

**Swansea Bay University Health Board**  
**Unconfirmed Minutes of a Meeting of the Health Board**  
**held on 29th September 2022 at 10.15am, Millennium Room, HQ, and via Zoom**

**Present**

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Griffiths	Associate Board Member
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Director of Nursing and Patient Experience (via Zoom)
Keith Lloyd	Independent Member
Jackie Davies	Independent Member (via Zoom)
Nuria Zolle	Independent Member (via Zoom)
Pat Price	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member (via Zoom)

**In Attendance:**

Anne-Louise Ferguson	Board Advisor (legal)
Hazel Lloyd	Interim Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Sue Evans	Community Health Council (until minute 213/22)
Liz Stauber	Head of Corporate Governance
Scott Howe	HIW (Healthcare Inspectorate Wales) Engagement Manager (via Zoom) (for minute 212/22)

Minute No.		Action
<b>200/22</b>	<b>WELCOME AND INTRODUCTIONS</b>	
	<p>Emma Woollett welcomed everyone to the meeting, in particular Anne-Louise Ferguson, who had joined the organisation as a board advisor for legal, and Andrew Griffiths as an associate board member in his capacity of co-chair for the Health Professionals' Forum.</p> <p>Apologies had been received from Reena Owen, Independent Member, Maggie Berry, Independent Member, Judith Vincent, Associate Board Member, Keith Reid, Director of Public Health, Nick Samuels, Director of Communication, Hugh Patrick, Community Health Council and Mwoyo Makuto, Community Health Council.</p>	

<b>201/22</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest, however, Emma Woollett advised the board that she had been appointed as the Chair of the Welsh NHS Confederation.	
<b>202/22</b>	<b>PATIENT STORY</b>	
	Gareth Howells advised the board that, due to the level of consent provided by the family, the patient story had been received in the in-committee session of the meeting. It had focussed on the care provided someone living with dementia who had needed an admission to the specialist unit at Cefn Coed Hospital when their mental health deteriorated. A good discussion had taken place after the story around the challenges faced by service users and the positive impact health board services could have on their quality of life. It was important to review and improve dementia services to ensure they met the needs of service users, with a particular focus from a multi-agency perspective. This would be one of the health board's quality priorities for 2023-24.	
<b>Resolved:</b>	The patient story be <b>noted</b> .	
<b>203/22</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	<p>The minutes of the annual general meeting on 21<sup>st</sup> July 2022 and health board meeting on 28<sup>th</sup> July 2022 were <b>received</b> and <b>approved</b> as a true and accurate record, except to note the following amendments:</p> <p>(i) <u>148/22 Question and Answer Session</u></p> <p>Debbie Eyitayo stated that a <b>£250k</b> investment had been made for additional staff to extend the services available to support staff, enabling a continuation of individual or staff referral.</p> <p>(ii) <u>164/22 Welcome and Introductions</u></p> <p>Pat Price was noted as present and given apologies with the former status correct.</p>	
<b>204/22</b>	<b>MATTERS ARISING</b>	
	There were no matters arising.	

<b>205/22</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b> .	
<b>206/22</b>	<b>CHAIR'S REPORT</b>	
	<p>A verbal update from the Chair on recent activities was <b>received</b>.</p> <p>In introducing the update, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Minister for Health and Social Care had approved the health board's integrated medium term plan (IMTP – three year plan). This was a significant achievement and the first time the health board had an approved plan in five years. It was imperative that the health board now delivered its plan and retained the confidence of Welsh Government;</li> <li>- Discussions were to take place with the leaders of the two local authorities to progress the recruitment of a local authority independent member;</li> <li>- A session had been held for new councillors within the City and Council of Swansea to set out the plans of the organisation;</li> <li>- The #LivingOurValues awards had taken place the previous week in person which had created a wonderful atmosphere, celebrating those who had done amazing things to enhance patient care.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>207/22</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	
	<p>A report setting out an update from Chief Executive as to recent activities was <b>received</b>.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- £1.5m additional funding had been agreed for the virtual wards to support further expansion and the service would be available in all eight primary care clusters from September 2022. Evidence showed that the programme was currently saving 25-30 beds a day by supporting people at home and avoiding an admission;</li> <li>- The numbers of inpatients with Covid-19 was reducing but a high proportion of previous cases were still recovering. The public was</li> </ul>	

