

Swansea Bay University Health Board

Unconfirmed

**Minutes of a Meeting of the Health Board
held on 7th October at 11.45am via Zoom**

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Alison Stokes	Associate Board Member
Andrew Jarrett	Associate Board Member
Christine Morrell	Director of Therapies and Health Science
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Interim Director of Nursing and Patient Experience
Jackie Davies	Independent Member
Keith Lloyd	Independent Member (until 236/21)
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Mark Child	Independent Member
Martyn Waygood	Independent Member
Nuria Zolle	Independent Member
Richard Evans	Medical Director
Tom Crick	Independent Member

In Attendance:

Alison Clarke	Assistant Director of Therapies and Health Science
Joanne Abbott-Davies	Assistant Director of Strategy
Matt John	Director of Digital
Nick Samuels	Interim Director of Communications
Pam Wenger	Director of Corporate Governance
Sam Lewis	Deputy Director of Finance
Sue Evans	Community Health Council
Liz Stauber	Head of Corporate Governance
Brian Owens	Service Group Director, Primary, Community and Therapies (for minutes 230/21, 231/21 and 232/21)

Minute No.		Action
223/21	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the meeting, particularly Christine Morrell and Debbie Eyitayo, who had been appointed substantively to the roles Director of Therapies and Health Science and Director of Workforce and OD respectively. She also welcomed Gareth	

	<p>Howells who had returned to the organisation as Interim Director of Nursing and Patient Experience.</p> <p>Apologies had been received from Siân Harrop-Griffiths, Director of Strategy, Darren Griffiths, Director of Finance, Reena Owen, Independent Member.</p>	
224/21	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
225/21	PATIENT STORY	
	<p>A patient story was received.</p> <p>The story set out the experience of the family of an elderly gentleman who was admitted to Morriston Hospital during lockdown. He had previously had a laryngectomy and also suffered from vascular dementia. His wife had to say goodbye in the emergency department and did not see him again for nine weeks. The story is told by their daughter about how they were facilitated to keep in touch and how he caught Covid-19 while in hospital. The family did not think he would get home but staff supported the family to keep in contact through an iPad. This made a visible difference to the patient, as well as his family, and keeping hope alive, he recovered and finally went home.</p> <p>In discussing the patient story, Emma Woollett commented that the story was one that would resonate with many. It illustrated the importance of all the wider support provided by staff to both individuals and their families, particularly around communication when visiting was not possible. Gareth Howells concurred, adding that the people cared for by the health board were precious. He stated that the story demonstrated that even in the most challenging of circumstances, it was possible do the best for people.</p>	
226/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 29 th July 2021 and 19 th August 2021 were received and confirmed as a true and accurate record.	
227/21	MATTERS ARISING	

	<p>(i) <u>208/21 Proposals for Additional Theatres at Neath Port Talbot Hospital</u></p> <p>Emma Woollett advised that, following the previous board meeting, she had received an email from the Chief Officer of Swansea Bay Community Health Council, highlighting that the proposal to develop a centre for excellence in orthopaedic and spinal surgery at Neath Port Talbot Hospital, including Ward G, was still the subject of engagement under the older people mental health services proposals, and therefore any decisions would need to await the final outcome of this engagement. The Board was to receive the an update at the special meeting to be arranged for 28th October 2021.</p>	
<p>228/21</p>	<p>ACTION LOG</p>	
	<p>The action log was received and noted with the following update provided:</p> <p>(i) <u>Action Point Two</u></p> <p>Joanne Abbott-Davies advised that an update on the co-production work would be received at the November 2021 Board meeting which would set out the process to develop the action plan and roll it out through a task and finish group.</p>	
<p>229/21</p>	<p>CHAIR'S REPORT</p>	
	<p>A verbal update from the Chair on recent activities was received. In introducing the update, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - The recruitment process for the finance independent member had taken place and a recommendation made to the Minister. Appointments had also been made to the executive posts which were previously held on interim basis; - Pam Wenger, Director of Corporate Governance, was to leave the organisation in November 2021; - The situation across both hospitals and the care system was extremely challenging, and she was very grateful to all those who were working so hard under pressure to ensure that patients received the best care possible; - The Minister for Health and Social Care had asked for her thanks to be given to all staff for their continued hard work; 	

