demand and capacity assumptions, and an improvement trajectory. In line with the Annual Plan for 2021/2022, the service had identified the need to address waiting times for paediatric services following Covid, including the increasing needs of children and young people affected by the pandemic. The service also identified the demands of implementing the Additional Learning Needs reform, and the impact this will have on current service delivery. The service was committed to develop a sustainable response to the Gender Identity Reform as part of a wider development to adults with voice disorders. These key performance were addressed within the report.

Escalation Areas

The escalation areas were identified as the year progressed through discussions of the Integrated Performance Report and the Risk Register.

❖ Performance within neurodevelopment assessment

Throughout the year, update reports were received on the performance position of the Neurodevelopmental children's service which included the current position, the actions taken to increase capacity to date, and further actions identified necessary to build a sustainable service, reduce waiting times and improve performance.

❖ Planned Care Update

In October 2021, a report was received which detailed the progress with the planned care programme board and the associated clinical service group work streams. The report covered rebalancing of surgical services, outpatient redesign and recovery, diagnostics recovery and outsourcing and insourcing.

❖ Theatre Efficiency

In November 2021 and February 2022, reports were received informing of the Health Board's performance against the Key Performance Indicators (KPI'S) for theatres. Members were informed of the complexities and variabilities of managing theatre efficiency and the impact that COVID-19 pandemic had made.

❖ Follow Ups Not Booked

In November 2021, a report was received outlining the position of the outpatient follow-up waiting list, highlighting key issues, and detailing plans to address the backlog, in line with national targets and Welsh Government objectives to decrease the total number of follow-ups by 55% by March 2022. Follow-up waiting lists continued to present a challenge to the Health Board in recovering its position on planned care services. Outpatient services have been greatly impacted by the COVID-19 pandemic and recovery has been challenging. Significantly reduced outpatient activity during the pandemic attributed to an increase in the number of

patients awaiting appointments and increased waiting times. Furthermore, a reduction in outpatient accommodation, physical distancing requirements and workforce pressures have impacted on the ability to resume outpatient activity to pre-COVID levels.

❖ **Analysis Underpinning Demand and Capacity Modelling**

In March 2022, a follow up report was provided which detailed the governance around the process of monitoring delivery, updates and highlight areas where there are significant service delivery challenges.

Finance

❖ **Financial Position**

As a standing item on the agenda, the committee received the monthly financial position report, which provided a detailed analysis of the financial position for each period. The report also set out the estimated revenue year-end outturn, the COVID-19 revenue impact and assessed revenue forecast based on the current planning assumptions.

❖ **Financial recovery plan**

In June 2021, the financial recovery plan was presented at the committee, which included the current financial plan 2021/22, risks, opportunities, underlying position, efficiencies and saving opportunities.

❖ **Draft and Final Financial Plan/ Framework 2022/23**

In January's in-committee session, a presentation was received from the Director of Finance that included sustainability funding, pay award, planned and unscheduled care sustainability funding, COVID-19 response, and other funding. In February's in-committee session, the final financial plan/framework for 2022/23 was received for approval.

❖ **Bed Efficiency Savings Plan**

A report on the bed efficiency savings plan was provided to committee in February 2022 that included an expectation of bed utilisation efficiencies, supported by service reinvestment. An update on the identified opportunities, timeframes and the funding source to support any required investment was also included.

❖ **Proposed Budget Management**

In March 2022, a report was received which provided committee members with an overview of the proposed revenue budget management approach to be adopted in 2022/23 to support the overall management and delivery of the 2022/23 Financial Plan.

❖ **Recovery and Sustainability**

In August 2021, committee members received a presentation from the Director of Finance which covered deficit analysed, 2021/22 financial plan, efficiencies and population health.

For Noting

- The committee received its work programme at each meeting;
- The monthly financial monitoring report submitted to Welsh Government was received and noted at each meeting.

Audit Committee

The purpose of the committee is to advise and assure the board and the accountable officer on whether effective arrangements are in place - through the design and operation of the Health Board's assurance arrangements - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales. The Audit committee supports the overall board assurance framework arrangements, including the development of the annual governance statement, and provides advice and assurance as to the effectiveness of arrangements in place around strategic governance, risk management and internal controls.

Where appropriate, the committee will advise the board and the accountable officer on where and how its assurance arrangements may be strengthened and developed further.

During 2021/22, the following reports were received by the committee:

Governance, Risk and Internal Controls

❖ Organisational Annual Report 2020/21

The committee considered the organisational annual report for 2020/21, the final version of which was received at the annual general meeting of the Health Board in July 2021.

❖ Work Programmes during COVID-19

The committee received an update on the committee work-programmes during COVID-19. In response to the pandemic, the board governance arrangements were streamlined in order to focus on key priority areas.

❖ Health Board Risk Register and COVID-19 Gold Command Risk Register

During 2020/21, the committee received regular updates on the Health Board risk register, as well as separate COVID-19 gold command risk register. During the pandemic, the risk and appetite and tolerance levels had been considered by the Health Board and the high-level risk tolerance level had been increased from 16 to 20. The report informed of the closure and addition of new risks to each of the registers.

❖ Standards of Business Conduct, Declarations of Interest and Hospitality Registers

A review of the Standards of Business Conduct Policy had taken place and policy had been strengthened in a number of key areas. The implementation of the document would take place in April 2021 and included awareness raising, wider publicity throughout the organisation and the development of an electronic system. The declarations of interest and hospitality registers were also received and noted by committee. The formal report was taken through July's committee meeting.

❖ Guardian Service

The guardian service annual report was received in May 2021. In the last financial

year, it was strongly advised that given the current pressures on staff due to the pandemic that the contract is to be extended for a further 12 months and a review was to take place at nine months. Committee supported this decision, with a review to take place towards the end of 2021.

❖ **Standing Orders**

Following an annual review and as a result of the pandemic, the standing orders had been revised and a report was received which set out the overarching review of the full set of standing orders. The committee approved the amendments,

❖ **Board Assurance Framework**

The committee received a regular update on the progress of the board assurance framework (BAF). The report highlighted the history, proposed actions and the embedding of the BAF into the ongoing risk and assurance process, in particular its alignment with the corporate risk register and committee work programmes.

❖ **Board Effectiveness Action Plan**

In January 2022, the Board effectiveness action plan was provided for assurance. The Board is required to undertake a self-assessment of its effectiveness in terms of governance and internal controls.

❖ **Audit Registers and Status of Recommendations**

As a substantive agenda item, members agreed that due to the current pressures the committee should focus on chasing the fundamental recommendations e.g. those raised in limited assurance reports that were high priority recommendations and particularly those with an emphasis on patient care. Executive directors and leads were asked to attend the committee meeting to provide detailed overview on the overdue recommendations.

❖ **Claim's Management Policy**

In January 2022, committee members ratified the claim's management policy.

❖ **Progress to Develop a Quality Management System**

In March 2022, a report was received which set out the work in response to the Audit Wales review of quality governance and the internal audit of the quality and safety framework.

❖ **Proposals to tackle bed poverty with the region**

In March a paper was received that detailed proposals of how the Health Board could help tackle the issue of bed poverty within our region by distributing the beds to those in greatest need within our community.

Financial Focus

❖ **Annual Accounts 2020-2021**

The committee considered and recommended the annual accounts for 2020/21 for approval by the Board. Changes to Welsh Government submission dates due to COVID-19 therefore a presentation outlining the draft accounts was received at the meeting on the 18th May 2021 and final accounts were received at the meeting on the 7th June 2021. The remuneration and staff report was also received during these meetings.

❖ **Financial Position Update**

Throughout the year, the committee received regular updates through a standing agenda item, which primarily kept members up to date with the current position against the forecast deficit and the financial impact of COVID-19 in 2021/22.

❖ **Losses and Special Payments and Single Tender Actions and Quotations**

Reports were received at each meeting outlining the losses and special payments and single tender actions and quotations.

❖ **Annual Accounts Timetable and Plan**

A report was received in January 2022 that highlighted that Welsh Government issued the draft manual for accounts on 21st December 2021 which would be discussed by the All Wales Technical Accounting Group at its meeting on 25th January 2022. Interim audit work has not yet commenced due to resource issues at Audit Wales and a meeting with Audit Wales was planned for 12th January 2022 to agree a timescale for the interim audit work.

❖ **Post Payment Verification Report**

In July 2021 a report shared the annual post payment verification end of year report for 2020/21 produced by NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) Post Payment Verification Manager. This report provided assurance on the actions taken by the Primary Community and Therapies Service Group to ensure good governance and financial management and probity.

❖ **Revised Scheme of Delegation**

In January 2022, a report was received that set out proposed amendments to the scheme of delegation as part of work to develop a governance framework for the regional partnership board.

Internal Audit

❖ **Head of Internal Audit Opinion and Annual Report 2020/21**

The committee received the head of internal audit opinion, which confirmed the Health Board could take reasonable assurance that arrangements to secure governance, risk management and internal control were suitably designed and applied effectively across the Health Board.

❖ **Internal Audit Progress Report**

Regular reports were received which outlined progress against the revised audit plan for 2021/22, the outcomes of completed audits and management responses to the recommendations. Services of the internal audit reviews included:

- Quality and Safety Framework
- Hospital Electronic Prescribing and Medicines Administration IT application
- Delivery framework
- Child and adolescent mental health service commissioning arrangements
- Controlled drugs governance
- Singleton cladding
- Annual planning approach
- Services management
- Procurement and tendering

- General dental services
- Elective Orthopaedics
- Environment Infrastructure
- Staff wellbeing and occupational health
- Capital follow up
- Safeguarding
- Integrated care fund
- COVID-19 mass vaccination
- Water safety
- Mortality reviews
- Fire safety
- Financial delivery report
- Hosted body – major trauma network
- Adjusting services
- Estates follow up
- Concerns and serious incidents
- Risk management and Board assurance framework
- Waste management
- Planned care recovery
- Mental Health Legislation

❖ **Internal Audit Annual Plan 2022/23**

In March 2022, committee members approved the Internal Audit Annual Plan 2022/23.

External Audit

❖ **ISA 260 Audit of Financial Statements**

The committee received the ISA 260 audit of financial statements report including the letter of representation and audit enquiries. Members were advised that the auditor general was to issue a qualified opinion on the basis of regularity and the failure to meet the first and second statutory financial duties. The report also covered the main impacts of the pandemic on this year's audit process.

❖ **Programme of Audit Wales' NHS Performance Work**

The committee received the letter from auditor general that set out the programme of audit performance work and the re-shaping of the work programme in light of the pandemic.

❖ **Structured Assessment 2021**

Throughout the year, the committee received updates on the progress against all extant structured assessment recommendations. In January 2022, Audit Wales provided phase two of the structured assessment 2021 which included corporate governance and financial management arrangements for SBUHB.

❖ **Audit Wales SBUHB Annual Report 2020/21**

In January 2022, the committee received and approved both the Annual Report for 2020/21.

❖ **WHSSC Committee Governance Arrangements Management Response**

The report presented the management response to the Audit Wales report WHSSC

committee governance arrangements.

❖ **Audit Wales Review of Quality Governance Arrangements for SBUHB**

The report was received at January's meeting for assurance.

❖ **Audit Wales report on Radiology Services: update on progress**

The Audit Wales report was received at January's meeting for assurance.

❖ **Audit Wales plan and fees**

In March 2022, Audit Wales presented a report undertaking statutory responsibilities as the Health Board's external auditor and to fulfil its obligations under the Code of Audit Practice.

Clinical Audit

❖ **Clinical Audit and Effectiveness Report**

In September, a report provided an overview of the SBUHB's position in relation to participation in the Welsh Government list of mandated audit and outcome registry topics and the associated two stage assurance process following publication of results.

Counter Fraud

❖ **Counter Fraud Annual Report and Annual Plan 2021/22**

Members considered a regular report from the counter fraud service outlining progress against the annual work plan, as well as the annual report and the self-assessment against the NHS Protect Standards. Updates were also provided within the main and in-committee session on the sensitive and individual cases being investigated.

Assurance Reports for Information

❖ **Information Governance Assurance Reports, Strategy, Framework and SIRO Annual Report**

As a sub-group of the committee, regular updates were received from the Information Governance Board. Committee also received the annual report of the senior information risk owner which outlined the work undertaken through the course of the year in relation to Information Governance.

❖ **Hosted Agencies Annual Governance Reports**

The committee received the Annual Governance Reports for 2020/21 for the hosted agencies; emergency and medical retrieval transfer service and NHS Wales Delivery Unit.

Quality and Safety Committee

The Quality and Safety committee was established in 2009 and its focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as 'clinical governance'. The Quality and Safety committee is the main assurance mechanism for reporting evidence-based and timely advice to the board in relation to the quality and safety of healthcare as well as the arrangements for safeguarding and improving patient care in line with the standards and requirements set out for NHS Wales. Each meeting begins with a patient story and includes updates from internal and external regulatory bodies, and where reports have raised concerns, action plans are monitored by the committee. During 2021/22, the following reports were received by the committees:

❖ **Patient/Staff Story**

Patient Stories had been prepared by the patient experience team, which focussed on the learning from a never event or patient experience. From September 2021, service groups were asked to present a story that was relevant to their key issues. The following stories were received by the committee from April 2021 to March 2022:

Dance to Health (April 2021)

A story was received which set out a service user's experience of *dance to health*. Following a neurological illness, he became involved with the *dance to health* group that he found beneficial both physically and mentally.

Sepsis (May 2021)

A story was received which set out Glenn's experience following the death of his Wife, Siobhan. His story detailed how Siobhan came to be admitted to Morriston Hospital following a sepsis infection and his experience of waiting in the family room whilst Siobhan was in resuscitation. Since the story was been filmed, Glenn and his family have donated a new picture to Morriston Hospital for the family room and policies have been reviewed to include families being able to access the resuscitation room.

A gift of hope (June 2021)

A story was received which set out an experience of how the patient advice liaison service (PALS) supported a gentleman and his family throughout his stay at Morriston Hospital in the COVID-19 pandemic. The family were able to communicate with their father via an electronic tablet which brought hope to the gentleman. The family found PALS to be extraordinary and their contact comforting.

Tony's Story (July 2021)

A story was received which set out Tony's experience of having to wait four hours for an ambulance after sustaining an injury to his knee. The Welsh Ambulance Service Trust was under considerable pressure on the night that Tony suffered the injury and as such he waited for four hours with no pain relief. He had been informed by a member of the call handling team that there were 170 people ahead of Tony in the queue for an ambulance and he needed to get himself to hospital.

'Why do people think this not important?' (August 2021)

A story was received which set out a parent's experience of the cleft, lip and palate service throughout the COVID-19 pandemic. The pandemic affected service delays and ultimately delayed Jacob's surgery by at least a year. Jacob's family found the delays and lack of plans frustrating and upsetting. They welcomed honest answers and timescales, which could give comfort to families. In this circumstance Jacob's family received private treatment for his unilateral incomplete cleft lip.

Organ Donation – a relative perspective (September 2021)

A story was received which set out a relative's experience following the death of her mum, Joy. Joy's daughter detailed that the clinical care from the intensive therapy unit was superb, however the trust that had been built was damaged due to information being withheld surrounding the organ donation process. Joy's daughter detailed that the team's willingness to listen and the opportunity to share her story has provided some good from a difficult experience.