	<p>asked to remain vigilant and take precautions as cases were on the rise;</p> <ul style="list-style-type: none"> <li>- The Chief Executive and Director of Nursing and Patient Experience had met with the emergency staff to discuss the practical changes needed following an immediate improvement notice from Healthcare Inspectorate Wales (HIW);</li> <li>- A number of events had been arranged to celebrate progress of the quality priorities and to coincide with national awareness programmes, such as National Falls Week.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Pat Price stated that the health board was facing significant financial challenges in 2022-23, particularly as the Covid funding was due to end, therefore dialogue with Welsh Government around priorities was key.</p> <p>Pat Price commented that this was a critical time for discussions with local authorities to address the challenges in areas such as continuing healthcare and domiciliary care. Mark Hackett agreed, adding that a strategic look was to be undertaken at how inpatient facilities were currently used as well as continuing health care expenditure. This would be undertaken by someone independent to determine if there were alternative ways of working and personalise care more rather than rely on traditional methods. This would take place over the next six months and also consider where budgets could be pooled in certain areas. In terms of domiciliary care, the terms and conditions were not attractive to prospective applicants, and other health boards were developing ways in which they could be employed by the NHS and seconded to care homes to benefit from NHS Wales employee arrangements. This was something for the health board to consider. There was money available through the Regional Partnership Board which was an opportunity to identify a handful of priorities in which to invest.</p> <p>Nuria Zolle stated that HIW's immediate improvement notice in relation to the emergency department was concerning and sought assurance that the basic quality standards were in place. Mark Hackett responded that there was a fundamental requirement for clinical staff to 'do no harm' to patients. It had been a finding of HIW that the department was under significant pressure and the urgent and emergency care system was not functioning well, but the options to improve this were limited unless other areas were changed in tandem. Richard Evans concurred, adding that the majority of the issues relating to the functioning of the emergency department did not relate to the numbers attending the department. One of the largest contributors to the long waiting times were the high numbers of clinically optimised patients awaiting discharge as this limited flow from the emergency department to the wards. The virtual wards were helping to reduce the numbers waiting in the emergency</p>	
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department who did not need an admission by reviewing the cases and signposting to more appropriate services for an assessment. Gareth Howells stated that the status quo could not remain within the department as patients were coming to harm but there was also the equivalent of 10 wards of patients who did not need to be in hospital. Things needed to be better for families and local communities and the majority of the fundamental changes needed were around quality and safety of care. Emma Woollett agreed, commenting that quality was the health board's biggest risk, not finance.

Mark Hackett stated that the operational pressures had been in place for a number of years and it was beholden on the organisation to create a more modern urgent and emergency care system. The current way of working was to admit the majority of patients who attended the emergency department and acute medical services redesign (AMSR) programme would provide alternatives to this. Although there were natural concerns relating to the risks of such a significant transformation, the current pressures demonstrate that these risks were outweighed by the risk of not changing a failing system.

Anne-Louise Ferguson commented that health and social care were not adequately intertwined and the issues would continue until there was better provision in the community for the frail elderly. Mark Hackett responded that the two local authorities were increasing their capacity year on year but it was not enough to meet the demand. A large number of the frail elderly remained in hospital beds but there was potential to provide better care for them if resources were pooled, providing a better quality of life. Siân Harrop-Griffiths referenced the market stability report later on the agenda, advising that this was the first time that the Regional Partnership Board had developed such a document. The view of the report was that there was sufficient care home capacity across the region, with the possible exception of complex/dementia nursing care, but the majority of people should be cared for in their own homes, and there was a shortage in the domiciliary care workforce which would need investment.