	<ul style="list-style-type: none"> - The weekly meetings with members of the Senedd and Parliament had been re-instated in the light of the challenging position; - The governance arrangements for the Regional Partnership Board were under review. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
230/21	CHIEF EXECUTIVE'S REPORT	
	<p>A report setting out an update from Chief Executive as to recent activities was received.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - The health board was facing an exceptional challenge in this current wave of Covid-19 but the successful vaccination programme was helping to mitigate the risk; - Community transmissions of Covid-19 remained high meaning a number of staff were having to self-isolate; - Routine activity levels were rising but there were challenges to keep this separate from Covid-19 services; - Staff were working under immense pressures and were tired; - More active decisions may need to be made around service provisions to help with service demands; - Proposals were being developed to align domiciliary care salaries with the living wage to develop a more competitive package; - Care home bed numbers were proposed to be increased to accommodate those in hospitals that did not need to be there; - More short-stay capacity was to be created to relieve the pressures on the emergency department and funding had also been received to co-locate the urgent and emergency primary care centre on the Morriston Hospital site with the acute GP unit; - The virtual wards were due to be progressed in four of the eight primary care clusters by the end of the year; - The improvement plan for cardiac surgery was included later in the agenda in response to an external review. There was nothing in the findings of the report to suggest robust patient care was not provided but there were areas in which care could improve. A number of cases have been identified as ones from which lessons could be learnt and all families for whom concerns had been 	

	<p>raised as part of the review had already been contacted;</p> <ul style="list-style-type: none"> - The recommendations of the older person’s mental health services engagement would be shared with the Board at a special meeting later in the month in order to allow adequate time to consider the responses received; - Welsh Government had agreed for a draft recovery and sustainability plan to be submitted in December 2021 and the final in February 2022 and this would focus on the next three to five years. A workshop with clinical leaders had taken place the previous day to set out the vision, which included population health. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried whether consideration had been given as to what the ‘new normal’ would like for services given the impact of the pandemic. Mark Hackett advised that the progress during the first six months of the annual plan was to be reviewed to evaluate progress against plan for the first six months and whether trajectories needed to be revised for the rest of the year to reflect the current reality.</p> <p>ACTION – evaluation of the annual plan outputs and progress to date and implications for the trajectories for the rest of the year be received at the next Board meeting.</p> <p>Keith Lloyd noted the continued effort by all staff under immense pressures including those within primary care. He queried as to what initiatives were in place to support primary care services given these were the first point of contact for patients. Mark Hackett confirmed there was more that could be done in this regard, as primary care services were facing increased demand. The executive team needed to work with the Local Medical Council and other local bodies and contractors to determine how best to invest in such services. Brian Owens added that there was a GP escalation process which triggered a range of supportive actions when GP practices were in higher levels of escalation.</p> <p>As part of the discussion around access to primary care services, Brian Owens advised that at the start of the pandemic, 33 practices had implemented ‘AskmyGP’ to provide patients with an alternative means of accessing services and to help triage the demand. However, while this had now reduced to 28 practices, access to all practices was still good. He advised that there was a significant backlog in those wishing to access services which had accumulated during the pandemic and demand was continuing to increase. On that basis, it was not the lack of access that was causing longer waits, rather demand was now outweighing capacity.</p>	<p>SHG</p>
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Resolved:	<ul style="list-style-type: none"> - The report be noted; - Evaluation of the annual plan outputs and progress to date and implications for the trajectories for the rest of the year be received at the next Board meeting; 	SHG
231/21	CHANGE IN AGENDA ORDER	
	The agenda order be changed and item 2.3 be taken next.	
232/21	PHARMACEUTICAL NEEDS ASSESSMENT	
	<p>A report setting the pharmaceutical needs assessment was received.</p> <p>In introducing the report, Brian Owens highlighted the following points:</p> <ul style="list-style-type: none"> - The pharmaceutical needs assessment was a new requirement across Wales; - Each health board was required to publish its assessment by 1st October 2021 therefore the current version was available on the health board's website but would be updated subject to any changes; - A number of stakeholders had been included in the assessment; - The health board was well served in terms of pharmacy services, with no gaps in provision. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood sought confirmation that any new applications to establish a pharmacy within the health board area would still be considered by the pharmaceutical applications group. Brian Owens responded that while there were no gaps in the provision, this did not mean that applications would no longer be accepted, and should any be received, they would be shared with the group for consideration, along with the needs assessment for context.</p> <p>Nuria Zolle acknowledged the health board benefited from a full provision but sought assurance there were no inequities to access. Brian Owens responded that the geographical spread of the pharmacies meant that provision was equitable to all areas of the health board but this did not mean that access to each one would not be a challenge to some.</p> <p>Mark Hackett commented that it would be beneficial to consider if there were any further services the health board could ask pharmacies to take on as part of the 'advanced' or 'enhanced' services for prevention and/or wellbeing support for those in the community. Emma Woollett suggested</p>	