Frances' Story (October 2021)

A story was received which set out Frances' experience of being hospitalised after contracting COVID-19. Although the story was not able to be played fully due to technical issues, Stephen Jones highlighted that the story had been created in the last 12 months and consent had been provided by Frances to share her story. When Frances contracted COVID-19 she was living in supported accommodation but subsequently was admitted to the Princess of Wales Hospital in Bridgend. Following admission Frances was ventilated and spent six weeks in the intensive therapy unit. Frances has Down's syndrome and was well known to the liaison nurse which created elements of trust. The patient advice liaison service were incredibly helpful throughout her admission. The story was shared outside of the meeting.

Jordan's Story (November 2021)

A story was received which set out Jordan's experience following his admission to Morriston Hospital for a suspected appendicitis. His overall length of stay was two weeks and in this time he found the food 'disgusting' and requested that the menu be reviewed. He provided positive feedback on the care he received from the team on the children's ward, and was grateful that staff did not inform him that he had sepsis as it would have frightened him.

Physio Works (December 2021)

A story was received which set out the experience of a gentleman who had struggled to walk for short periods of time and had begun classing himself as an 'invalid'. He began physiotherapy sessions that encouraged him to exercise between parallel bars, which transformed his physicality. He became able to walk unaided in the daylight and was supported by the physiotherapy team throughout the process.

Dechrau Newydd (February 2022)

A story was received which set out the way in which Dechrau Newydd, the dialectical behaviour therapy team, had adapted its way of working in response to the pandemic. The team work with people with mental health conditions prone to self-harm and/or suicidal thoughts to help them manage their emotions.

Our Miracle Boys (March 2022)

A story was received which set out the experience of a mother and her family's care following early spontaneous labour of twins. The lady and her family were supported by the neonatal unit at Singleton Hospital. They received good care and felt welcomed and reassured by the team. They were kept involved with the care of the infants, and midwives also assisted with breast feeding support which was appreciated by mum.

❖ **Service Group Highlight Reports**

From September 2021, the Health Board's service groups were invited to attend specific committee meetings to deliver their highlight reports. Each meeting was an opportunity for a service group to outline challenges, actions and performance to committee members and to highlight areas of escalation.

Date	Service Group
September 2021	Morrison Hospital
October 2021	Mental Health and Learning Disabilities
November 2021	Neath Port Talbot Singleton Service Group
December 2021	Primary Care Therapies Service Group
January 2022	Morrison Hospital were stood down in light of operational pressures
February 2022	Mental Health and Learning Disabilities
March 2022	Neath Port Talbot Singleton Service Group

❖ **Infection Prevention and Control (IPC)**

The standing agenda item was received at each committee. The monthly reports included detailed updates on the vaccination programme, recruitment, retention, healthcare acquired infections, COVID-19 outbreaks and immunisations. Between April 2021 and March 2022 the Health Board was under pressure as a result of the second and third wave of the COVID-19 pandemic. This had an impact on the health of the Health Board's population and its staff. Maintaining inpatient services for non-COVID-19 patients became increasingly challenging. The Health Board continued to have the highest incidence of infection for the majority of the tier 1 key infections, and the lack of decant facilities compromised effectiveness of the cleaning/decontamination programme. The IPC team resource was acutely impacted by vacancies and sickness throughout the waves of COVID-19, and there was been a suspension of the 7-day service since the end of December 2021 as there was not enough staff to cover the rota. Action plans remained in place to mitigate the risks related to IPC and were scrutinised and monitored by committee members on a monthly basis.

❖ **100-day plan for healthcare associated infection improvement**

In August 2021, the committee received a report and three appendices that detailed goals, methods and outcomes to reduce healthcare acquired infections across the Health Board along with actions that remained open. Committee members requested that the 100-day plans related to the five quality priorities were taken through September's committee for assurance.

❖ **100-day plans for the five priorities**

In September 2021, the committee received the 100-day plans for the five priorities: suicide prevention; falls prevention; sepsis; infection, prevention and control – healthcare acquired infections; and end of life care for adults.

❖ **Quality and Safety Performance Report**

The standing agenda item was received at each committee, which provided an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures.

❖ **Performance against All Wales Medicines Strategy Group Prescribing Indicators to September 2020**

A report was received to inform the committee of the SBUHB's latest position in relation to the All Wales Medicines Strategy Group National Prescribing Indicators and compared performance against a national level and outlining supportive local measures in place.

❖ **Controlled Drug Governance and Assurance Progress Report**

The paper detailed the strengthening of controlled drug governance arrangements across SBUHB.

❖ **Public Health Service Ombudsman Public Report**

Progress reports against the recommendations within the Public Health Service Ombudsman Public Report following a complaint within upper GI services were provided to the committee throughout 2021 by the Medical Director.

❖ **Draft Health and Care Standards Self-Assessment 2021/22**

The purpose of the reports were to update the committee on plans to undertake the annual self-assessment against the health and care standards framework in 2021/2022, utilising the self-assessment using available data and a scoring/assessment matrix. SBUHB's self-assessment methodology for 2021/2022 will be based on the supporting guidance and cross-correlating quarterly performance data to support the Health and Care Standards framework. A group had been introduced to support the self-assessment process which will report to the QSGG.

❖ **Health Board Risk Register**

A report was received to the committee on a bi-monthly basis that informed the committee of the risks from the Health Board risk register and COVID-19 risk register assigned to the committee. The risk registers were a mechanism to build future agendas to provide assurance on the risks appetite rated 20 and above.

❖ **Quality and Safety Governance Group**

The Quality and Safety Governance Group is a sub-group of the committee, and a summary of key issues from each meeting are presented to the members that escalates areas of concern and key issues to the committee. The group had maintained the reporting mechanism for the 100-day plans for the five quality priorities.

❖ **Final Internal Audit Report on SBU World Health Organisation Checklist Report**

In May 2021 a report was received was assurance which detailed ratings, recommendation priorities, responsibility statement and management action plan.

❖ **Final Internal Audit Report on Mortality Reviews**

In May 2021, a report was received was assurance which detailed ratings, recommendation priorities, responsibility statement and management action plan.

❖ **Final Audit Report on Concerns: Serious Incidents**

In May 2021, a report was received was noting which detailed ratings, recommendation priorities, responsibility statement and management action plan

❖ **Final Nursing Staffing Levels Act Internal Audit Report**

In December 2021, a report was received was noting which detailed ratings, recommendation priorities, responsibility statement and management action plan

❖ **Patient Experience Report**

This report was submitted bi-monthly to the committee for assurance. It provided an opportunity for committee members to scrutinise the work of the patient experience team and concerns management, which covers complaints and incidents. The report also includes feedback via the family and friend's questionnaire, staff surveys, compliments, never event information and serious incidents data.

❖ **Once for Wales SBUHB Implementation Plan**

In June 2021, an update report provided the committee with details surrounding the *Once for Wales* risk management system.

❖ **Neurodevelopment Assessment Performance Report**

The purpose of the reports which were received in May and August 2021 were to provide an update on the performance position of the neurodevelopmental service within Childrens Services.

❖ **Welsh Health Specialised Services Committee (WHSSC) Quality and Patient Safety Committee chair's report**

The key issues report was received which detailed updates on the COVID-19 contingency plans, committee arrangements, neonatal, mental health, cardiac, cancer and blood.

❖ **Children's Charter**

A presentation was received from representatives from Swansea Bay Youth in June 2021, which provided an update on the children's charter.

❖ **Clinical Ethics Group Key Issues Report**

The clinical ethics committee was originally established in 2005 to support clinicians making difficult decisions about patient care. In 2008, its scope widened to any person needing guidance with ethical issues which may impact on patient care. As a result of the COVID-19 pandemic, it was agreed the arrangements needed be strengthened and more robust. The clinical ethics group is a sub-group of the

committee, and a summary of key issues from each meeting are presented to members that escalates areas of concern.

❖ **Cleft Lip and Palate Service during COVID-19**

A report was received in July 2021, which detailed the significant constraints placed on theatre capacity at Morriston Hospital to allow the Health Board to treat patients with COVID-19. This limited capacity resulted in a backlog of patients waiting for treatment. This paper outlined actions that have been taken so far to alleviate the backlog position for paediatric cleft, as well as describe further plans to support recovery of the adult cleft backlog.

❖ **Lymphoedema Network Wales Annual Report**

The annual report of lymphoedema network Wales was presented as per the requirement of the governance structure of a SBUHB Hosted service.

❖ **Ophthalmology Report**

The purpose of the report was to update on the progress of the Ophthalmology Gold Command which was established to coordinate and expedite the mitigating action and monitoring of risk reduction against the 'follow-up not booked' profile for Ophthalmology. It was highlighted that suspected diabetic retinopathy had been a Health Board success story with 300 patients waiting for a hospital appointment being redirected to a community optometrist. The prioritisation process had a positive effect on the waiting list backlogs, however there was an expectation that the number of referrals may increase due to the lack of face-to-face appointments.

❖ **Transcatheter Aortic Valve Implantation (TAVI)**

A report was received detailing an overview of the Royal College of Surgeons review of the second cohort cases. Committee members agreed that the reporting mechanism was to take reports through management board via the Quality and Safety Governance Group with only TAVI exception report's coming through the Quality and Safety committee.

❖ **Mortality Review**

A report was received in August 2021 that outlined the current position on mortality reviews in the Health Board. It was noted good performance against the stage two reviews.

❖ **Clinical Audit Report**

The report provided an overview of improvements made to processes by the clinical audit and effectiveness department and the level of locally initiated projects.

❖ **Suicide Prevention**

In September 2021, a report was received updating committee members on the activity being taken on suicide and self-harm prevention through the Swansea Bay suicide and self-harm prevention multi-agency action group. This area is one of the quality priorities for the Health Board.

❖ **Access to General Medical Services**

In September, a report was provided which gave details on access to general medical services (GMS). The GMS contract does not specify the type of access

model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate physical examination for the purpose of identifying the need, if any, for treatment or further investigation. The primary community and therapies services group access and sustainability forum, oversee a programme of work on access with a key purpose to drive forward improved and sustainable access within primary care across the Health Board area. The report outlined key areas of that work, including the use and promotion of digital platforms.

❖ **Paediatric Nurse Staffing Act**

The mandatory report provided committee members with the nurse staffing level calculations for the two inpatient paediatric wards under section 25B of the Nurse Staffing Levels (Wales) Act 2016. The second duty of 'the Act' extended to paediatric inpatients on the 1st October 2021.

❖ **Maternity Services' Critical Staffing Levels**

A report was presented to committee members in October which provided an update in relation to critical midwifery staffing levels and the centralisation of services in order to maintain safe staffing and effective business continuity.

❖ **Welsh Health Circular Quality and Safety Framework**

In October 2021, the new Welsh Health Circular Quality and Safety Framework was received. A report supporting the framework detailed 15 actions contained within the framework from a local and national response.

❖ **Health Board response to Swansea Bay Community Health Council Orthopaedic Report**

In November 2021, a report was received that detailed the Health Board response to recommendations made by Swansea Bay Community Health Council detailing the lived experience of people waiting for orthopaedic and spinal surgery in the Health Board.

❖ **Ward to Board Dashboard**

In November 2021, a report was received which detailed the status of the ward to Board quality dashboard and outlined the need for further development. The report provided an update on the Health Board's quality assurance framework toolkits initially implemented in 2017.

❖ **Maternity Risk Report**

In December 2021, a report was provided with an update in relation to the maternity service risk register. Risks included screening for fetal growth assessment, critical staffing levels, delays to induction of labour, split site working and obstetric theatres availability.

❖ **Report following the recommendations from an external review of the children's community nursing service**

In December 2021, an update report following the recommendations from an external review of the children's community nursing service was received. The report provided robust action plan and detailed that the first phase of the programme would focus on staff and family feedback and to ensure a sustainable service going

forward. A follow up report was received in February 2022 for assurance. The committee would continue to monitor progress in 2022.

❖ **Substance Misuse**

In March 2022, a report was received that provided an update on key recent developments in the provision of substance misuse regionally.

❖ **Performance of pressure ulcers rates**

In March 2022, a report was received that provided an update regarding the current Health Board performance relating to pressure ulcer prevention in quarter three and the ongoing actions of the Pressure Ulcer Prevention Strategic Group.

❖ **Suicide Prevention**

A report was received in March 2022 that provided an update surrounding activity in relation to quality improvement work across the Health Board on suicide prevention.

❖ **Cardiac Services**

A report was received in March 2022 that updated the committee on the Getting it Right First Time (GIRFT) report surrounding the cardiac surgery service at SBUHB. The report gave assurances on the range of actions taken, the improvement plan in progress, and key deliverables.

❖ **Reports received to committee for noting:**

- Swansea Bay Community Health Council Inpatient Summary Report (September)
- Swansea Bay Community Health Council Orthopaedic Report (September)
- Quality and Engagement Act Implementation Programme Summer Newsletter (September)
- Welsh Health Specialised Services Committee Annual Report 2021/22
- Swansea Bay Community Health Council 'askmyGP' online service (May)
- Emergency Medical Retrieval and Transfer Service (EMRTS) Clinical Governance Report
- Lymphoedema Network Wales Bi-Annual Report (December 2021)
- Quality and Safety Framework Final Internal Audit Report (February 2022)
- Controlled Drugs Governance Final Internal Audit Report (February 2022)
- Summary of potential next steps for pharmacies, in the context of the population health strategy (February 2022)
- Annual Equality Report (March 2022)
- CAMHS commissioning governance arrangements following the draft internal audit report (March 2022)
- Additional Learning Needs Act (March 2022)
- Quality Impact Assessment Scrutiny and Review Process (March 2022)

Workforce and Organisational Development (OD) Committee

The Workforce and OD committee was established in 2009 and its principle focus is on 'all aspects of workforce as a resource aimed at ensuring the strategic and operational workforce agenda, priorities and work plan enables the delivery of the Health Board's objectives and supports quality and safety of healthcare and employment practice'.

During 2021/22, the following reports were received;

❖ **COVID-19 Workforce and OD update**

Throughout 2021, the committee received verbal updates on the following areas; Workforce modelling; workforce plans; medical workforce plans; recruitment activity; accommodation; immunisation; training; test, trace, protect and staff wellbeing and occupational health.

❖ **Health Education Improvement Wales (HEIW) education commission plan**

A report was received in April 2021 that provided the committee with a copy of the Health Board's return to HEIW relating educational commission requirements for the academic year 2022/23.

❖ **Personal Appraisal Development Review (PADR)**

In June 2021, committee members received reports providing detailed analysis of the PADR compliance rates within SBUHB. The report covered all staff within 'agenda for change' (excluding medical staff) and included local data extracted as of May 2021.

❖ **Domestic Recruitment**

In June 2021, a report was received to update the committee on the situation regarding recruitment to the domestic services. In March 2020, a large recruitment campaign commenced which included an open day and one stop recruitment shop. However, this was halted due to the COVID-19 pandemic and redirected to a more general support services recruitment campaign, which was managed via Microsoft teams with no face-to-face contact. The report detailed that over 400 new staff were recruited as part of this process.

❖ **Guardian Service Limited (Ltd) Annual Report**

In April 2021, the guardian service annual report was received for assurance. It was noted that the current extension of the service was due to expire in October 2021. Members supported a further extension of the contract.

❖ **Guardian Service Ltd Deep Dive**

A report was received in October 2021 which provided a deep dive into staff opportunities to speak up using the Guardian Service Ltd. It detailed activities and outcomes since the service was launched in May 2019 and outlined next steps in maximising the benefits for SBUHB.