Gareth Howells stated that the majority of the clinically optimised patients were in the last 1,000 days of their lives and these should not be spent in hospital. It was important to focus on the people, rather than just the numbers.

Darren Griffiths advised that the financial allocation would be reducing over the next two years by 2% to 1.5% and then 0.75%. As such, an ambitious savings plan was needed and to deliver it, operational pressures would need to stabilise. It was an opportunity for transformative change, particularly in terms of partnerships, to help high quality care to be delivered more efficiently and economically. More

	<p>distinct choices were needed around expenditure based on robust intelligence of population needs.</p> <p>Matt John advised that digital services had provided its first quarterly update to the Performance and Finance Committee earlier that week which set out the support which would be provided to the virtual wards through the latest version of SIGNAL. The roll-out of e-prescribing was also progressing well and, while the Welsh Emergency Department System (WEDS) had been implemented in the minor injuries unit at Neath Port Talbot Hospital, there were some challenges in doing this for the emergency department which had been escalated to the supplier.</p> <p>Emma Woollett stated that this would be a challenging few months for the organisation and it was important that the Board considered the priorities on which to focus.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>208/22</b>	<b>HEALTH BOARD'S APPROACH TO DEVELOPING A QUALITY STRATEGY</b>	
	<p>A report setting out progress against the health board's approach to developing a quality strategy was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle sought assurance that cross-cutting guidance and legislation was being taken into account for the strategy, such as equality impact assessments and the Wellbeing of Future Generations Act. Gareth Howells responded that the purpose of consulting in the way outlined in the report was to ensure areas such as this were included in the process. The aim was to keep the strategy as easy to read and user friendly as possible.</p> <p>Mark Hackett commented that it was important that the consultation/strategy set out what action would be taken to make improvements rather than just set out the issues to address. Gareth Howells agreed, adding that a statement of intent had been developed to complement what was being put forward in the strategy to ensure focus was being given to the right priorities. The strategy was one component of the quality management framework, and action would be delivered through the framework itself based on the priorities set out in the strategy.</p> <p>Mark Hackett noted that the capacity and capability was being developed to align with the improvement needed but consideration was also needed as to opportunities with third parties from whom to learn. Gareth Howells advised that while some internal opportunities were being explored,</p>	

	<p>some arrangements were also in place with the University Hospitals, Bristol, to learn from their work, and other partnerships were also being explored including IHI and Improvement Cymru.</p> <p>Richard Evans commented that there were so many potential priorities on which to focus, success was more likely by selecting a small number to take forward, developed from the grass roots upwards, rather than top down. A patient safety congress had taken place earlier in the month which had been an opportunity to engage with a wider audience and additional support was also been sought from Improvement Cymru.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The timescales to co-craft strategy in the organisation be <b>approved</b>.</li> </ul>	
<b>209/22</b>	<b>BOARD ASSURANCE FRAMEWORK</b>	
	<p>A report setting out the latest iteration of the board assurance framework was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett commended Hazel Lloyd on developing what now a robust and comprehensive board assurance framework. Nuria Zolle agreed but added it was important that the gaps were addressed however this would happen as the framework was used. She stated that this was a good starting point.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The board <b>agreed</b> to receive the document as a minimum three times a year.</li> </ul>	<b>HL</b>
<b>210/22</b>	<b>BOARD EFFECTIVENESS SELF-ASSESSMENT</b>	
	<p>A report setting out the proposed action plan in response the board recent self-assessment was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Mark Hackett stated that the work provided the board with prioritisation areas to review when the process was repeated at the end of the year as while the action plan was completed, there still needed to be demonstrable progress in these areas. Emma Woollett agreed, adding</p>	