	<p>an action be taken for consideration to be given to the next steps for pharmacy services, in the context of population health, equity of access and the opportunities for enhanced services, and for this to be shared with the Management Board followed by the Quality and Safety Committee. This was agreed.</p> <p>ACTION – summary of potential next steps for pharmacies, in the context of the population health strategy, the importance of equitable access and the opportunities for enhanced services, be shared with the Management Board followed by the Quality and Safety Committee.</p>	BO
Resolved:	<ul style="list-style-type: none"> - The report be noted; - Summary of potential next steps for pharmacies, in the context of the population health strategy, the importance of equitable access and the opportunities for enhanced services, be shared with the Management Board followed by the Quality and Safety Committee; - The pharmaceutical needs assessment as recommended by the Management Board be approved. 	BO
233/21	CARDIAC SERVICES IMPROVEMENT PLAN	
	<p>A report setting out the cardiac services improvement plan was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Cardiac surgical services were provided for south Wales in two locations – Cardiff and Swansea (Morrison Hospital); - Welsh Health Specialised Services Committee (WHSSC) commissioned GIRFT (Getting It Right First Time) to undertake an external review of both services due to a concern about health boards meeting their commissioned figures for procedures undertaken; - The GIRFT team observed that Morrison was a small cardiac unit (29th of 31 centres in England and Wales). Overall outcome (mortality) was consistent with the average for England and Wales, but GIRFT raised specific concerns in four aspects – quality metrics, mitral valve surgery outcomes, patient pathway and process issues and aortovascular surgery (which was a pan Wales issue); 	

- A number of recommendations were made, some of which were implemented immediately, including consultant-only operating and all mitral valve-surgery undertaken by the two specialist surgeons;
- An action plan was now in place to take forward the remaining recommendations;
- The Royal College of Surgeons were being engaged by the Medical Director to undertake an invited review of the service, with the aim of advising on best practice in relation to quality governance and an aspiration for continuous improvement and to undertake a casenote review of the patients who died following mitral valve surgery to establish any necessary improvements to practice;
- The health board regularly submitted data to the National Audit Cardiac Surgery Audit which looked at different metrics to those used by GIRFT and measured outcomes differently – the reasons for the differences in findings was to be explored, but highlighted why the health board had not been aware of the situation as highlighted by GIRFT;
- The report and action plan has been shared with Welsh Government, HIW, Audit Wales, and the Ombudsman’s office. Other health boards are also aware of the report and action plan.

In discussing the report, the following points were raised:

Nuria Zolle commented that it was important that the findings from the report were shared more widely to ensure there were no such concerns within other services. Mark Hackett responded that the service’s response to the findings of the report and work needed in response had been positive, but quality governance arrangements across the health board were now being reviewed to ensure the service groups were aware of any issues early on. Richard Evans added that a quality dashboard was being established which would provide such information in ‘real time’ going forward.

Mark Hackett commented that consideration would need to be given as to how the cardiac surgery improvement work would align with the quality priorities for next year’s annual plan and the longer-term recovery and sustainability plan.