❖ **Nursing Workforce Analysis**

In April 2021, a report was received that provided an analysis of the current nursing workforce in SBUHB. The paper outlined the nursing workforce profile, vacancies per band, recruitment challenges, risks and mitigation.

❖ **Nurse Staffing Act (Wales) 2016**

In June, October and December 2021, the annual assurance reports and annual presentation of nurse staffing levels were received. The reports highlighted the changes in funded establishment to ensure the Health Board remained fully compliant with the Nurse Staffing (Wales) Act and the actions undertaken to ensure appropriate staffing levels during the pandemic. The Health Board had faced and continued to face significant challenges on nurse staffing levels due to the impacts of COVID-19.

❖ **Workforce Risk Register**

In April, August and December 2021, reports were received informing the committee of the highest risks from the Health Board risk register assigned to the committee.

❖ **Workforce Metrics**

As a standing agenda item, a report was received outlining performance against a number of key workforce metrics, such as sickness absence and compliance with mandatory and statutory training.

❖ **Mental Health and Learning Disabilities Action Plan for the Staff Survey Experience**

In August 2021, a report from the mental health service group was received to enable improved engagement, staff feeling of belonging within the work environment and to challenge inappropriate behaviour in the work place.

❖ **Medical Agency and Locum Utilisation**

Throughout the reporting period, updates were received which provided snapshots of locum and agency utilisation during 2021/22.

❖ **Attendance Management at work including wellbeing and occupational health**

The committee received a report providing an update on the Health Board position with regards to attendance management. Consideration of the impact of COVID-19 was needed in both the long and short term, staff had worked continuously and it was anticipated that down time would be needed, staff were tired and the workforce was fragile. The report detailed absence performance and actions taken to increase attendance at work in light of the COVID-19 pandemic.

❖ **E-rostering**

In October 2021, a report highlighted current progress on the rollout of the E-rostering system. SBUHB migrated all nurses in both acute and primary care sites to an electronic rostering system that is integrated with the nurse bank module. Work is taking place with the mental health team to complete the rollout of community based teams and is due to complete in January 2022. As part of the digitalisation agenda SBUHB is now moving to the next phase of the project to implement the acuity based rostering tool. National work has been undertaken to standardise the use of 'Safecare' and to develop the system to meet the requirements of the Act. 'Safecare' was

expected to be rolled out from 1st November 2021 and would take approximately 26 weeks to complete. However, given the operational challenges that are being experienced these timescales may change.

❖ **Supporting the under 25s to secure and retain employment**

A report providing an overview into our organisational approach into how SBUHB was enabling a sustainable workforce through the recruitment and retention of under 25s was received in October 2021.

❖ **Management response following Audit Wales' 'Taking care of the carers' recommendations**

In December 2021, Audit Wales provided the management response on the recommendations of 'taking care of the carers'.

❖ **Sickness, Wellbeing and Occupational Health**

In December 2021, a report was received on the Health Board's sickness absence performance and actions taken to increase attendance at work in light of the COVID-19 pandemic.

❖ **Implementation of Manager Self Service within Electronic Staff Record (ESR)**

In December 2021, a paper explained the concept of implementing self-service (employee, supervisor and manager) in order to enhance ESR functionality.

❖ **Taking Care of the Carers – A checklist for NHS Board Members**

Audit Wales have requested that all Health Boards undertake a checklist regarding Staff Health and wellbeing support during the COVID-19 pandemic. The report highlighted the comprehensive wellbeing offer that had been made available to staff and provides detail of the support that will be available to staff during the COVID-19 recovery period.

❖ **Annual Equality Report 2020/21**

In February 2022, a report presenting the Annual Equality Report was received. The report gave an overview of the progress made by the Health Board in meeting the public sector equality duty. The employment information was presented in a separate report from the Annual Equality Report, in a format requested by the Welsh Government. The report provided the workforce data broken down in respect of each protected characteristic. It also included the gender pay reports.

❖ **Key issues reports from other groups**

The following reports were received from other groups:

- key issues report from medical workforce board
- key issues report from therapies and health science group
- key issues report from workforce delivery group
- key issues report from nursing midwifery board

Health and Safety Committee

The board-level Health and Safety committee was established in April 2019. Prior to this, the arrangements in place considered the operational detail as opposed to governance and scrutiny. In addition to the public sessions of the committee, some of the meetings had private sessions during which legal, sensitive or commercially sensitive issues were discussed. These included updates with regard to the cladding at Singleton Hospital and general Health and Safety Executive (HSE) visits, in addition to the violence and aggression and manual handling specific inspection.

During 2021/22, the following reports were received by the committee;

❖ **Unit Delivery Reports**

Each delivery unit is invited to the committee across a rolling 18-month programme to outline its health and safety targets and plans to improve. The reports are not limited to service units, as included within the programme are facilities and estates, as well as the corporate function. Guidelines were developed with the chair of the committee early in its tenure to advise units what was required of their reports and these are at appendix one for information. During 2021-22, updates were received from:

- Headquarters (July 2021);
- Mental Health and Learning Disabilities (October 2021);
- Primary Care and Community Services (October 2021);
- Estates (October 2021);
- Facilities and Hotel Services (April 2021);
- Neath Port Talbot Hospital and Singleton Hospital (NPTSSG) were stood down in January 2022 in light of operational pressures following the third wave of COVID-19. The work programme has scheduled for the service group to submit a report to Health and Safety committee scheduled 5th April 2022;
- Morriston Hospital was stood down in January 2022 in light of operational pressures following the third wave of COVID-19. The work programme has scheduled for the service group to submit a report to Health and Safety committee scheduled 5th April 2022;

❖ **Key Issues Operational Group Report**

The Health and Safety operational group forms part of the committee's sub-structure and key issues report submitted summarising the discussions.

❖ **Health and Safety Strategic Plan Updates**

The committee updated on the work to develop a strategic improvement plan for 2021-23, which was received for consideration at each meeting in both written and verbal format.

❖ **Health and Safety Risk Register**

The health and safety risk register was a standing item on the committee's agenda, which provided members with an opportunity to scrutinise the highest scoring risks, but also to suggest ways in which the register could be developed to provide further assurance.

❖ **Joint report on the Discretionary Capital Programme and concerns surrounding the six facet review of backlog**

A report was received in April 2021 to update the committee on the backlog maintenance position together with the required six facet survey/condition appraisal. The report confirmed the draft estates plan highlighted the need to ensure that the SBUHB maximises the utilisation of its estate and to make strategic decisions about how its buildings support the delivery of the clinical services plan.

❖ **Site Responsibility**

A spreadsheet was submitted to the committee which provided details of the accountable and responsible officer for each site within SBUHB.

❖ **Inspections and audits**

Reports were received in July and September to provide an update on the progress following receipt of internal, external inspections and audits. The reports included fire safety internal audit action plan and water safety internal audit action plan.

❖ **Deep Dive into the Use of Fire Doors**

Following Internal Audit's review of water management within SBUHB, the report provided an update on the steps that been taken to address the issues identified within the review. In April 2021, a progress report was received updating the committee on fire door compliance position.

❖ **Implementation of smoking legislation**

An assurance report was received surrounding the progress on the implementation of the smoke-free premises and vehicles (Wales) regulations 2020 of the Public Health (Wales) Act 2017.

❖ **Project details surrounding cladding at Singleton Hospital**

Following a report being received at April's in-committee meeting, the chair requested an update report on the project details which was received at July's main committee meeting. The report provided committee members with assurance surrounding the governance around full technical compliance of obtaining full planning approval and submission, and the main cladding works progress and removal of the existing cladding on 26th May 2021.

❖ **COVID-19 Health and Safety issues**

Verbal and written updates were provided from July 2021, which set out the SBUHB's response to ensure the safety of staff and patients in response to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020.

❖ **Personal Injury Reviews**

In January 2022, a report was received that provided information in relation to Personal Injury Claims in the Health Board.

Mental Health Legislation Committee

The principle remit of the Mental Health Legislation committee is to consider and monitor the use of the Mental Health Act 1983, Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS) and the Mental Health (Wales) Measure 2010.

During 2021/22, the following reports were received by the committee:

❖ **Mental Health Act 1983**

A regular report was received on the use of the Mental Health Act 1983 across the Health Board. The report provided an update on performance against the Act and gave an insight into the number of invalid detentions and exceptions and the reasons for their occurrence.

❖ **Mental Capacity Act 2005 and Deprivation of Liberty Standards (DoLS) Performance Report**

As a standing agenda item, the committee received regular updates on the performance against the Mental Capacity Act 2005 and Deprivation of Liberty Standards (DoLS).

Mental Capacity Act 2005

The Health Board supports a significant number of patients with impaired decision making, and the committee received regular reports on the use of the Mental Capacity Act throughout the Health Board, including staff training, the use of the Independent Mental Capacity Advocacy Service (IMCAs) and Health Board involvement in Court of Protection cases.

All court of protection cases were now being recorded and maintained on Datix and Units were responsible for managing and maintaining via this method.

Deprivation of Liberty Standards (DoLS)

The committee were advised that the legislative changes moving from Deprivation of Liberty standards (DoLS) to Liberty Protection Safeguards (LPS) had been delayed due to COVID-19 but would be implemented in April 2022.

At each meeting, members were updated on the DoLS quarterly position and were provided with information on the number of referrals, the number of best interest assessments undertaken and completed within the required timeframe and the number of breaches. Most breaches were due to a continued lack of Best Interest Assessors (BIA's), as well as COVID-19 restrictions. The issue of internal BIA's not being released from their roles due to competing demands in Units still remained and members agreed the need for a sustainable model going forward. Members were advised that during the pandemic, there had been no adjustments made to MCA and DoLS responsibilities. In terms of DoLS, there were ongoing risks to the Health Board compliance with the legislation.

❖ **Mental Health (Wales) Measure 2010**

Reports were received at each meeting outlining performance against the Mental Health (Wales) Measure 2010. The overall performance against the measure was on

target for all four areas. The pandemic had made slight impact on performance, in particular where patients have not been attending GPs and therefore a decrease in referrals and the inability to provide face-to-face referrals.

In May 2021, members relayed how particularly pleased they were with the performance for CAMHS. The consistency of high performance across all areas provides the committee, the Board and Welsh Government with assurance. Welsh Government had commended the performance and it was recognised that the Health Board was one of the few services across Wales to establish virtual 1:1 and group therapy sessions very early on. Members were advised that the blended approach to therapy would continue.

❖ **Care and Treatment Plans (CTP's)**

As a standing agenda item during 2021/22, the committee received regular updates on the progress of three CTP plans. A key focus in this area was the quality of the CTP's plans and work streams were underway within the units with a focus on 3 areas; service user engagement, carer involvement and risk assessments. Although good progress had been made, it was apparent that the pandemic had had an effect on the progress of actions.

Governance

The committee received and approved the following;

- Hospital Managers Powers of Discharge committee 2020/21 annual report
- Powers of Discharge Committee Terms of Reference

Charitable Funds Committee



The purpose of the committee is to make and monitor arrangements for the control and management of the Health Board's charitable funds. It is supported by Investec Wealth & Investment Limited, the Health Board's appointed Trust Investment Advisors.

During 2021/22, the following reports were received by the committee:

❖ **Finance Report**

At each meeting, the committee considered a finance report, which was prepared to inform the committee of the income and expenditure position for the period to date, performance of the investment portfolio for the period to date, interest earned on cash balances held in the commercial bank deposit and fixed term investment accounts for the period to date, and overall fund balances for the period to date and legacies and bequests received in the period.

❖ **Charitable Funds Committee Fund Financial Position**

Regular reports were received to provide an update on the financial position of the charitable funds committee fund. This included the fund balance, transactions, and expenditure commitments, funds available and funding for schemes not yet called down from the committee fund.

❖ **Investment Portfolio Update**

Reports from the Health Board's investment advisors *Investec* were received on a quarterly basis, and included sections on overview, performance, asset allocation, transaction schedule, and UK sector and market commentary.

❖ **Delegated Funds Income & Expenditure Report**

Regular update reports were received by the committee on all delegated charitable fund balances. These reports also analysed the value of donations received and expenditure incurred for the period by individual fund, highlighting significant donations exceeding £10,000 and expenditure requests exceeding £25,000.

❖ **Closed Fund Approvals**

In line with the committee's requirements to ensure that fund managers utilised their funds and that action was taken to address the issue of dormant funds across the Health Board, significant progress continued to be made in identifying and closing dormant funds and amalgamating dormant funds with active funds with similar fund purposes.

❖ **Legacy Update Report**

Regular reports were received to provide an update to the committee on legacies included within the legacy register.

❖ **Dormant Funds**

The committee received reports on dormant funds at each of its meetings, dormant funds being classed by Wales Audit Office as funds that have received no income or expenditure in a 12 month period.

❖ **New Funds Approved**

At each meeting the committee received a report requesting approval for the creation of new charitable funds as required under the charitable funds financial control procedure. The following new funds were approved:

- charitable fund for the sarcoma service;
- charitable fund for the care after death service;
- charitable fund for ward 11 haematology;

❖ **Charitable Funds Cash Projection**

In July 2021, a report was received providing an update on the cash position for charitable funds and provide future cash projections for the funds.

❖ **Fundraising Manager's Report**

At each meeting the committee received an update report from the Fundraising Team which included *Amazon Wishlist*, social media presence, donations from external companies, NHS Charities Together, establishing an All NHS Wales Fundraiser and Swansea Bay Health Charity Campaign.

❖ **Fundraising Policy**

In July 2021, the fundraising policy was received and approved.

❖ **Investment Policy**

In July 2021, a report was received to obtain approval from committee members as to the proposed way forward for the investment policy. The current investment policy was approved by the trustees in November 2020, and it was proposed that with the exception of formalising in the investment policy the requirement to disinvest from fossil fuels and invest in renewables technology that the investment policy remains unchanged. This approach was approved by committee members.

❖ **Small Grant Scheme**

In July 2021, a bid for small grants scheme titled 'changing for the better' was received. The committee agreed in principal to support the scheme to the value of £50,000 as agreed in previous years. However, the committee felt that the Health Board needed to confirm what its priorities for the use of the funds are and that the funding would therefore be available from 1st April 2022 to allow those priorities to be clearly communicated to the voluntary sector to support the bidding process for 2022/23. An update report was received at the committee meeting dated 10th February 2022 detailing the process proposed for 2022/23.

❖ **Morrison Stroke Fund Legacy**

In September 2021, Morrison Hospital provided an update to the committee proposing the spend of a donation in the sum of £400,000 made into the stroke unit charitable fund. Since the proposal initially made to the committee in December 2020 to spend the donation on the development of a dedicated day room, the implications of COVID-19 had set back any work relating to this proposal. There are ongoing proposals which are being developed in line with the annual plan and in conjunction with the Chief Operating Officer and Chief Executive. The request to the committee was to support the plan to use the stroke legacy to enhance palliative input whilst also increasing diagnostic capacity via agreeing to invest into a CT scanner.

❖ **Charitable Funds for Fund Managers**

A guidance document had been developed for fund managers detailing how charitable funds can be used and areas where charitable funds cannot be used. The draft document was circulated to committee members for comment and the responses received have been incorporated into the guidance. The guidance was issued to fund managers along with the charitable funds newsletter by the end of September. The guidance document became a live document available to all fund managers and will be updated on a regular basis to incorporate guidance on more real life examples as these occur.

❖ **Update on the tender process for the Investment Management Services Contract**

The invitation to tender documentation detailing the specification for the investment management services contract was issued on 6th August 2021 with a deadline for tender submissions of 13th September 2021. The three companies provided the highest scoring bids were invited to a presentation to the charitable funds committee on 4th October 2021, with their presentations being scored using an agreed template.