	that there was an intention to bring in an external assessor as well to provide an objective viewpoint.	
	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The findings of the board effectiveness assessment for 2021-22 be <b>agreed</b>;</li> <li>- The four domains for the health board to focus on improvement in 2022-23 be <b>agreed</b>.</li> <li>- It be <b>agreed</b> that the Audit Committee would oversee implementation of the action plan on behalf of the Board.</li> </ul>	
<b>211/22</b>	<b>KEY ISSUES FROM BOARD COMMITTEES</b>	
	<p>(i) <u>Performance and Finance Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Performance and Finance Committee was <b>received</b> and <b>noted</b>.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Quality and Safety Committee was <b>received</b> and <b>noted</b>.</p> <p>Anne-Louise Ferguson advised that at the most recent meeting of the Quality and Safety Committee, a presentation had been received from the care after death team. She had been hugely impressed by the enthusiasm of the team manager and the support the service provided to the bereaved through a seven-day service. It was leading the way in Wales. Christine Morrell added that the seven-day working enabled the service to be culturally sensitive and support areas such as burials in line with religious beliefs. The service had been established at the start of the pandemic by bringing disparate teams together as one. The service was unique and the health board was ahead of the Welsh Government's framework requirements.</p> <p>(iii) <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 <b>received</b> and <b>noted</b>.</p> <p>(iv) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Audit Committee was <b>received</b> and <b>noted</b>.</p> <p>(v) <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 <b>received</b> and <b>noted</b>.</p> <p>(vi) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Charitable Funds Committee was <b>received</b> and <b>noted</b>.</p> <p>Nuria Zolle placed on record her thanks to the members of staff who recently supported 'Jiffy's' bike ride from Cardiff to Swansea in support of both the health board's charity and that of the Velindre Cancer Centre.</p>	
<b>212/22</b>	<b>HIW ANNUAL REPORT</b>	
	<p>The HIW annual report for 2021-22 and summary presentation were <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Pat Price commented that there were concerns being raised across Wales as to access to dental services and queried if this was something seen by the health board. Darren Griffiths advised that funding was ring-fenced for community dentistry and was increased this year by £1m. Work was ongoing with the service group dental director to improve access in areas with a significant backlog and proposals were being developed to address this. Richard Evans added that the community health council had also identified issues with the provision of general dental care. One of the most challenging issues in this area had been Covid-19, as a number of procedures were aerosol based and had to be stopped during the pandemic. He added there had also been contract reform for dental services and not all practices had signed-up to provide NHS services, choosing to remain private.</p> <p>Pat Price referenced the apprentice scheme of a neighbouring health board and asked whether Swansea Bay had something similar. Debbie Eyitayo responded that the health board had a long-standing approach to apprenticeships and the payment scale had been increased to meet the national living wage. The programme supported both administrative and healthcare support worker apprenticeships and worked closely with the local colleges. Of the current cohort, six were to be placed within theatres. Mark Hackett queried if there was more that could be done to stabilise the workforce. Debbie Eyitayo responded that the profile of the career pipeline needed to be raised to build upon the additional band four roles the organisation wanted to introduce into difficult to recruit areas.</p> <p>Keith Lloyd stated that the presentation highlighted the need for quality improvements within prison healthcare, adding that there was concern</p>	

	<p>within the board that the organisation was essentially supporting two prisons given the number of inmates in Swansea prison had doubled. Mark Hackett responded that discussions were ongoing with Welsh Government and the Ministry of Justice to determine the potential for additional resources. Given the increased pressures within the prison service and additional numbers of prisoners, there was not enough capacity within the current resource to support the service. A deadline had been set of December 2022 after which dis-investments would be made internally to provide the funds needed if they were not forthcoming externally.</p> <p>Emma Woollett thanked HIW for its annual report, stating that there was much value in the scrutiny by the regulator as a critical friend.</p>	
<b>213/22</b>	<b>MEMORANDUM OF UNDERSTANDING FOR THE SPINAL NETWORK</b>	
<b>Resolved:</b>	The memorandum of understanding for the spinal network operational delivery network was <b>received</b> and <b>approved</b> .	
<b>214/22</b>	<b>REPORTING OF DECARBONISATION TO WELSH GOVERNMENT</b>	
	<p>A report seeking approval of reporting arrangements of decarbonisation to Welsh Government was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett provided assurance to the Board that independent members had received a comprehensive briefing on the decarbonisation work and had noted that there were significant areas outside of the health board's control, such as national procurement.</p> <p>Darren Griffiths advised that he and the head of procurement were discussing ways in which purchases could be made to address the health board's carbon footprint. There was a balance between increasing throughput and decreasing carbon footprint, particularly for some specialist products (eg for theatres) which had to travel some distance. It was important the organisation articulated well its ambition to reduce its carbon footprint while continuing to treat more patients.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>215/22</b>	<b>ACUTE MEDICAL SERVICES REDESIGN PROGRAMME</b>	