Pam Wenger advised that the quality governance reviews would determine what arrangements were in place within the services groups and how these reported into corporate structures. A small multi-disciplinary task and finish group was reviewing documentation and observing meetings to develop a set of recommendations. Internal audit colleagues had also been engaged as ‘critical friends’. The findings would be presented to the Management Board at the end of November

	<p>2021 with a set of expected standards with which to comply. This would then be shared with the Audit Committee.</p> <p>Emma Woollett advised that progress against the action plan in response to the GIRFT report would be monitored by the Quality and Safety Committee which would then report up to the Board.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The approach and action plan for the Executive Medical Director to implement with the Morriston Hospital Service Group team in response to the GIRFT report be approved; - The role of Quality and Safety Committee in the oversight of the implementation of the improvement plan be approved; - The review of quality governance arrangements within service groups being undertaken, with reports to both Management Board and Audit Committee be noted. 	
<p>234/21</p>	<p>KEY ISSUES FROM BOARD COMMITTEES</p>	
	<p>(i) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Audit Committee was received and noted.</p> <p>(ii) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Charitable Funds Committee was received and noted.</p> <p>(iii) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Mental Health Legislation Committee was received and noted, with the following discussion undertaken.</p> <p>Steve Spill advised that members had discussed at the previous meeting whether consideration now needed to be given to the repatriation of CAMHS (child and adolescent mental health services) to the health board from Cwm Taf Morgannwg University Health Board, who provided them on a south-Wales basis. Joanne Abbott-Davies gave assurance that there were robust arrangements in place for monitoring the delivery of these services, with monthly meetings taking place with the provider health board to consider trajectories and improvements. Performance had been improving, with the service meeting all of the Welsh Government targets for the first time six months ago, but due to ongoing pressures, performance had now started to deteriorate. Consideration</p>	

	<p>had been given to repatriating the service previously, and clinical safety was a significant issue, as the number of specialist staff to run the service was limited. If the health board was to manage its own service, it may struggle to attract the staff to run it.</p> <p>Gareth Howell commented that another issue was that there should not be children as inpatients on an adult ward, which was currently the position with the age appropriate bed on ward F at Neath Port Talbot Hospital. He stated the issue would be discussed further with the all-Wales directors of nursing peer group to consider on a wider basis.</p> <p>Andrew Jarrett commented that he would support the request for the executive team to consider the potential of repatriating the service and he would welcome this being considered on a multi-agency basis.</p> <p>Mark Hackett suggested that Joanne Abbott-Davies, Gareth Howells and the local authorities discuss the actions that could be taken to improve CAMHS as well as more widely, with a focus on step up/down services and links between CAMHS and community paediatrics.</p> <p>ACTION – Assistant Director of Strategy, Director of Nursing and Patient Experience and the local authorities to discuss the actions that could be taken to improve CAMHS as well as more widely, with a focus on step up/down services and links between CAMHS and community paediatrics.</p> <p>Alison Stokes advised that more and more families were seeking support for themselves to try and support their young loved ones with mental health concerns and the third sector was now overwhelmed.</p> <p>Mark Hackett commented that there also needed to be consideration in due course as to how to invest the national monies expected for children’s mental health services. Joanne Abbott-Davies responded that a multi-agency children and young people emotional health and wellbeing planning group was in place which made decisions in relation to funding as part of the Regional Partnership Board arrangements to ensure it was targeted at the right areas.</p> <p>Emma Woollett suggested a strategic and holistic review was undertaken of the CAMHS service and a report be given to the Quality and Safety Committee. This was agreed.</p> <p>ACTION - a strategic and holistic review be undertaken based on the discussion of the CAMHS service and a report be given to the Quality and Safety Committee.</p> <p>(iv) <u>Performance and Finance Committee</u></p>	<p>JAD/GH</p> <p>SHG</p>
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A report setting out the key discussions of the recent meeting of the Performance and Finance Committee was **received** and **noted**, with the following discussion undertaken:

Andrew Jarrett noted the financial constraints and the freezing of workforce and OD recruitment in response. He queried if this was the right course of action given the concerns around recruitment/retention and staff wellbeing. Sam Lewis responded that each area of the health board had a savings requirement to meet and a freeze had been put on recruitment within the workforce function as it had failed to establish a savings plan. This had now been addressed and the stop on recruitment was being revisited. Debbie Eytayo added that a complete review of the workforce and OD budget, efficiencies and savings was being undertaken.