❖ **Investment Management Service Appointment**

A report was taken through November's committee to ratify the decision made to appoint the charitable funds investment management service.

❖ **Investment Management Contract**

In February 2022, a presentation was received from Investec, which included changes in value, performance strategy, asset allocation and review of strategy.

❖ **Staff employed from Charitable Funds**

A report was received in September 2021 that provided details on the substantive and fixed-term posts within SBUHB that were funded by Health Board charity. All of these posts relate either to fundraising for or administration of the charitable funds, with the exception of the arts on prescription post.

❖ **Charity's governing document**

In November 2021, a report was taken through the committee for members to consider the charity's governing document and guidance for trustees.

❖ **Update on the Implementation of Traumatic Stress and Trauma Risk Management (TRiM) for Staff in Swansea Bay UHB**

A report was received in November that outlined progress on the implementation of TRiM into the SBUHB thus supporting a Health Board objective to ensure the health and wellbeing of its workforce. TRiM training has completed and introduction of TRiM into the early implementer sites will commence in November 2021. Funds provided by the Charitable Funds Trustees had been fully utilised with over 100% attendance at all training sessions. TRiM personnel have been trained in all areas of SBUHB with the exception of Primary Care, Community and Therapies. The Project Manager is working with the Service Group Director to consider ways in which trauma management for staff can be introduced.

❖ **Options appraisal for charity partnerships**

In November 2021, a report was received to review whether the charity should become an official charity partner at local sporting events. The charity made contact

with a number of high profile sporting events in the area and the report sought approval for an approach with becoming a charity partner.

❖ **Helping Hands Bids Panel update report**

In September 2021, November 2021 and February 2022, reports were received providing an update to the committee on the activities of the Helping Hand Fund bids panel.

❖ **Approved bids:**

- COVID-19 recognition for staff and volunteers (September 2021)
- Partnership work with National Botanical Gardens (February 2022)

❖ **Non-approved bids:**

- Staff wellbeing and promotion role (July 2021)
- COVID-19 recognition for staff and volunteers (July 2021) - The bid be reframed based on the discussion and be taken through Chair's action for approval outside of the committee.
- Early pancreatic cancer detection using medical imaging and spectroscopy (July 2021) – The bid to be reviewed by the Medical Director.

❖ **Charitable Funds Committee Accounts Meeting**

The Charitable Funds committee Accounts was incorporated into a committee held on Thursday, 11th November 2021 where the following items were brought through for decisions:

- Auditors Report on the Charitable Fund Accounts for the year ended 31st March 2021;
- Charitable Fund Accounts for the year ended 31st March 2021;
- Letter of Representation to the Auditors on the Charitable Fund Accounts for the year ended 31st March 2021;
- ISA 260 Report for 2020/21 from Audit Wales;
- Charitable Funds committee finance fund report;

❖ **Charitable fund accounts year-end timetable**

In February 2022, a report was received which informed the Charitable Funds committee of the charitable funds accounts year end timetable for the financial year ending 31st March 2022.

❖ **Finance Administration fund**

In February 2022, a report was received providing options for the management of the finance admin fund to ensure that the fund does not become overdrawn. NHS Charitable Funds are not permitted to become overdrawn and so a mechanism to recharge costs in excess of the income received needed to be agreed by the Charitable Funds committee.

❖ **Review the level of Administration Charges to the Charity**

A report was received in February 2022 that asked committee members to review the administration charge and agree the charge for the 2021/22 and 2022/23 financial years.

❖ **Option appraisal report for a lottery**

A report was received in February 2022, which considered the option of the charity launching a lottery scheme for Swansea Bay Health Charity and whether it should be for staff only or also include the public. The report also considered ways in which to manage and run a lottery scheme.

Remuneration and Terms of Service Committee

The purpose of the Remuneration and Terms of Service committee is to provide:

- **advice** to the board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff, within the framework set by Welsh Government; and
- **assurance** to the board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales and to perform certain, specific functions on behalf of the board.

During 2021/22, the committee considered the following reports:

❖ **Executive Director Appointments**

As there have been several changes within the executive team, the committee considered and agreed all interim and substantive arrangements, including salary and terms and conditions of service. These included Director of Nursing and Patient Experience, Director of Finance, Director of Corporate Governance, Director of Workforce and OD, Chief Operating Officer and Director of Therapies and Health Science. Members were also kept apprised of any changes within the service groups' senior teams.

❖ **Revocation of Cap on Public Sector Exit Payments Regulations**

Following correspondence received from Welsh Government, a report was received to inform the committee of content of the letter dated 2nd November 2020 setting out regulations that introduce restrictions on exit payments to public sector workers had been revoked.

❖ **Executive Team Objectives**

The committee considered draft executive team's objectives and feedback was invited as to potential gaps. The full and final set was received at the next meeting.

❖ **Settlement Agreements**

Members noted a report setting out a settlement agreement which had been approved by the Director of Workforce and OD following a small claims court claim relating to a reference

❖ **Executive Salaries**

The committee were notified of the outcomes of the two of the Executive Team posts that were re-evaluated by Welsh Government following the agreed changes to portfolios in 2020. It was agreed that in future any changes to Executive Director roles must be approved by the Committee in advance before submission to Welsh Government for re-evaluation.

❖ **Governance in Recruitment-Executive and Senior Posts**

A report was received in August 2021, which set out the governance arrangements and pay structure for Executive Directors and Senior positions within SBUHB.

❖ **Ratification of Chair's Action**

In March 2022, the committee ratified decisions made under Chair's Action.

❖ **Health board's offer of pension flexibilities**

In March 2022, a report was received that set out SBUHB's plans to adopt pensions flexibilities within the Health Board under the guidance issued by NHS Wales. The guidance set out how and where the options described may be offered to SBUHB staff.

❖ **Committee work programme 2022/23**

In March 2022, the members agreed the committee's work programme for 2022/23.

❖ **Summary of executive team costs**

In March 2022, a summary of executive team costs was received and for noting.

Health Board Work Programme

Topic	Lead	May	June	July	September	November	January	March
Preliminary Matters								
Patient Story	Director of Nursing and Patient Experience							
Minutes of the Previous Meeting	Director of Corporate Governance							
Action Log	Director of Corporate Governance							
Chair's Report	Chair (verbal)							
Chief Executive's Report	Director of Corporate Governance							
Quality, Safety and Performance								
Committee Key Issue Reports	Director of Corporate Governance							
HIW Annual Report	Director of Nursing and Patient Experience							
Risk Register	Director of Corporate Governance							
Board Assurance Framework	Director of Corporate Governance							
Annual Report and Governance Statement	Director of Corporate Governance							
Annual Accounts and ISA260	Director of Finance							
Strategic Items								
Progress Against the IMTP	Director of Strategy							
Discretionary Capital Plan	Director of Strategy							
Budget and Financial Allocations	Director of Finance							
Major Incident Plan	Director of Strategy							
Winter Plan	Chief Operating Officer							
Governance								
Corporate Governance Issues	Director of Corporate Governance							
Welsh Language Standards	Director of Corporate Governance							
Review of Standing Orders	Director of Corporate Governance							
Organisational Annual Report	Director of Corporate Governance							
Accountability Report	Director of Corporate Governance							
Structured Assessment and Audit Letter	Director of Corporate Governance							
Items Already Considered by Committees								
Financial Position	Director of Finance							
Performance Report	Director of Finance							
Nurse Staffing Levels (Wales) Act 2016	Director of Nursing and Patient Experience							
Items for Noting								
NHS Wales Partnerships	Director of Strategy							
External Partnerships	Director of Strategy							
Primary Care Annual Report	Chief Operating Officer							
Carers Annual Report	Director of Nursing and Patient Experience							
Research and Development Annual Report	Medical Director							
Director of Public Health Annual Report	Director of Public Health							
Ombudsman Annual Letter	Director of Nursing and Patient Experience							
SIRO Annual Report	Director of Digital							
Advisory Group Key Issues	Director of Corporate Governance							

Swansea Bay University Health Board

Committee Annual Report 2021/22

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Chair's Foreword



Welcome to our committee annual report for 2021-22. Reflecting on the year, I am proud of the way in which we adapted our committee work to respond to the continued impact of the COVID-19 pandemic, ensuring that scrutiny of our performance and our governance continued while reflecting the realities of the operational pressures and wider restrictions.

Throughout the second and third peak of COVID-19, Welsh Government imposed continued 'working from home' restrictions. In light of the Health Board's dynamic digital utilisation, Board members were able to continue to meet virtually at committees to scrutinise reports, discuss high-level issues and focus fully on the recovery and sustainability.

2021/22 was a year of opportunity for Swansea Bay University Health Board, and we took the opportunity to develop our services to make the Health Board more sustainable in the longer-term. The engagement programme, '[Changing for the Future](#)', took place over the summer of 2021 and consulted on a number of service change proposals to address longstanding challenges, such as significant local health inequalities, a growing and ageing population, prevalence of long-term illness and recruitment and financial challenges. These were part of our [annual plan priorities for 2021-22](#). 'Changing for the Future' also set out proposals to recreate our three main hospitals as centres of excellent, and each one having a set focus. Morriston Hospital for urgent, specialist and regional care, Singleton Hospital for planned care, cancer care, maternity and diagnostics and Neath Port Talbot Hospital for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology. We are now in the process of moving these forward.

Although it has been another challenging year for the Swansea Bay University Health Board and for the communities that we serve, we are continuing our transition from responding to the pandemic to recovery, and this will progress further in 2022/23.

Keep safe

A handwritten signature in black ink, appearing to be 'EW'.

Emma Woollett

Chair of Swansea Bay University Health Board

Introduction

Swansea Bay University Health Board's (SBUHB) committee annual report details the committee arrangements throughout 2021/22. It highlights the reports that have been received at each committee to provide advice and assurance to the board and the accountable officer on whether effective arrangements are in place.

The Health Board has established a number of committees as set out in the diagram below. Each one is chaired by an independent member and has a key role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the Health Board at its next formal meeting and all the papers for the public sessions of board and committee meetings are published on the Health Board's [website](#). There are some meetings which do not take place in public either because of the confidential nature of the business or the items are in a developmental stage. Committee meetings take place either monthly, bi-monthly or quarterly depending on committee arrangements and terms of reference.

As detailed in last year's committee annual report, a report was taken through the Quality and Safety committee which provided details on the rationale for the selections of the Health Board's five quality priorities, which are:

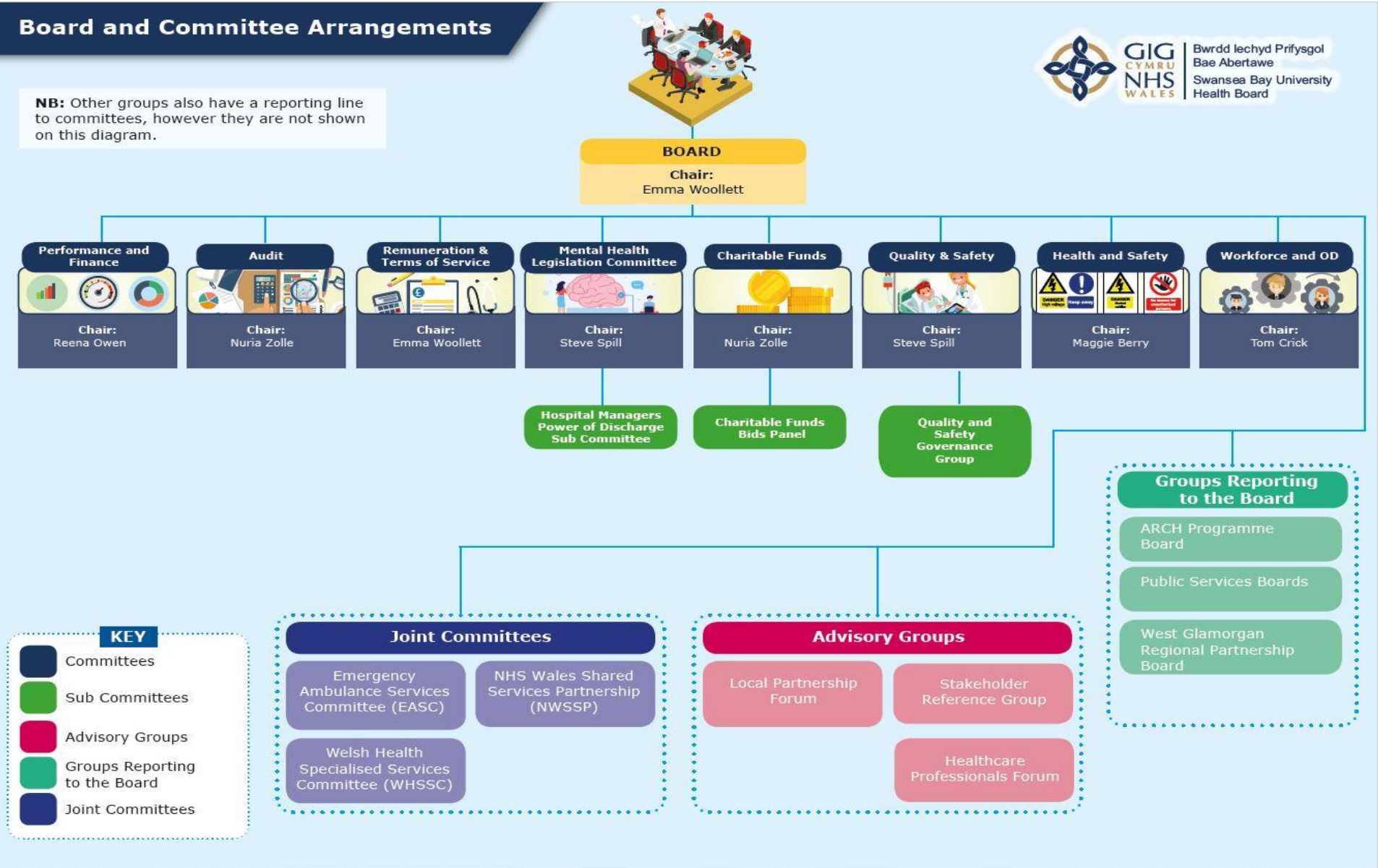
- ❖ Suicide prevention
- ❖ Falls prevention
- ❖ Sepsis
- ❖ Infection, prevention and control – healthcare acquired infections
- ❖ End of life care for adults

The quality priorities were reviewed, discussed and refined at the senior leadership team meetings on 3rd March 2021 and 17th March 2021. The quality priorities formed part of the Health Board's [annual plan priorities for 2021-22](#). For each of the five priorities, 100-day plans were developed and were aligned with the quarters of the year.

The committee work programmes have been focussed around the quality priorities and are expected to evolve as the Health Board continues to move to progress in its recovery from the COVID-19 pandemic.

Board and Committee Arrangements

NB: Other groups also have a reporting line to committees, however they are not shown on this diagram.