A presentation providing an update on the acute medical services redesign (AMSR) programme was **received**.

In introducing the report, Inese Robotham highlighted the following points:

- The AMSR programme was one of the biggest workstreams for service change and would centralise acute medicine at Morriston Hospital;
- Acute beds would remain at Singleton Hospital for 12 months to support clinically optimised patients and stroke rehabilitation would transfer to Neath Port Talbot Hospital;
- The organisation change consultation process had launched in June 2022 and had now completed. A review had also been undertaken of the outcome and a response issued;
- All areas on the work plan were on track;
- The governance for the programme did not include the main board as a matter of course, but if a decision was made not implement, then members would be informed;
- The 'go/no go' criteria now included the potential impact of industrial action;
- Meridian had been commissioned to review the programme and this would be in two phases – the first of which was complete and the second would occur after implementation.

In discussing the report, the following points were raised:

Steve Spill queried if there was a deadline by which the 'go/no go' decision needed to be made. Inese Robotham responded that it was more a question of milestones that had to be achieved to progress, such as reaching a particular average length of stay. The two biggest risks to implementation were 1)length of stay 2)lack of workforce to resource the model. Industrial action and another wave of Covid-19 also needed to be factored in. Mark Hackett commented that a number of staff had already moved to Morriston Hospital and there would be some reliance on bank and agency staff while the magnitude of recruitment was reviewed. The 'go/no go' position would be confirmed in October 2022. Clinical executives were also reviewing the potential quality risks.

Keith Lloyd sought a progress update for nursing recruitment. Debbie Eyitayo advised that there was a rolling recruitment process in place, with a particular focus on international recruitment, to support the AMSR programme. The number of overseas nurses to be recruited had increased to 350 this year and the process was to commence in India the following week with the aim to recruit 150 nurses. Each week cohorts of