(v) Quality and Safety Committee

A report setting out the key discussions of the recent meeting of the Quality and Safety Committee was **received** and **noted**, with the following discussion undertaken:

Steve Spill advised that at the meeting which had taken place earlier that week, the committee had undertaken a comprehensive discussion of the Nurse Staffing Levels (Wales) Act 2026 report which was later on the Board agenda, as well proposed that a deep dive be undertaken of infection control given that performance was not improving. Gareth Howells added that the discussion around infection control had been really beneficial as the health board really needed to get into the detail. Two years previously, there had only been one or two cases of *clostridium difficile* each month and a deep dive would help identify the underlying problem.

Mark Hackett queried as to whether the committee had any concerns over the leadership for infection control. Steve Spill confirmed that members did not have such concerns as it felt that the senior leadership team was monitoring the situation closely and the management structure within infection control was also strong. What needed to be determined was the underlying reasons for the increase in cases.

Mark Hackett provided assurance that the Management Board was to monitor progress against the quality priorities on a quarterly basis, starting in October 2021. Part of this would include making choices to address the issues.

Emma Woollett noted that it was reassuring to hear that this work was being undertaken around infection control, but it was important that the committee and board was kept apprised as to when improvements would be seen.

	<p>(vi) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was received and noted.</p>	
<p>235/21</p>	<p>BUSINESS CASE FOR THORACIC SURGERY</p>	
	<p>A report seeking approval of the strategic outline case for thoracic surgery was received.</p> <p>In introducing the report, Joanne Abbott-Davies highlighted the following points:</p> <ul style="list-style-type: none"> - The six health boards across south and mid Wales, together with WHSSC and WAST (Welsh Ambulance Services NHS Trust), had collaborated on a public consultation in 2018 to create one centre for thoracic surgery at Morrison Hospital; - As part of the work, a modern service model for thoracic surgery was developed, with the majority of the work undertaken locally and only the specialist procedures in the thoracic centre – this had now been agreed by the health boards, WAST and WHSSC; - The strategic outline case had been developed over the last six to nine months; - If approved, the thoracic centre would be up and running from 2025, depending on capital availability; - Significant pathway changes across all six health boards would be needed; - Likely cost and activity scenarios had been developed based on increased activity to meet known deficits in capacity as well as benign patients being able to have surgery; - Letters of support had been provided by five health boards and WAST, following which the strategic outline business case would be submitted if approved by the health board; <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle referenced the fact that the service was being rationalised from two centres to one, yet the running costs were increasing and sought clarity as to the reasons for this. Joanne Abbott-Davies advised that currently, neither centre was meeting the WHSSC service specification and there was insufficient capacity to meet demand so there would need to be an increase in activity to meet the numbers commissioned by WHSSC. In addition, patients with benign conditions were currently treated with medication and generally surgery reserved for those with cancer because of these capacity restraints, but under the</p>	

	<p>new service model, there would be sufficient capacity to treat those who would benefit from surgery. Activity levels for benign cases had been audited by a medical trainee to identify the activity levels required to meet the needs for benign conditions.</p> <p>Steve Spill queried whether a preferred option would be identified in the strategic outline case as part of the submission to Welsh Government. Joanne Abbott-Davies responded that this was not required at this stage but once the outline business case was ready for submission, the preferred option would be highlighted.</p> <p>Martyn Waygood noted that the development of one centre would lead to a number of staff transferring sites and sought assurance that this had been discussed with those likely to be affected. Joanne Abbott-Davies advised that staff from both current sites had been involved in all stages to date, and would continue to be, and those directly affected would be subject to the all- Wales organisational change process. She confirmed that it had been agreed that any posts appointed to during the planning stage would be made aware that their base was subject to change.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The outline additional revenue consequences of between £4.5m to £8.8m p.a. which will be required to be funded in full by WHSSC, and the capital requirements of between £24.7m - £42.2m which will require full Welsh Government funding be agreed. - The strategic outline case and subsequent submission to Welsh Government for consideration against the all-Wales capital programme be approved. 	
<p>236/21</p>	<p>BUSINESS CASE FOR THE LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)</p>	
	<p>A report seeking approval of the business case for the laboratory information management system (LIMS) was received.</p> <p>In introducing the report, Matt John highlighted the following points:</p> <ul style="list-style-type: none"> - The outline national case for the Laboratory Information Network Cymru had been approved 12 months previously to upgrade the current LIMS system; - The ambition was to standardise electronic working across the service; 	