Committee Membership

Name of Committee	Executives	Independent Members	Secretariat	Frequency
Quality and Safety Committee	<ul style="list-style-type: none"> - Christine Williams, <i>Interim Director of Nursing and Patient Experience (to September 2021)</i> - Gareth Howells, <i>Interim Director of Nursing and Patient Experience (from September 2021)</i> - Richard Evans, <i>Medical Director</i> - Christine Morrell, <i>Director of Therapies and Health Science</i> - Keith Reid, <i>Director of Public Health</i> - Sian Harrop-Griffiths, <i>Director of Strategy</i> 	<ul style="list-style-type: none"> - Stephen Spill (<i>chair from July 2021</i>) - Martyn Waygood (<i>chair until June 2021</i>) - Maggie Berry - Reena Owen - Keith Lloyd (<i>until August 2021</i>) - Nuria Zolle (<i>until June 2021</i>) 	Leah Joseph (<i>Corporate Governance Officer</i>)	Monthly
Performance and Finance Committee	<ul style="list-style-type: none"> - Siân Harrop-Griffiths - Darren Griffiths, <i>Director of Finance and Performance (from July 2021)</i> - Rab McEwan <i>Interim Chief Operating Officer (from March 2021 to August 2021)</i> - Janet Williams, <i>Interim Director of Operations (from August to October 2021)</i> 	<ul style="list-style-type: none"> - Reena Owen (<i>chair</i>) - Stephen Spill - Pat Price (<i>from November 2021</i>) - Paul Mapson – board advisor (<i>from January 2022</i>) 	Claire Mulcahy, (<i>Corporate Governance Manager</i>)	Monthly

	<ul style="list-style-type: none"> - Inese Rowbotham, <i>Chief Operating Officer (from October 2021)</i> 	<ul style="list-style-type: none"> - Mark Child 		
Audit Committee	<ul style="list-style-type: none"> - Christine Williams - Gareth Howells - Darren Griffiths 	<ul style="list-style-type: none"> - Nuria Zolle <i>(chair from July 2021)</i> - Martin Sollis <i>(chair until June 2021)</i> - Tom Crick - Jackie Davies - Keith Lloyd <i>(from January 2022)</i> - Patricia Price <i>(from November 2021)</i> 	Leah Joseph	Bi-monthly
Health and Safety Committee	<ul style="list-style-type: none"> - Christine Williams - Gareth Howells - Darren Griffiths - Rab McEwan - Janet Williams - Keith Reid - Inese Rowbotham - Kathryn Jones, <i>Interim Director of Workforce and Organisational Development (to July 2021)</i> - Debbie Eyitayo, <i>Director of Workforce and Organisational Development (from August 2021)</i> 	<ul style="list-style-type: none"> - Maggie Berry <i>(chair)</i> - Jackie Davies - Tom Crick 	Leah Joseph	Quarterly

Charitable Funds Committee	<ul style="list-style-type: none"> - Darren Griffiths - Sian Harrop-Griffiths 	<ul style="list-style-type: none"> - Martyn Waygood (<i>chair to December 2021</i>) - Nuria Zolle (<i>chair from February 2022</i>) - Jackie Davies 	Georgia Pennells (<i>Corporate Governance Administrator</i>)	Quarterly
Mental Health Legislation Committee	<ul style="list-style-type: none"> - Christine Williams - Gareth Howells 	<ul style="list-style-type: none"> - Steve Spill (<i>chair</i>) - Martyn Waygood (<i>until November 2021</i>) - Jackie Davies - Maggie Berry 	Claire Mulcahy	Quarterly
Workforce and OD Committee	<ul style="list-style-type: none"> - Kathryn Jones - Debbie Eyitayo - Christine Williams - Gareth Howells - Richard Evans 	<ul style="list-style-type: none"> - Tom Crick (<i>chair</i>) - Nuria Zolle - Jackie Davies 	Claire Mulcahy	Bi-monthly

Performance and Finance Committee

The Performance and Finance committee was established in June 2017. Its principle remit is to scrutinise and review to a level of detail not possible in board meetings performance relating to:

- financial planning and monitoring, including delivery of savings programmes;
- activity and productivity including operational efficiency and effectiveness and workforce metrics;
- operational delivery against national performance measures

It also ensures that, via its approach to examining escalation areas, evidence-based and timely interventions are implemented to drive forward improved performance, thereby allowing the Health Board to achieve the requirements and standards determined for NHS Wales and as outlined within the Health Board's annual plan.

During 2021/22, the following reports were received by the committee:

Performance

❖ Integrated Performance Report

One of the main areas of focus for the committee was the integrated performance report. As a standing agenda item, the report was received on a monthly basis and provided an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.

Due to the change in focus during the pandemic the layout of report was restructured to align with the four quadrants of harm set out in the NHS Wales COVID-19 Operating Framework. The report also included local COVID-19 specific measures and a new suite of primary and community therapies measures. The report also set out vaccination and immunisation information, which developed as the financial year progressed.

During the year, key high level performance issues were highlighted in relation to the following areas;

- COVID-19 metrics
- Unscheduled care;
- Cancer;
- Planned care;
- Healthcare acquired infections;
- Stroke;
- Mental health and child and adolescent mental health;
- Clinically optimised patients;
- Sickness absence;
- Serious incidents and complaints;
- Diagnostics and therapies; and
- Theatre efficiencies.

❖ Primary Care Performance Data

Early in the financial year, there was a focus surrounding performance in primary, community and therapies service. Reports were received throughout the year that

provided measures and data for primary care contracted services to enable the development of meaningful information for assurance on contracted services.

❖ **Performance Management Framework**

The report set out the performance management framework for SBUHB for recommendation for approval by the Board.

❖ **Unscheduled Care Performance**

At April, June and August's committee meetings, reports were provided on SBUHB's performance against the key tier 1 target for urgent and emergency care. The unscheduled care demand has been significantly impacted since the start of COVID-19. Wider system indicators demonstrate an increase in admission numbers, emergency bed day utilisation and patients with a length of stay greater than seven days. SBUHB has committed to an ambitious unscheduled care programme of service developments and expansion across primary, community and secondary care services to improve delivery.

❖ **Continuing Healthcare (CHC) Quarterly Performance Report**

Health Boards across Wales have a statutory duty to report continuing healthcare performance to its boards on a quarterly basis. The reports provided an update on quarterly activity and the financial and performance management relating to CHC funded care.

❖ **Signal project system**

The paper provided an update for the *signal project*. The update included work being undertaken to streamline handovers and lists within the current system to support patient flow and the work related to the development of the system via an online platform.

❖ **Quarter one, two and three operational plan 2020/21 – delivery of actions**

Reports were received throughout the financial year providing high-level summaries of the completed, on-track and off-track actions and detailing feedback including revised milestones and mitigating actions which were previously submitted to Welsh Government.

❖ **Quarter two and three annual plan – progress reports**

Reports were received in November 2021 and March 2022 that reflected the breadth of work that has been undertaken across individual plans. Where priorities were reported as off-track, mitigating actions had been highlighted.

❖ **Performance in relation to Child and Adolescent Mental Health Service (CAMHS)**

In July 2021, a report was received surrounding improving access to CAMHS. This is a key priority for the Health Board, and whilst progress had been made, the increased demands and workforce issues affected access times. In March 2022, the Director of Strategy provided a verbal update which included details on referrals, triaging, intervention clinics and increased sessions to improve performance.

❖ **Performance within clinically optimised patients**

In July and September 2021, reports were received that provided an update on the clinically optimised patient group and described operational and strategic responses aimed at reducing the number of patients that are deemed clinically optimised occupying hospital beds. The reports also provided insight into some of the operational challenges associated with expediting the pathway of patients that fall within this category and describes the actions taken to address these constraints.

❖ **Cancer Performance**

As a key area of concern, the committee received updates throughout 2021/22. Reports provided a summary of cancer performance and the key issues impacting on cancer pathway delivery and performance. The most recent report informed how the Cancer Performance had been placed in enhanced monitoring under the health board's Performance Management Framework, and since start of August 2021 weekly performance meetings were taking place with the Medical Director as Executive Director lead for Cancer, Director of Finance and Performance, Service Group Director for Neath Port Talbot Hospital and Singleton Hospital and Associate Service Group Director for Cancer Division. Reducing the backlog remained SBUHB's biggest challenge with numbers continuing to increase through August, however backlog trajectories were agreed. The risk of patients coming to harm in the backlog continued to be the focus in the weekly operational meetings and work continued to mitigate the risk. SBUHB had also been extremely busy through July 2021 and August 2021 with emergency pressures.

❖ **Stroke Performance**

Reports were received in October 2021 and February 2022 covering the quality improvement measures laid down by the sentinel stroke national audit programme and included on the development of a hyper acute stroke unit as well as other key areas of the stroke pathway.

❖ **Urgent and Emergency Care Performance Improvement**

In September and October 2021, reports were received setting out SBUHB's performance against the tier one standards for urgent and emergency care. The reports described the operational response to the challenge of delivering timely access and quality care to patients on an unscheduled care pathway, including 12-hour wait performance, ambulance handovers performance and four-hour performance. The urgent and emergency care performance was escalated into enhanced performance monitoring under the health board's Performance Management Framework. The impact and restrictions of COVID-19 had affected bed allocations and the number of COVID-19 positive patients admitted into SBUHB's hospitals significantly increased through July and August. An improvement plan had been developed to address the systematic issues affecting patient flow.

❖ **Enhanced Virtual Wards**

A report was received in September 2021 which provided assurance to members on the activity in relation to the establishment of enhanced community virtual wards across four clusters of the SBUHB footprint.

❖ **Performance and Finance Risk Register**

Quarterly reports were received informing members on progress against those risks

from the Health Board Risk Register assigned to the committee. The Health Board continues to operate at the increased risk appetite level of 20 as determined at the outset of the pandemic; a level of 16 was its pre-pandemic position. Individual risks were assigned to committees for more detailed scrutiny and assurance, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth.

Speech and Language Performance

In December 2021, an update on speech and language therapy performance was received which included a recovery plan with clear demand and capacity assumptions, and an improvement trajectory. In line with the Annual Plan for 2021/2022, the service had identified the need to address waiting times for paediatric services following Covid, including the increasing needs of children and young people affected by the pandemic. The service also identified the demands of implementing the Additional Learning Needs reform, and the impact this will have on current service delivery. The service was committed to develop a sustainable response to the Gender Identity Reform as part of a wider development to adults with voice disorders. These key performance were addressed within the report.

Escalation Areas

The escalation areas were identified as the year progressed through discussions of the Integrated Performance Report and the Risk Register.

❖ Performance within neurodevelopment assessment

Throughout the year, update reports were received on the performance position of the Neurodevelopmental children's service which included the current position, the actions taken to increase capacity to date, and further actions identified necessary to build a sustainable service, reduce waiting times and improve performance.

❖ Planned Care Update

In October 2021, a report was received which detailed the progress with the planned care programme board and the associated clinical service group work streams. The report covered rebalancing of surgical services, outpatient redesign and recovery, diagnostics recovery and outsourcing and insourcing.

❖ Theatre Efficiency

In November 2021 and February 2022, reports were received informing of the Health Board's performance against the Key Performance Indicators (KPI'S) for theatres. Members were informed of the complexities and variabilities of managing theatre efficiency and the impact that COVID-19 pandemic had made.

❖ Follow Ups Not Booked

In November 2021, a report was received outlining the position of the outpatient follow-up waiting list, highlighting key issues, and detailing plans to address the backlog, in line with national targets and Welsh Government objectives to decrease the total number of follow-ups by 55% by March 2022. Follow-up waiting lists continued to present a challenge to the Health Board in recovering its position on planned care services. Outpatient services have been greatly impacted by the COVID-19 pandemic and recovery has been challenging. Significantly reduced outpatient activity during the pandemic attributed to an increase in the number of

patients awaiting appointments and increased waiting times. Furthermore, a reduction in outpatient accommodation, physical distancing requirements and workforce pressures have impacted on the ability to resume outpatient activity to pre-COVID levels.

❖ **Analysis Underpinning Demand and Capacity Modelling**

In March 2022, a follow up report was provided which detailed the governance around the process of monitoring delivery, updates and highlight areas where there are significant service delivery challenges.

Finance

❖ **Financial Position**

As a standing item on the agenda, the committee received the monthly financial position report, which provided a detailed analysis of the financial position for each period. The report also set out the estimated revenue year-end outturn, the COVID-19 revenue impact and assessed revenue forecast based on the current planning assumptions.

❖ **Financial recovery plan**

In June 2021, the financial recovery plan was presented at the committee, which included the current financial plan 2021/22, risks, opportunities, underlying position, efficiencies and saving opportunities.

❖ **Draft and Final Financial Plan/ Framework 2022/23**

In January's in-committee session, a presentation was received from the Director of Finance that included sustainability funding, pay award, planned and unscheduled care sustainability funding, COVID-19 response, and other funding. In February's in-committee session, the final financial plan/framework for 2022/23 was received for approval.

❖ **Bed Efficiency Savings Plan**

A report on the bed efficiency savings plan was provided to committee in February 2022 that included an expectation of bed utilisation efficiencies, supported by service reinvestment. An update on the identified opportunities, timeframes and the funding source to support any required investment was also included.

❖ **Proposed Budget Management**

In March 2022, a report was received which provided committee members with an overview of the proposed revenue budget management approach to be adopted in 2022/23 to support the overall management and delivery of the 2022/23 Financial Plan.

❖ **Recovery and Sustainability**

In August 2021, committee members received a presentation from the Director of Finance which covered deficit analysed, 2021/22 financial plan, efficiencies and population health.

For Noting

- The committee received its work programme at each meeting;
- The monthly financial monitoring report submitted to Welsh Government was received and noted at each meeting.

Audit Committee

The purpose of the committee is to advise and assure the board and the accountable officer on whether effective arrangements are in place - through the design and operation of the Health Board's assurance arrangements - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales. The Audit committee supports the overall board assurance framework arrangements, including the development of the annual governance statement, and provides advice and assurance as to the effectiveness of arrangements in place around strategic governance, risk management and internal controls.

Where appropriate, the committee will advise the board and the accountable officer on where and how its assurance arrangements may be strengthened and developed further.

During 2021/22, the following reports were received by the committee:

Governance, Risk and Internal Controls

❖ Organisational Annual Report 2020/21

The committee considered the organisational annual report for 2020/21, the final version of which was received at the annual general meeting of the Health Board in July 2021.

❖ Work Programmes during COVID-19

The committee received an update on the committee work-programmes during COVID-19. In response to the pandemic, the board governance arrangements were streamlined in order to focus on key priority areas.

❖ Health Board Risk Register and COVID-19 Gold Command Risk Register

During 2020/21, the committee received regular updates on the Health Board risk register, as well as separate COVID-19 gold command risk register. During the pandemic, the risk and appetite and tolerance levels had been considered by the Health Board and the high-level risk tolerance level had been increased from 16 to 20. The report informed of the closure and addition of new risks to each of the registers.

❖ Standards of Business Conduct, Declarations of Interest and Hospitality Registers

A review of the Standards of Business Conduct Policy had taken place and policy had been strengthened in a number of key areas. The implementation of the document would take place in April 2021 and included awareness raising, wider publicity throughout the organisation and the development of an electronic system. The declarations of interest and hospitality registers were also received and noted by committee. The formal report was taken through July's committee meeting.

❖ Guardian Service

The guardian service annual report was received in May 2021. In the last financial

year, it was strongly advised that given the current pressures on staff due to the pandemic that the contract is to be extended for a further 12 months and a review was to take place at nine months. Committee supported this decision, with a review to take place towards the end of 2021.

❖ **Standing Orders**

Following an annual review and as a result of the pandemic, the standing orders had been revised and a report was received which set out the overarching review of the full set of standing orders. The committee approved the amendments,

❖ **Board Assurance Framework**

The committee received a regular update on the progress of the board assurance framework (BAF). The report highlighted the history, proposed actions and the embedding of the BAF into the ongoing risk and assurance process, in particular its alignment with the corporate risk register and committee work programmes.