	<p>35 were brought in for training. Gareth Howells added that while the number of international recruits was being increased, it would still not be enough due to the ageing profile of the workforce and the numbers retiring. The unregistered workforce was progressing well, with a good numbers across bands two to four, but a more pragmatic view was needed as to how to bolster the registered workforce.</p> <p>Mark Hackett stated that a reduction in length of stay would release staff and reduce reliance on bank and agency. The main issue in terms of workforce was the consultant element on the downstream wards working on a seven-day basis.</p> <p>Pat Price queried whether Meridian had been able to give an indication as to the likelihood success of the implementation. Darren Griffiths advised that the purpose of the review was to identify gaps within the process. Mark Hackett added that advice had been provided to get additional support to help with the implementation and this had been followed.</p> <p>Nuria Zolle sought assurance that mitigating actions were in place to address risks and queried whether Meridian had identified any additional risks. Inese Robotham advised that all the risks identified by Meridian were ones already known to the health board. Mitigating actions were in place for all risks but the biggest two were length of stay and admission avoidance, along with workforce and capacity. These areas were of particular focus.</p> <p>Siân Harrop-Griffiths stated that during an executive walkaround the day before, staff in one of the Morriston Hospital departments had expressed how excited they were for AMSR to be implemented and could not wait to see the benefits. She added that it would be beneficial for provide a formal update on progress to Hywel Dda University Health Board and local authorities.</p> <p><b>ACTION – formal update on progress to implement the AMSR programme be provided to Hywel Dda University Health Board and local authorities.</b></p> <p>Mark Hackett advised that the health board was managing a backlog of risk scored at 25 (the highest) and a change of mindset was needed as to which would be the greater risk – the service change or status quo. Gareth Howells agreed, adding that while there would be risks associated with AMSR, the greater risk was no change at all. There were a number of patients currently in hospital who did not need to be there and who were at risk of complications such as falls or pressure ulcers.</p> <p>Darren Griffiths stated that while there were some transactional costs associated with the implementation there would be a savings benefit in the long-run.</p>	<p>SHG/NS</p>
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	<p>Anne-Louise Ferguson commented that the wellbeing of the international nurses was critical and they needed to be supported in a way that made them want to stay with the health board. Debbie Eyitayo responded that there was a significant programme of support in place for them, with the workforce and corporate nursing team working closely together, and each cohort was greeted with a welcome event. Staff networks, in particular the one for Black, Asian and Ethnic Minorities (BAME) were also signposted. While there was still work to do, feedback to date was positive with minimal turnover.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- Formal update on progress to implement the AMSR programme be provided to Hywel Dda University Health Board and local authorities.</li> </ul>	<b>SHG/NS</b>
<b>216/22</b>	<p><b>WEST GLAMORGAN MARKET STABILITY REPORT FOR ONWARD SUBMISSION TO WELSH GOVERNMENT</b></p>	
	<p>A report setting out the West Glamorgan market stability report for onward submission to Welsh Government was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report had been shared with the health board's Audit Committee ahead of the Board meeting;</li> <li>- It provided a baseline picture of the available capacity in the community for health and social care, but at a point in time;</li> <li>- The health board would have greater input into future iterations and had identified gaps within this one which had been highlighted to the West Glamorgan team.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle provided assurance that the Audit Committee had scrutinised the report in detail and asked challenging questions of the content. The issue around modelling and demand/capacity and what this meant for the health board had been acknowledged and it was important that all partners considered and approved the report. Emma Woollett suggested that the minutes of the Audit Committee in relation to this item be shared with the Regional Partnership. This was agreed.</p> <p>Steve Spill noted the reference to Hillside, which was not a health facility but a secure facility for children. He queried if there was any potential for this to be used for CAMHS (child and adolescent mental health services). Siân Harrop-Griffiths stated that this was something that could be</p>	<b>HL</b>

	explored and undertook to discuss it further with the Director of Social Services within the relevant local authority.	<b>SHG</b>
	<ul style="list-style-type: none"> <li>- The report market stability report be <b>approved</b> for onward submission to Welsh Government with the clear three points the health board wishes to raise to the Regional Partnership Board;</li> <li>- The Audit Committee minute relating to the discussion of the market stability report be shared with the Regional Partnership Board;</li> <li>- Director of Strategy to discuss with the relevant Director of Social Services the potential use of Hillside for CAMHS.</li> </ul>	<b>HL</b>  <b>SHG</b>
<b>217/22</b>	<b>WHSSC JOINT COMMITTEE BRIEFING ON SOUTH WALES COCHLEAR IMPLANT AND BAHA HEARING IMPLANT DEVICE SERVICE</b>	
	<p>A report setting out the WHSSC (Welsh Health Specialised Services Committee) joint committee briefing on south Wales cochlear implant and BAHA hearing implant device service was <b>received</b>.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The health board did raise concerns as part of the joint committee meeting as to the approach to clinical engagement to support decision making. As such clinical colleagues would have the opportunity to feed into the engagement process.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Darren Griffiths advised that a broad statement had been included around the finances and the finer details were yet to be released however it was possible that the change in service proposed, albeit temporary, may not release as much as expected.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The content, process and timeline for a period of targeted engagement (as supported by the board of community health councils) be <b>approved</b>;</li> </ul>	
<b>218/12</b>	<b>REVIEW ON CAMHS</b>	
	A report setting out the review of CAMHS services was <b>received</b> .	