	<ul style="list-style-type: none"> - The business case covered nine years – two years for preparation and implementation then a ‘system life’ of seven years; - The first four years would require local investment, but cost savings would be generated after this, and work was ongoing to identify savings and funding opportunities to support the initial investment requirement. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle sought assurance that the new system would have more resilience. Matt John advised that the main issues for the current system stemmed from the national data centres’ reliability, and the recent upgrades to these should now address this. He added that it was recognised across Wales that the current model was not at the level that it should be and this would be taken into consideration. Finally, over the course of the last year, the equipment across the sites had been upgraded. All of these should lead to a more robust LIMS service this time around.</p> <p>Nuria Zolle queried the lessons learned from the roll-out of the current system. Matt John responded that the ‘buy-in’ nationally of the previous system had not been sufficient to develop one which fully met the needs of the service. As such, the functions were lacking as was the momentum behind the implementation. There was now a lot more support to have the new system in place and drive forward standardization. The preferred supplier would have a blueprint with which to comply so all systems were the same.</p> <p>Nuria Zolle commented that the implementation of digital systems did not always achieve the intended outcomes and queried what was in place to ensure that this one did. Matt John advised that, under Mark Hackett’s leadership, a benefits realisation programme was now in place and the intended benefits needed to be identified before a system was approved to ensure it delivered.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The LINC business case be approved, recognising that the additional implementation costs will need to be recovered from additional savings or/and development increases between 2021/22 – 2024/25. 	
<p>237/21</p>	<p>PROVISION OF A MOBILE/VISITING PET/CT SERVICE FROM INHEALTH FOR USE BY THE NUCLEAR MEDICINE SERVICE AT SINGLETON HOSPITAL</p>	

	<p>A report seeking approval of a mobile/visiting PET/CT Service from InHealth for use by the nuclear medicine service at Singleton Hospital was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle noted that the new scanner would result in patients spending up to 50% less time in the machine and such patient benefits should be highlighted within the covering reports.</p> <p>Mark Hackett advised that a national announcement had set out that £25m was to be invested in PET/CT scanning and Swansea Bay would be one of the few to have a new permanent machine at Singleton Hospital, which would be a significant boost to the cancer centre. The health board would be making a case to Welsh Government to have one of the first installations so it could work with WHSSC to address backlogs, not just within cancer, but also cardiac and neurological services.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The provision of a mobile/visiting PET/CT service from InHealth for use by the nuclear medicine service at Singleton Hospital be approved. 	
<p>238/21</p>	<p>PERFORMANCE REPORT</p>	
	<p>The month five performance report was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood noted that referrals from GPs had reduced by around 50% and queried if the reasons why were known given that more people were now accessing primary care services. Emma Woollett commented that it was frustrating that such information around GP services was not more readily available as it would be useful to know if it was a simple as fewer people needed a referral now other pathways to consultant opinions, such as Consultant Connect, were available.</p> <p>ACTION – it be determined if the reduction in GP referrals was as a result of better access to alternatives such as Consultant Connect.</p> <p>Nuria Zolle referenced the increased numbers of pressure ulcers, noting that these had been significantly reduced a few years previously and such focus was needed once more.</p> <p>Nuria Zolle highlighted the numbers of clinically optimised patients with the top two reasons for non-discharge as ‘other’ and ‘therapies’, seeking more clarity on these. Mark Hackett responded that the patient tracking system, SIGNAL, could be updated by anyone involved in a patient’s</p>	<p>IR/DG</p>