❖ **Board Effectiveness Action Plan**

In January 2022, the Board effectiveness action plan was provided for assurance. The Board is required to undertake a self-assessment of its effectiveness in terms of governance and internal controls.

❖ **Audit Registers and Status of Recommendations**

As a substantive agenda item, members agreed that due to the current pressures the committee should focus on chasing the fundamental recommendations e.g. those raised in limited assurance reports that were high priority recommendations and particularly those with an emphasis on patient care. Executive directors and leads were asked to attend the committee meeting to provide detailed overview on the overdue recommendations.

❖ **Claim's Management Policy**

In January 2022, committee members ratified the claim's management policy.

❖ **Progress to Develop a Quality Management System**

In March 2022, a report was received which set out the work in response to the Audit Wales review of quality governance and the internal audit of the quality and safety framework.

❖ **Proposals to tackle bed poverty with the region**

In March a paper was received that detailed proposals of how the Health Board could help tackle the issue of bed poverty within our region by distributing the beds to those in greatest need within our community.

Financial Focus

❖ **Annual Accounts 2020-2021**

The committee considered and recommended the annual accounts for 2020/21 for approval by the Board. Changes to Welsh Government submission dates due to COVID-19 therefore a presentation outlining the draft accounts was received at the meeting on the 18th May 2021 and final accounts were received at the meeting on the 7th June 2021. The remuneration and staff report was also received during these meetings.

❖ **Financial Position Update**

Throughout the year, the committee received regular updates through a standing agenda item, which primarily kept members up to date with the current position against the forecast deficit and the financial impact of COVID-19 in 2021/22.

❖ **Losses and Special Payments and Single Tender Actions and Quotations**

Reports were received at each meeting outlining the losses and special payments and single tender actions and quotations.

❖ **Annual Accounts Timetable and Plan**

A report was received in January 2022 that highlighted that Welsh Government issued the draft manual for accounts on 21st December 2021 which would be discussed by the All Wales Technical Accounting Group at its meeting on 25th January 2022. Interim audit work has not yet commenced due to resource issues at Audit Wales and a meeting with Audit Wales was planned for 12th January 2022 to agree a timescale for the interim audit work.

❖ **Post Payment Verification Report**

In July 2021 a report shared the annual post payment verification end of year report for 2020/21 produced by NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) Post Payment Verification Manager. This report provided assurance on the actions taken by the Primary Community and Therapies Service Group to ensure good governance and financial management and probity.

❖ **Revised Scheme of Delegation**

In January 2022, a report was received that set out proposed amendments to the scheme of delegation as part of work to develop a governance framework for the regional partnership board.

Internal Audit

❖ **Head of Internal Audit Opinion and Annual Report 2020/21**

The committee received the head of internal audit opinion, which confirmed the Health Board could take reasonable assurance that arrangements to secure governance, risk management and internal control were suitably designed and applied effectively across the Health Board.

❖ **Internal Audit Progress Report**

Regular reports were received which outlined progress against the revised audit plan for 2021/22, the outcomes of completed audits and management responses to the recommendations. Services of the internal audit reviews included:

- Quality and Safety Framework
- Hospital Electronic Prescribing and Medicines Administration IT application
- Delivery framework
- Child and adolescent mental health service commissioning arrangements
- Controlled drugs governance
- Singleton cladding
- Annual planning approach
- Services management
- Procurement and tendering

- General dental services
- Elective Orthopaedics
- Environment Infrastructure
- Staff wellbeing and occupational health
- Capital follow up
- Safeguarding
- Integrated care fund
- COVID-19 mass vaccination
- Water safety
- Mortality reviews
- Fire safety
- Financial delivery report
- Hosted body – major trauma network
- Adjusting services
- Estates follow up
- Concerns and serious incidents
- Risk management and Board assurance framework
- Waste management
- Planned care recovery
- Mental Health Legislation

❖ **Internal Audit Annual Plan 2022/23**

In March 2022, committee members approved the Internal Audit Annual Plan 2022/23.

External Audit

❖ **ISA 260 Audit of Financial Statements**

The committee received the ISA 260 audit of financial statements report including the letter of representation and audit enquiries. Members were advised that the auditor general was to issue a qualified opinion on the basis of regularity and the failure to meet the first and second statutory financial duties. The report also covered the main impacts of the pandemic on this year's audit process.

❖ **Programme of Audit Wales' NHS Performance Work**

The committee received the letter from auditor general that set out the programme of audit performance work and the re-shaping of the work programme in light of the pandemic.

❖ **Structured Assessment 2021**

Throughout the year, the committee received updates on the progress against all extant structured assessment recommendations. In January 2022, Audit Wales provided phase two of the structured assessment 2021 which included corporate governance and financial management arrangements for SBUHB.

❖ **Audit Wales SBUHB Annual Report 2020/21**

In January 2022, the committee received and approved both the Annual Report for 2020/21.

❖ **WHSSC Committee Governance Arrangements Management Response**

The report presented the management response to the Audit Wales report WHSSC

committee governance arrangements.

❖ **Audit Wales Review of Quality Governance Arrangements for SBUHB**

The report was received at January's meeting for assurance.

❖ **Audit Wales report on Radiology Services: update on progress**

The Audit Wales report was received at January's meeting for assurance.

❖ **Audit Wales plan and fees**

In March 2022, Audit Wales presented a report undertaking statutory responsibilities as the Health Board's external auditor and to fulfil its obligations under the Code of Audit Practice.

Clinical Audit

❖ **Clinical Audit and Effectiveness Report**

In September, a report provided an overview of the SBUHB's position in relation to participation in the Welsh Government list of mandated audit and outcome registry topics and the associated two stage assurance process following publication of results.

Counter Fraud

❖ **Counter Fraud Annual Report and Annual Plan 2021/22**

Members considered a regular report from the counter fraud service outlining progress against the annual work plan, as well as the annual report and the self-assessment against the NHS Protect Standards. Updates were also provided within the main and in-committee session on the sensitive and individual cases being investigated.

Assurance Reports for Information

❖ **Information Governance Assurance Reports, Strategy, Framework and SIRO Annual Report**

As a sub-group of the committee, regular updates were received from the Information Governance Board. Committee also received the annual report of the senior information risk owner which outlined the work undertaken through the course of the year in relation to Information Governance.

❖ **Hosted Agencies Annual Governance Reports**

The committee received the Annual Governance Reports for 2020/21 for the hosted agencies; emergency and medical retrieval transfer service and NHS Wales Delivery Unit.

Quality and Safety Committee

The Quality and Safety committee was established in 2009 and its focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as 'clinical governance'. The Quality and Safety committee is the main assurance mechanism for reporting evidence-based and timely advice to the board in relation to the quality and safety of healthcare as well as the arrangements for safeguarding and improving patient care in line with the standards and requirements set out for NHS Wales. Each meeting begins with a patient story and includes updates from internal and external regulatory bodies, and where reports have raised concerns, action plans are monitored by the committee. During 2021/22, the following reports were received by the committees:

❖ **Patient/Staff Story**

Patient Stories had been prepared by the patient experience team, which focussed on the learning from a never event or patient experience. From September 2021, service groups were asked to present a story that was relevant to their key issues. The following stories were received by the committee from April 2021 to March 2022:

Dance to Health (April 2021)

A story was received which set out a service user's experience of *dance to health*. Following a neurological illness, he became involved with the *dance to health* group that he found beneficial both physically and mentally.

Sepsis (May 2021)

A story was received which set out Glenn's experience following the death of his Wife, Siobhan. His story detailed how Siobhan came to be admitted to Morriston Hospital following a sepsis infection and his experience of waiting in the family room whilst Siobhan was in resuscitation. Since the story was been filmed, Glenn and his family have donated a new picture to Morriston Hospital for the family room and policies have been reviewed to include families being able to access the resuscitation room.

A gift of hope (June 2021)

A story was received which set out an experience of how the patient advice liaison service (PALS) supported a gentleman and his family throughout his stay at Morriston Hospital in the COVID-19 pandemic. The family were able to communicate with their father via an electronic tablet which brought hope to the gentleman. The family found PALS to be extraordinary and their contact comforting.

Tony's Story (July 2021)

A story was received which set out Tony's experience of having to wait four hours for an ambulance after sustaining an injury to his knee. The Welsh Ambulance Service Trust was under considerable pressure on the night that Tony suffered the injury and as such he waited for four hours with no pain relief. He had been informed by a member of the call handling team that there were 170 people ahead of Tony in the queue for an ambulance and he needed to get himself to hospital.

'Why do people think this not important?' (August 2021)

A story was received which set out a parent's experience of the cleft, lip and palate service throughout the COVID-19 pandemic. The pandemic affected service delays and ultimately delayed Jacob's surgery by at least a year. Jacob's family found the delays and lack of plans frustrating and upsetting. They welcomed honest answers and timescales, which could give comfort to families. In this circumstance Jacob's family received private treatment for his unilateral incomplete cleft lip.

Organ Donation – a relative perspective (September 2021)

A story was received which set out a relative's experience following the death of her mum, Joy. Joy's daughter detailed that the clinical care from the intensive therapy unit was superb, however the trust that had been built was damaged due to information being withheld surrounding the organ donation process. Joy's daughter detailed that the team's willingness to listen and the opportunity to share her story has provided some good from a difficult experience.

Frances' Story (October 2021)

A story was received which set out Frances' experience of being hospitalised after contracting COVID-19. Although the story was not able to be played fully due to technical issues, Stephen Jones highlighted that the story had been created in the last 12 months and consent had been provided by Frances to share her story. When Frances contracted COVID-19 she was living in supported accommodation but subsequently was admitted to the Princess of Wales Hospital in Bridgend. Following admission Frances was ventilated and spent six weeks in the intensive therapy unit. Frances has Down's syndrome and was well known to the liaison nurse which created elements of trust. The patient advice liaison service were incredibly helpful throughout her admission. The story was shared outside of the meeting.

Jordan's Story (November 2021)

A story was received which set out Jordan's experience following his admission to Morriston Hospital for a suspected appendicitis. His overall length of stay was two weeks and in this time he found the food 'disgusting' and requested that the menu be reviewed. He provided positive feedback on the care he received from the team on the children's ward, and was grateful that staff did not inform him that he had sepsis as it would have frightened him.

Physio Works (December 2021)

A story was received which set out the experience of a gentleman who had struggled to walk for short periods of time and had begun classing himself as an 'invalid'. He began physiotherapy sessions that encouraged him to exercise between parallel bars, which transformed his physicality. He became able to walk unaided in the daylight and was supported by the physiotherapy team throughout the process.

Dechrau Newydd (February 2022)

A story was received which set out the way in which Dechrau Newydd, the dialectical behaviour therapy team, had adapted its way of working in response to the pandemic. The team work with people with mental health conditions prone to self-harm and/or suicidal thoughts to help them manage their emotions.

Our Miracle Boys (March 2022)

A story was received which set out the experience of a mother and her family's care following early spontaneous labour of twins. The lady and her family were supported by the neonatal unit at Singleton Hospital. They received good care and felt welcomed and reassured by the team. They were kept involved with the care of the infants, and midwives also assisted with breast feeding support which was appreciated by mum.

❖ **Service Group Highlight Reports**

From September 2021, the Health Board's service groups were invited to attend specific committee meetings to deliver their highlight reports. Each meeting was an opportunity for a service group to outline challenges, actions and performance to committee members and to highlight areas of escalation.

Date	Service Group
September 2021	Morrison Hospital
October 2021	Mental Health and Learning Disabilities
November 2021	Neath Port Talbot Singleton Service Group
December 2021	Primary Care Therapies Service Group
January 2022	Morrison Hospital were stood down in light of operational pressures
February 2022	Mental Health and Learning Disabilities
March 2022	Neath Port Talbot Singleton Service Group

❖ **Infection Prevention and Control (IPC)**

The standing agenda item was received at each committee. The monthly reports included detailed updates on the vaccination programme, recruitment, retention, healthcare acquired infections, COVID-19 outbreaks and immunisations. Between April 2021 and March 2022 the Health Board was under pressure as a result of the second and third wave of the COVID-19 pandemic. This had an impact on the health of the Health Board's population and its staff. Maintaining inpatient services for non-COVID-19 patients became increasingly challenging. The Health Board continued to have the highest incidence of infection for the majority of the tier 1 key infections, and the lack of decant facilities compromised effectiveness of the cleaning/decontamination programme. The IPC team resource was acutely impacted by vacancies and sickness throughout the waves of COVID-19, and there was been a suspension of the 7-day service since the end of December 2021 as there was not enough staff to cover the rota. Action plans remained in place to mitigate the risks related to IPC and were scrutinised and monitored by committee members on a monthly basis.

❖ **100-day plan for healthcare associated infection improvement**

In August 2021, the committee received a report and three appendices that detailed goals, methods and outcomes to reduce healthcare acquired infections across the Health Board along with actions that remained open. Committee members requested that the 100-day plans related to the five quality priorities were taken through September's committee for assurance.

❖ **100-day plans for the five priorities**

In September 2021, the committee received the 100-day plans for the five priorities: suicide prevention; falls prevention; sepsis; infection, prevention and control – healthcare acquired infections; and end of life care for adults.

❖ **Quality and Safety Performance Report**

The standing agenda item was received at each committee, which provided an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures.

❖ **Performance against All Wales Medicines Strategy Group Prescribing Indicators to September 2020**

A report was received to inform the committee of the SBUHB's latest position in relation to the All Wales Medicines Strategy Group National Prescribing Indicators and compared performance against a national level and outlining supportive local measures in place.

❖ **Controlled Drug Governance and Assurance Progress Report**

The paper detailed the strengthening of controlled drug governance arrangements across SBUHB.

❖ **Public Health Service Ombudsman Public Report**

Progress reports against the recommendations within the Public Health Service Ombudsman Public Report following a complaint within upper GI services were provided to the committee throughout 2021 by the Medical Director.

❖ **Draft Health and Care Standards Self-Assessment 2021/22**

The purpose of the reports were to update the committee on plans to undertake the annual self-assessment against the health and care standards framework in 2021/2022, utilising the self-assessment using available data and a scoring/assessment matrix. SBUHB's self-assessment methodology for 2021/2022 will be based on the supporting guidance and cross-correlating quarterly performance data to support the Health and Care Standards framework. A group had been introduced to support the self-assessment process which will report to the QSGG.

❖ **Health Board Risk Register**

A report was received to the committee on a bi-monthly basis that informed the committee of the risks from the Health Board risk register and COVID-19 risk register assigned to the committee. The risk registers were a mechanism to build future agendas to provide assurance on the risks appetite rated 20 and above.

❖ **Quality and Safety Governance Group**

The Quality and Safety Governance Group is a sub-group of the committee, and a summary of key issues from each meeting are presented to the members that escalates areas of concern and key issues to the committee. The group had maintained the reporting mechanism for the 100-day plans for the five quality priorities.

❖ **Final Internal Audit Report on SBU World Health Organisation Checklist Report**

In May 2021 a report was received was assurance which detailed ratings, recommendation priorities, responsibility statement and management action plan.

❖ **Final Internal Audit Report on Mortality Reviews**

In May 2021, a report was received was assurance which detailed ratings, recommendation priorities, responsibility statement and management action plan.

❖ **Final Audit Report on Concerns: Serious Incidents**

In May 2021, a report was received was noting which detailed ratings, recommendation priorities, responsibility statement and management action plan

❖ **Final Nursing Staffing Levels Act Internal Audit Report**

In December 2021, a report was received was noting which detailed ratings, recommendation priorities, responsibility statement and management action plan

❖ **Patient Experience Report**

This report was submitted bi-monthly to the committee for assurance. It provided an opportunity for committee members to scrutinise the work of the patient experience team and concerns management, which covers complaints and incidents. The report also includes feedback via the family and friend's questionnaire, staff surveys, compliments, never event information and serious incidents data.

❖ **Once for Wales SBUHB Implementation Plan**

In June 2021, an update report provided the committee with details surrounding the *Once for Wales* risk management system.

❖ **Neurodevelopment Assessment Performance Report**

The purpose of the reports which were received in May and August 2021 were to provide an update on the performance position of the neurodevelopmental service within Childrens Services.

❖ **Welsh Health Specialised Services Committee (WHSSC) Quality and Patient Safety Committee chair's report**

The key issues report was received which detailed updates on the COVID-19 contingency plans, committee arrangements, neonatal, mental health, cardiac, cancer and blood.

❖ **Children's Charter**

A presentation was received from representatives from Swansea Bay Youth in June 2021, which provided an update on the children's charter.

❖ **Clinical Ethics Group Key Issues Report**

The clinical ethics committee was originally established in 2005 to support clinicians making difficult decisions about patient care. In 2008, its scope widened to any person needing guidance with ethical issues which may impact on patient care. As a result of the COVID-19 pandemic, it was agreed the arrangements needed be strengthened and more robust. The clinical ethics group is a sub-group of the

committee, and a summary of key issues from each meeting are presented to members that escalates areas of concern.

❖ **Cleft Lip and Palate Service during COVID-19**

A report was received in July 2021, which detailed the significant constraints placed on theatre capacity at Morriston Hospital to allow the Health Board to treat patients with COVID-19. This limited capacity resulted in a backlog of patients waiting for treatment. This paper outlined actions that have been taken so far to alleviate the backlog position for paediatric cleft, as well as describe further plans to support recovery of the adult cleft backlog.

❖ **Lymphoedema Network Wales Annual Report**

The annual report of lymphoedema network Wales was presented as per the requirement of the governance structure of a SBUHB Hosted service.

❖ **Ophthalmology Report**

The purpose of the report was to update on the progress of the Ophthalmology Gold Command which was established to coordinate and expedite the mitigating action and monitoring of risk reduction against the 'follow-up not booked' profile for Ophthalmology. It was highlighted that suspected diabetic retinopathy had been a Health Board success story with 300 patients waiting for a hospital appointment being redirected to a community optometrist. The prioritisation process had a positive effect on the waiting list backlogs, however there was an expectation that the number of referrals may increase due to the lack of face-to-face appointments.

❖ **Transcatheter Aortic Valve Implantation (TAVI)**

A report was received detailing an overview of the Royal College of Surgeons review of the second cohort cases. Committee members agreed that the reporting mechanism was to take reports through management board via the Quality and Safety Governance Group with only TAVI exception report's coming through the Quality and Safety committee.

❖ **Mortality Review**

A report was received in August 2021 that outlined the current position on mortality reviews in the Health Board. It was noted good performance against the stage two reviews.

❖ **Clinical Audit Report**

The report provided an overview of improvements made to processes by the clinical audit and effectiveness department and the level of locally initiated projects.

❖ **Suicide Prevention**

In September 2021, a report was received updating committee members on the activity being taken on suicide and self-harm prevention through the Swansea Bay suicide and self-harm prevention multi-agency action group. This area is one of the quality priorities for the Health Board.

❖ **Access to General Medical Services**

In September, a report was provided which gave details on access to general medical services (GMS). The GMS contract does not specify the type of access

model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate physical examination for the purpose of identifying the need, if any, for treatment or further investigation. The primary community and therapies services group access and sustainability forum, oversee a programme of work on access with a key purpose to drive forward improved and sustainable access within primary care across the Health Board area. The report outlined key areas of that work, including the use and promotion of digital platforms.

❖ **Paediatric Nurse Staffing Act**

The mandatory report provided committee members with the nurse staffing level calculations for the two inpatient paediatric wards under section 25B of the Nurse Staffing Levels (Wales) Act 2016. The second duty of 'the Act' extended to paediatric inpatients on the 1st October 2021.

❖ **Maternity Services' Critical Staffing Levels**

A report was presented to committee members in October which provided an update in relation to critical midwifery staffing levels and the centralisation of services in order to maintain safe staffing and effective business continuity.

❖ **Welsh Health Circular Quality and Safety Framework**

In October 2021, the new Welsh Health Circular Quality and Safety Framework was received. A report supporting the framework detailed 15 actions contained within the framework from a local and national response.

❖ **Health Board response to Swansea Bay Community Health Council Orthopaedic Report**

In November 2021, a report was received that detailed the Health Board response to recommendations made by Swansea Bay Community Health Council detailing the lived experience of people waiting for orthopaedic and spinal surgery in the Health Board.

❖ **Ward to Board Dashboard**

In November 2021, a report was received which detailed the status of the ward to Board quality dashboard and outlined the need for further development. The report provided an update on the Health Board's quality assurance framework toolkits initially implemented in 2017.

❖ **Maternity Risk Report**

In December 2021, a report was provided with an update in relation to the maternity service risk register. Risks included screening for fetal growth assessment, critical staffing levels, delays to induction of labour, split site working and obstetric theatres availability.

❖ **Report following the recommendations from an external review of the children's community nursing service**

In December 2021, an update report following the recommendations from an external review of the children's community nursing service was received. The report provided robust action plan and detailed that the first phase of the programme would focus on staff and family feedback and to ensure a sustainable service going

forward. A follow up report was received in February 2022 for assurance. The committee would continue to monitor progress in 2022.

❖ **Substance Misuse**

In March 2022, a report was received that provided an update on key recent developments in the provision of substance misuse regionally.

❖ **Performance of pressure ulcers rates**

In March 2022, a report was received that provided an update regarding the current Health Board performance relating to pressure ulcer prevention in quarter three and the ongoing actions of the Pressure Ulcer Prevention Strategic Group.

❖ **Suicide Prevention**

A report was received in March 2022 that provided an update surrounding activity in relation to quality improvement work across the Health Board on suicide prevention.

❖ **Cardiac Services**

A report was received in March 2022 that updated the committee on the Getting it Right First Time (GIRFT) report surrounding the cardiac surgery service at SBUHB. The report gave assurances on the range of actions taken, the improvement plan in progress, and key deliverables.

❖ **Reports received to committee for noting:**

- Swansea Bay Community Health Council Inpatient Summary Report (September)
- Swansea Bay Community Health Council Orthopaedic Report (September)
- Quality and Engagement Act Implementation Programme Summer Newsletter (September)
- Welsh Health Specialised Services Committee Annual Report 2021/22
- Swansea Bay Community Health Council 'askmyGP' online service (May)
- Emergency Medical Retrieval and Transfer Service (EMRTS) Clinical Governance Report
- Lymphoedema Network Wales Bi-Annual Report (December 2021)
- Quality and Safety Framework Final Internal Audit Report (February 2022)
- Controlled Drugs Governance Final Internal Audit Report (February 2022)
- Summary of potential next steps for pharmacies, in the context of the population health strategy (February 2022)
- Annual Equality Report (March 2022)
- CAMHS commissioning governance arrangements following the draft internal audit report (March 2022)
- Additional Learning Needs Act (March 2022)
- Quality Impact Assessment Scrutiny and Review Process (March 2022)

Workforce and Organisational Development (OD) Committee

The Workforce and OD committee was established in 2009 and its principle focus is on 'all aspects of workforce as a resource aimed at ensuring the strategic and operational workforce agenda, priorities and work plan enables the delivery of the Health Board's objectives and supports quality and safety of healthcare and employment practice'.

During 2021/22, the following reports were received;

❖ **COVID-19 Workforce and OD update**

Throughout 2021, the committee received verbal updates on the following areas; Workforce modelling; workforce plans; medical workforce plans; recruitment activity; accommodation; immunisation; training; test, trace, protect and staff wellbeing and occupational health.

❖ **Health Education Improvement Wales (HEIW) education commission plan**

A report was received in April 2021 that provided the committee with a copy of the Health Board's return to HEIW relating educational commission requirements for the academic year 2022/23.

❖ **Personal Appraisal Development Review (PADR)**

In June 2021, committee members received reports providing detailed analysis of the PADR compliance rates within SBUHB. The report covered all staff within 'agenda for change' (excluding medical staff) and included local data extracted as of May 2021.

❖ **Domestic Recruitment**

In June 2021, a report was received to update the committee on the situation regarding recruitment to the domestic services. In March 2020, a large recruitment campaign commenced which included an open day and one stop recruitment shop. However, this was halted due to the COVID-19 pandemic and redirected to a more general support services recruitment campaign, which was managed via Microsoft teams with no face-to-face contact. The report detailed that over 400 new staff were recruited as part of this process.

❖ **Guardian Service Limited (Ltd) Annual Report**

In April 2021, the guardian service annual report was received for assurance. It was noted that the current extension of the service was due to expire in October 2021. Members supported a further extension of the contract.

❖ **Guardian Service Ltd Deep Dive**

A report was received in October 2021 which provided a deep dive into staff opportunities to speak up using the Guardian Service Ltd. It detailed activities and outcomes since the service was launched in May 2019 and outlined next steps in maximising the benefits for SBUHB.

❖ **Nursing Workforce Analysis**

In April 2021, a report was received that provided an analysis of the current nursing workforce in SBUHB. The paper outlined the nursing workforce profile, vacancies per band, recruitment challenges, risks and mitigation.

❖ **Nurse Staffing Act (Wales) 2016**

In June, October and December 2021, the annual assurance reports and annual presentation of nurse staffing levels were received. The reports highlighted the changes in funded establishment to ensure the Health Board remained fully compliant with the Nurse Staffing (Wales) Act and the actions undertaken to ensure appropriate staffing levels during the pandemic. The Health Board had faced and continued to face significant challenges on nurse staffing levels due to the impacts of COVID-19.

❖ **Workforce Risk Register**

In April, August and December 2021, reports were received informing the committee of the highest risks from the Health Board risk register assigned to the committee.

❖ **Workforce Metrics**

As a standing agenda item, a report was received outlining performance against a number of key workforce metrics, such as sickness absence and compliance with mandatory and statutory training.

❖ **Mental Health and Learning Disabilities Action Plan for the Staff Survey Experience**

In August 2021, a report from the mental health service group was received to enable improved engagement, staff feeling of belonging within the work environment and to challenge inappropriate behaviour in the work place.

❖ **Medical Agency and Locum Utilisation**

Throughout the reporting period, updates were received which provided snapshots of locum and agency utilisation during 2021/22.

❖ **Attendance Management at work including wellbeing and occupational health**

The committee received a report providing an update on the Health Board position with regards to attendance management. Consideration of the impact of COVID-19 was needed in both the long and short term, staff had worked continuously and it was anticipated that down time would be needed, staff were tired and the workforce was fragile. The report detailed absence performance and actions taken to increase attendance at work in light of the COVID-19 pandemic.

❖ **E-rostering**

In October 2021, a report highlighted current progress on the rollout of the E-rostering system. SBUHB migrated all nurses in both acute and primary care sites to an electronic rostering system that is integrated with the nurse bank module. Work is taking place with the mental health team to complete the rollout of community based teams and is due to complete in January 2022. As part of the digitalisation agenda SBUHB is now moving to the next phase of the project to implement the acuity based rostering tool. National work has been undertaken to standardise the use of 'Safecare' and to develop the system to meet the requirements of the Act. 'Safecare' was

expected to be rolled out from 1st November 2021 and would take approximately 26 weeks to complete. However, given the operational challenges that are being experienced these timescales may change.

❖ **Supporting the under 25s to secure and retain employment**

A report providing an overview into our organisational approach into how SBUHB was enabling a sustainable workforce through the recruitment and retention of under 25s was received in October 2021.

❖ **Management response following Audit Wales' 'Taking care of the carers' recommendations**

In December 2021, Audit Wales provided the management response on the recommendations of 'taking care of the carers'.

❖ **Sickness, Wellbeing and Occupational Health**

In December 2021, a report was received on the Health Board's sickness absence performance and actions taken to increase attendance at work in light of the COVID-19 pandemic.

❖ **Implementation of Manager Self Service within Electronic Staff Record (ESR)**

In December 2021, a paper explained the concept of implementing self-service (employee, supervisor and manager) in order to enhance ESR functionality.

❖ **Taking Care of the Carers – A checklist for NHS Board Members**

Audit Wales have requested that all Health Boards undertake a checklist regarding Staff Health and wellbeing support during the COVID-19 pandemic. The report highlighted the comprehensive wellbeing offer that had been made available to staff and provides detail of the support that will be available to staff during the COVID-19 recovery period.

❖ **Annual Equality Report 2020/21**

In February 2022, a report presenting the Annual Equality Report was received. The report gave an overview of the progress made by the Health Board in meeting the public sector equality duty. The employment information was presented in a separate report from the Annual Equality Report, in a format requested by the Welsh Government. The report provided the workforce data broken down in respect of each protected characteristic. It also included the gender pay reports.

❖ **Key issues reports from other groups**

The following reports were received from other groups:

- key issues report from medical workforce board
- key issues report from therapies and health science group
- key issues report from workforce delivery group
- key issues report from nursing midwifery board

Health and Safety Committee

The board-level Health and Safety committee was established in April 2019. Prior to this, the arrangements in place considered the operational detail as opposed to governance and scrutiny. In addition to the public sessions of the committee, some of the meetings had private sessions during which legal, sensitive or commercially sensitive issues were discussed. These included updates with regard to the cladding at Singleton Hospital and general Health and Safety Executive (HSE) visits, in addition to the violence and aggression and manual handling specific inspection.

During 2021/22, the following reports were received by the committee;

❖ **Unit Delivery Reports**

Each delivery unit is invited to the committee across a rolling 18-month programme to outline its health and safety targets and plans to improve. The reports are not limited to service units, as included within the programme are facilities and estates, as well as the corporate function. Guidelines were developed with the chair of the committee early in its tenure to advise units what was required of their reports and these are at appendix one for information. During 2021-22, updates were received from:

- Headquarters (July 2021);
- Mental Health and Learning Disabilities (October 2021);
- Primary Care and Community Services (October 2021);
- Estates (October 2021);
- Facilities and Hotel Services (April 2021);
- Neath Port Talbot Hospital and Singleton Hospital (NPTSSG) were stood down in January 2022 in light of operational pressures following the third wave of COVID-19. The work programme has scheduled for the service group to submit a report to Health and Safety committee scheduled 5th April 2022;
- Morriston Hospital was stood down in January 2022 in light of operational pressures following the third wave of COVID-19. The work programme has scheduled for the service group to submit a report to Health and Safety committee scheduled 5th April 2022;

❖ **Key Issues Operational Group Report**

The Health and Safety operational group forms part of the committee's sub-structure and key issues report submitted summarising the discussions.

❖ **Health and Safety Strategic Plan Updates**

The committee updated on the work to develop a strategic improvement plan for 2021-23, which was received for consideration at each meeting in both written and verbal format.

❖ **Health and Safety Risk Register**

The health and safety risk register was a standing item on the committee's agenda, which provided members with an opportunity to scrutinise the highest scoring risks, but also to suggest ways in which the register could be developed to provide further assurance.