	<p>care and was sometimes done by those without a complete understanding of the system. To address this, a significant piece of work was being undertaken in the service groups to ensure the system was accurate. In addition, an agreement was now in place with Neath Port Talbot local authority to develop a ‘trusted assessor’ system so a patient could be assessed for discharge without a social worker present to reduce the delays some patients were seeing. Alison Clarke added that while some patients were clinically optimised for discharge, they still needed some therapies support, but this was not the reason for the delay in discharge. To address the needs, seven-day working had now been introduced into therapy services where appropriate which was helping to prepare patients for discharge during weekends.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - It be determined if the reduction in GP referrals was as a result of better access to alternatives such as Consultant Connect. 	<p>IR/DG</p>
<p>239/21</p>	<p>FINANCE REPORT</p>	
	<p>The month five performance report was received.</p> <p>In introducing the report, Sam Lewis highlighted the following points:</p> <ul style="list-style-type: none"> - The month five position was an overspend of just over £2m which was in-line with the forecast, giving confidence that the end-of-year forecast of a £24.4m deficit would be delivered; - Savings delivery was progressing but there were some costs arising due to operational pressures, with alternatives to extra beds being considered; - £119m additional Covid-19 funding had been received to cover a number of areas including track, trace and protect and vaccination but there now needed to be an element of sustainability in the health board’s expenditure and work would be undertaken over the next month to better understand the costs. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle referenced the recent news reports regarding supply chain delays and queried if these were impacting on the health board. Sam Lewis responded that there were some delays evident as well as rising utility bills, but these had been incorporated into the projections and would be monitored closely.</p> <p>Maggie Berry noted the rising continuing healthcare costs, particularly within mental health and learning disabilities, and queried what action</p>	

	<p>could be taken to make it a more cost effective service for the benefit of its users. Mark Hackett responded that time was being taken to look at how other organisations outside Wales were managing their services to consider areas of best practice. Consideration was also being given to whether more timely discharge had an impact on costs as patients had de-conditioned less, and if more investment was made earlier in the package, whether this improved the costs.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
240/21	<p>THREE-YEARLY NURSE STAFFING LEVELS (WALES) ACT 2016 REPORT (TO INCLUDE PAEDIATRICS)</p>	
	<p>The three-yearly Nurse Staffing Levels (Wales) Act 2016 report (to include paediatrics) was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The report was in two parts – the three-year assurance report outlining compliance with the Act and the extension of the Act into paediatric wards; - The former took into account the impact of Covid-19 and all reasonable steps taken to remain compliant; - All previous assurance reports had been accepted by Welsh Government and the three-year report would be submitted to Welsh Government following Board for laying before the Senedd by 21st November 2021. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies commended the nursing directorate for the significant efforts to remain compliant with the Act despite the ongoing challenges. Gareth Howells reminded the Board that £4m had been invested in the previous three years and the extension into paediatrics was the final phase.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - It be agreed that the attached papers be shared at the next Workforce and Organisational Development Committee and aim to share future workforce requirements at these committees. 	
241/21	<p>CORPORATE GOVERNANCE RPEORT</p>	

	<p>A report setting out corporate governance issues for consideration was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The amendments to the standing orders were recommended to the Board for approval by the Audit Committee; - The revised terms of reference for the committees and the committees' annual report had been discussed and agreed with the chairs and lead executives. 	
Resolved:	<ul style="list-style-type: none"> - The amendments made to the standing orders and standing financial instructions following Audit Committee's recommendation to the Board for approval be approved; - The inclusion of the revised WHSSC standing orders, standing financial instructions and memorandum of understanding into the health board's suite of documents following Audit Committee's recommendation to the Board for approval be approved; - The delegation of commissioning responsibility to WHSSC for HPB and HCC MDT services as well paediatric orthopaedic surgery and for WHSSC to develop a service specification for paediatric orthopaedic surgery as set out in section (vi) be approved; - The health board's committee annual report be approved. - The health board's committees' terms of reference be approved. 	
242/21	QUARTERLY NHS PARTNERSHIPS REPORT	
	The quarterly NHS partnerships report was received and noted .	
243/21	QUARTERLY EXTERNAL PARTNERSHIPS REPORT	
	The quarterly external partnerships report was received and noted .	
244/21	ANNUAL REPORTS	
	<p>(i) <u>Research and Development Annual Report</u> The research and development annual report for 2020-21 was received and noted.</p> <p>(ii) <u>Welsh Language Standards</u></p>	

	The Welsh Language Standards Annual Report was received and noted .	
245/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
246/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 25 th November 2021.	