❖ **Joint report on the Discretionary Capital Programme and concerns surrounding the six facet review of backlog**

A report was received in April 2021 to update the committee on the backlog maintenance position together with the required six facet survey/condition appraisal. The report confirmed the draft estates plan highlighted the need to ensure that the SBUHB maximises the utilisation of its estate and to make strategic decisions about how its buildings support the delivery of the clinical services plan.

❖ **Site Responsibility**

A spreadsheet was submitted to the committee which provided details of the accountable and responsible officer for each site within SBUHB.

❖ **Inspections and audits**

Reports were received in July and September to provide an update on the progress following receipt of internal, external inspections and audits. The reports included fire safety internal audit action plan and water safety internal audit action plan.

❖ **Deep Dive into the Use of Fire Doors**

Following Internal Audit's review of water management within SBUHB, the report provided an update on the steps that been taken to address the issues identified within the review. In April 2021, a progress report was received updating the committee on fire door compliance position.

❖ **Implementation of smoking legislation**

An assurance report was received surrounding the progress on the implementation of the smoke-free premises and vehicles (Wales) regulations 2020 of the Public Health (Wales) Act 2017.

❖ **Project details surrounding cladding at Singleton Hospital**

Following a report being received at April's in-committee meeting, the chair requested an update report on the project details which was received at July's main committee meeting. The report provided committee members with assurance surrounding the governance around full technical compliance of obtaining full planning approval and submission, and the main cladding works progress and removal of the existing cladding on 26th May 2021.

❖ **COVID-19 Health and Safety issues**

Verbal and written updates were provided from July 2021, which set out the SBUHB's response to ensure the safety of staff and patients in response to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020.

❖ **Personal Injury Reviews**

In January 2022, a report was received that provided information in relation to Personal Injury Claims in the Health Board.

Mental Health Legislation Committee

The principle remit of the Mental Health Legislation committee is to consider and monitor the use of the Mental Health Act 1983, Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS) and the Mental Health (Wales) Measure 2010.

During 2021/22, the following reports were received by the committee:

❖ **Mental Health Act 1983**

A regular report was received on the use of the Mental Health Act 1983 across the Health Board. The report provided an update on performance against the Act and gave an insight into the number of invalid detentions and exceptions and the reasons for their occurrence.

❖ **Mental Capacity Act 2005 and Deprivation of Liberty Standards (DoLS) Performance Report**

As a standing agenda item, the committee received regular updates on the performance against the Mental Capacity Act 2005 and Deprivation of Liberty Standards (DoLS).

Mental Capacity Act 2005

The Health Board supports a significant number of patients with impaired decision making, and the committee received regular reports on the use of the Mental Capacity Act throughout the Health Board, including staff training, the use of the Independent Mental Capacity Advocacy Service (IMCAs) and Health Board involvement in Court of Protection cases.

All court of protection cases were now being recorded and maintained on Datix and Units were responsible for managing and maintaining via this method.

Deprivation of Liberty Standards (DoLS)

The committee were advised that the legislative changes moving from Deprivation of Liberty standards (DoLS) to Liberty Protection Safeguards (LPS) had been delayed due to COVID-19 but would be implemented in April 2022.

At each meeting, members were updated on the DoLS quarterly position and were provided with information on the number of referrals, the number of best interest assessments undertaken and completed within the required timeframe and the number of breaches. Most breaches were due to a continued lack of Best Interest Assessors (BIA's), as well as COVID-19 restrictions. The issue of internal BIA's not being released from their roles due to competing demands in Units still remained and members agreed the need for a sustainable model going forward. Members were advised that during the pandemic, there had been no adjustments made to MCA and DoLS responsibilities. In terms of DoLS, there were ongoing risks to the Health Board compliance with the legislation.

❖ **Mental Health (Wales) Measure 2010**

Reports were received at each meeting outlining performance against the Mental Health (Wales) Measure 2010. The overall performance against the measure was on

target for all four areas. The pandemic had made slight impact on performance, in particular where patients have not been attending GPs and therefore a decrease in referrals and the inability to provide face-to-face referrals.

In May 2021, members relayed how particularly pleased they were with the performance for CAMHS. The consistency of high performance across all areas provides the committee, the Board and Welsh Government with assurance. Welsh Government had commended the performance and it was recognised that the Health Board was one of the few services across Wales to establish virtual 1:1 and group therapy sessions very early on. Members were advised that the blended approach to therapy would continue.

❖ **Care and Treatment Plans (CTP's)**

As a standing agenda item during 2021/22, the committee received regular updates on the progress of three CTP plans. A key focus in this area was the quality of the CTP's plans and work streams were underway within the units with a focus on 3 areas; service user engagement, carer involvement and risk assessments. Although good progress had been made, it was apparent that the pandemic had had an effect on the progress of actions.

Governance

The committee received and approved the following;

- Hospital Managers Powers of Discharge committee 2020/21 annual report
- Powers of Discharge Committee Terms of Reference

Charitable Funds Committee



The purpose of the committee is to make and monitor arrangements for the control and management of the Health Board's charitable funds. It is supported by Investec Wealth & Investment Limited, the Health Board's appointed Trust Investment Advisors.

During 2021/22, the following reports were received by the committee:

❖ **Finance Report**

At each meeting, the committee considered a finance report, which was prepared to inform the committee of the income and expenditure position for the period to date, performance of the investment portfolio for the period to date, interest earned on cash balances held in the commercial bank deposit and fixed term investment accounts for the period to date, and overall fund balances for the period to date and legacies and bequests received in the period.

❖ **Charitable Funds Committee Fund Financial Position**

Regular reports were received to provide an update on the financial position of the charitable funds committee fund. This included the fund balance, transactions, and expenditure commitments, funds available and funding for schemes not yet called down from the committee fund.

❖ **Investment Portfolio Update**

Reports from the Health Board's investment advisors *Investec* were received on a quarterly basis, and included sections on overview, performance, asset allocation, transaction schedule, and UK sector and market commentary.

❖ **Delegated Funds Income & Expenditure Report**

Regular update reports were received by the committee on all delegated charitable fund balances. These reports also analysed the value of donations received and expenditure incurred for the period by individual fund, highlighting significant donations exceeding £10,000 and expenditure requests exceeding £25,000.

❖ **Closed Fund Approvals**

In line with the committee's requirements to ensure that fund managers utilised their funds and that action was taken to address the issue of dormant funds across the Health Board, significant progress continued to be made in identifying and closing dormant funds and amalgamating dormant funds with active funds with similar fund purposes.

❖ **Legacy Update Report**

Regular reports were received to provide an update to the committee on legacies included within the legacy register.

❖ **Dormant Funds**

The committee received reports on dormant funds at each of its meetings, dormant funds being classed by Wales Audit Office as funds that have received no income or expenditure in a 12 month period.

❖ **New Funds Approved**

At each meeting the committee received a report requesting approval for the creation of new charitable funds as required under the charitable funds financial control procedure. The following new funds were approved:

- charitable fund for the sarcoma service;
- charitable fund for the care after death service;
- charitable fund for ward 11 haematology;

❖ **Charitable Funds Cash Projection**

In July 2021, a report was received providing an update on the cash position for charitable funds and provide future cash projections for the funds.

❖ **Fundraising Manager's Report**

At each meeting the committee received an update report from the Fundraising Team which included *Amazon Wishlist*, social media presence, donations from external companies, NHS Charities Together, establishing an All NHS Wales Fundraiser and Swansea Bay Health Charity Campaign.

❖ **Fundraising Policy**

In July 2021, the fundraising policy was received and approved.

❖ **Investment Policy**

In July 2021, a report was received to obtain approval from committee members as to the proposed way forward for the investment policy. The current investment policy was approved by the trustees in November 2020, and it was proposed that with the exception of formalising in the investment policy the requirement to disinvest from fossil fuels and invest in renewables technology that the investment policy remains unchanged. This approach was approved by committee members.

❖ **Small Grant Scheme**

In July 2021, a bid for small grants scheme titled 'changing for the better' was received. The committee agreed in principal to support the scheme to the value of £50,000 as agreed in previous years. However, the committee felt that the Health Board needed to confirm what its priorities for the use of the funds are and that the funding would therefore be available from 1st April 2022 to allow those priorities to be clearly communicated to the voluntary sector to support the bidding process for 2022/23. An update report was received at the committee meeting dated 10th February 2022 detailing the process proposed for 2022/23.

❖ **Morrison Stroke Fund Legacy**

In September 2021, Morrison Hospital provided an update to the committee proposing the spend of a donation in the sum of £400,000 made into the stroke unit charitable fund. Since the proposal initially made to the committee in December 2020 to spend the donation on the development of a dedicated day room, the implications of COVID-19 had set back any work relating to this proposal. There are ongoing proposals which are being developed in line with the annual plan and in conjunction with the Chief Operating Officer and Chief Executive. The request to the committee was to support the plan to use the stroke legacy to enhance palliative input whilst also increasing diagnostic capacity via agreeing to invest into a CT scanner.

❖ **Charitable Funds for Fund Managers**

A guidance document had been developed for fund managers detailing how charitable funds can be used and areas where charitable funds cannot be used. The draft document was circulated to committee members for comment and the responses received have been incorporated into the guidance. The guidance was issued to fund managers along with the charitable funds newsletter by the end of September. The guidance document became a live document available to all fund managers and will be updated on a regular basis to incorporate guidance on more real life examples as these occur.

❖ **Update on the tender process for the Investment Management Services Contract**

The invitation to tender documentation detailing the specification for the investment management services contract was issued on 6th August 2021 with a deadline for tender submissions of 13th September 2021. The three companies provided the highest scoring bids were invited to a presentation to the charitable funds committee on 4th October 2021, with their presentations being scored using an agreed template.

❖ **Investment Management Service Appointment**

A report was taken through November's committee to ratify the decision made to appoint the charitable funds investment management service.

❖ **Investment Management Contract**

In February 2022, a presentation was received from Investec, which included changes in value, performance strategy, asset allocation and review of strategy.

❖ **Staff employed from Charitable Funds**

A report was received in September 2021 that provided details on the substantive and fixed-term posts within SBUHB that were funded by Health Board charity. All of these posts relate either to fundraising for or administration of the charitable funds, with the exception of the arts on prescription post.

❖ **Charity's governing document**

In November 2021, a report was taken through the committee for members to consider the charity's governing document and guidance for trustees.

❖ **Update on the Implementation of Traumatic Stress and Trauma Risk Management (TRiM) for Staff in Swansea Bay UHB**

A report was received in November that outlined progress on the implementation of TRiM into the SBUHB thus supporting a Health Board objective to ensure the health and wellbeing of its workforce. TRiM training has completed and introduction of TRiM into the early implementer sites will commence in November 2021. Funds provided by the Charitable Funds Trustees had been fully utilised with over 100% attendance at all training sessions. TRiM personnel have been trained in all areas of SBUHB with the exception of Primary Care, Community and Therapies. The Project Manager is working with the Service Group Director to consider ways in which trauma management for staff can be introduced.

❖ **Options appraisal for charity partnerships**

In November 2021, a report was received to review whether the charity should become an official charity partner at local sporting events. The charity made contact

with a number of high profile sporting events in the area and the report sought approval for an approach with becoming a charity partner.

❖ **Helping Hands Bids Panel update report**

In September 2021, November 2021 and February 2022, reports were received providing an update to the committee on the activities of the Helping Hand Fund bids panel.

❖ **Approved bids:**

- COVID-19 recognition for staff and volunteers (September 2021)
- Partnership work with National Botanical Gardens (February 2022)

❖ **Non-approved bids:**

- Staff wellbeing and promotion role (July 2021)
- COVID-19 recognition for staff and volunteers (July 2021) - The bid be reframed based on the discussion and be taken through Chair's action for approval outside of the committee.
- Early pancreatic cancer detection using medical imaging and spectroscopy (July 2021) – The bid to be reviewed by the Medical Director.

❖ **Charitable Funds Committee Accounts Meeting**

The Charitable Funds committee Accounts was incorporated into a committee held on Thursday, 11th November 2021 where the following items were brought through for decisions:

- Auditors Report on the Charitable Fund Accounts for the year ended 31st March 2021;
- Charitable Fund Accounts for the year ended 31st March 2021;
- Letter of Representation to the Auditors on the Charitable Fund Accounts for the year ended 31st March 2021;
- ISA 260 Report for 2020/21 from Audit Wales;
- Charitable Funds committee finance fund report;

❖ **Charitable fund accounts year-end timetable**

In February 2022, a report was received which informed the Charitable Funds committee of the charitable funds accounts year end timetable for the financial year ending 31st March 2022.

❖ **Finance Administration fund**

In February 2022, a report was received providing options for the management of the finance admin fund to ensure that the fund does not become overdrawn. NHS Charitable Funds are not permitted to become overdrawn and so a mechanism to recharge costs in excess of the income received needed to be agreed by the Charitable Funds committee.

❖ **Review the level of Administration Charges to the Charity**

A report was received in February 2022 that asked committee members to review the administration charge and agree the charge for the 2021/22 and 2022/23 financial years.

❖ **Option appraisal report for a lottery**

A report was received in February 2022, which considered the option of the charity launching a lottery scheme for Swansea Bay Health Charity and whether it should be for staff only or also include the public. The report also considered ways in which to manage and run a lottery scheme.

Remuneration and Terms of Service Committee

The purpose of the Remuneration and Terms of Service committee is to provide:

- **advice** to the board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff, within the framework set by Welsh Government; and
- **assurance** to the board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales and to perform certain, specific functions on behalf of the board.

During 2021/22, the committee considered the following reports:

❖ **Executive Director Appointments**

As there have been several changes within the executive team, the committee considered and agreed all interim and substantive arrangements, including salary and terms and conditions of service. These included Director of Nursing and Patient Experience, Director of Finance, Director of Corporate Governance, Director of Workforce and OD, Chief Operating Officer and Director of Therapies and Health Science. Members were also kept apprised of any changes within the service groups' senior teams.

❖ **Revocation of Cap on Public Sector Exit Payments Regulations**

Following correspondence received from Welsh Government, a report was received to inform the committee of content of the letter dated 2nd November 2020 setting out regulations that introduce restrictions on exit payments to public sector workers had been revoked.

❖ **Executive Team Objectives**

The committee considered draft executive team's objectives and feedback was invited as to potential gaps. The full and final set was received at the next meeting.

❖ **Settlement Agreements**

Members noted a report setting out a settlement agreement which had been approved by the Director of Workforce and OD following a small claims court claim relating to a reference

❖ **Executive Salaries**

The committee were notified of the outcomes of the two of the Executive Team posts that were re-evaluated by Welsh Government following the agreed changes to portfolios in 2020. It was agreed that in future any changes to Executive Director roles must be approved by the Committee in advance before submission to Welsh Government for re-evaluation.

❖ **Governance in Recruitment-Executive and Senior Posts**

A report was received in August 2021, which set out the governance arrangements and pay structure for Executive Directors and Senior positions within SBUHB.

❖ **Ratification of Chair's Action**

In March 2022, the committee ratified decisions made under Chair's Action.

❖ **Health board's offer of pension flexibilities**

In March 2022, a report was received that set out SBUHB's plans to adopt pensions flexibilities within the Health Board under the guidance issued by NHS Wales. The guidance set out how and where the options described may be offered to SBUHB staff.

❖ **Committee work programme 2022/23**

In March 2022, the members agreed the committee's work programme for 2022/23.

❖ **Summary of executive team costs**

In March 2022, a summary of executive team costs was received and for noting.