	<p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The board had commissioned a review of CAMHS services to identify options to re-deliver CAMHS services;</li> <li>- It had been shared at both a briefing for independent members and the Performance and Finance Committee prior to the Board meeting;</li> <li>- Thanks was placed on record to the senior project director for CAMHS for her work to compile the options appraisal during which she had developed a good relationship with all clinical teams.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Keith Lloyd referenced option three, which was the preferred model, adding that this appeared to be the best approach. He stated that the on-call service was currently delivered by another health board and queried what would be the process should the service be repatriated as suggested. Siân Harrop-Griffiths responded that Cwm Taf Morgannwg University Health Board currently provided the on-call services for Swansea Bay and Cardiff and Vale university health boards despite the latter repatriating CAMHS services several years ago. Swansea Bay would follow suit given the fragility of the consultant workforce. However, proposals were being developed through paediatric, mental health and voluntary services for a crisis service as there was potentially external funding for this. Mark Hackett added that the senior project director was currently working with colleagues in primary care to review accessibility and service models.</p> <p>Steve Spill commented that independent members had agreed that the preferred option was the right way and the evidence supported this.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The recommendation to adopt option three of the option appraisal, i.e. repatriate and directly run the service, excluding tier four and on-call, was <b>approved</b>;</li> <li>- It was <b>agreed</b> to serve notice to Cwm Taf Morgannwg University Health Board on the existing service level agreement. The notice period was six months;</li> <li>- It was <b>agreed</b> to transfer the service back to Swansea Bay University Health Board from April 1st 2023;</li> <li>- It was <b>agreed</b> that the Management Board and Quality and Safety Committee will oversee and receive quarterly reports on the progress of the transfer.</li> </ul>	



<b>219/22</b>	<b>CORPORATE GOVERNANCE RPEORT</b>	
<b>Resolved:</b>	<p>A report setting out corporate governance issues for consideration was <b>received</b> and <b>noted</b>, with the following items <b>approved</b>:</p> <ul style="list-style-type: none"> <li>- Charitable Funds Committee terms of reference;</li> <li>- Changes to the standards of business conduct policy;</li> <li>- Changes to the standing orders.</li> </ul>	
<b>220/22</b>	<b>ANNUAL LETTER 2021-22 FROM THE OMBUDSMAN</b>	
	The annual letter 2021-22 from the Ombudsman to the health board was <b>received and noted</b> .	
<b>221/22</b>	<b>WELSH LANGUAGE STANDARDS ANNUAL REPORT</b>	
	A report setting out the Welsh Language Standards Annual Report was <b>received</b> and the content of the annual report <b>approved</b> for publication on the health board's website.	
<b>222/22</b>	<b>PERFORMANCE REPORT</b>	
	<p>The month three performance report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The number of symptomatic and asymptomatic staff had started to reduce;</li> <li>- The red ambulance release response time had deteriorated from 55% to 49%</li> <li>- The number of clinically optimised patients currently stood at 332.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells advised that a reduction in staph.aureus infections was starting to be evident within most of the service groups but around 69% of the cases came from Morriston Hospital. As such, an eight-week improvement programme had been established focusing on the areas with the highest incidences. There was good engagement and weekly meetings were taking place with the Director of Nursing and Patient Experience and the Medical Director. All the right actions were being taken, time was now needed to see the impact. Covid-19 was also proving challenging. Richard Evans concurred that all possible action</p>	

	<p>was being taken. He added that staph.aureus was a bug that lived on the skin which did not normally cause an issue but could be a risk when something, such as a cannula, was inserted. As such the use of any invasive device should be carefully considered to determine if it was really needed and removed as soon as it no longer was.</p> <p>Debbie Eyitayo stated that occupational health were reviewing what support was available to support staff during the recovery from the pandemic. She acknowledged the sickness rate and advised that case reviews were taking place with trade unions to focus on hotspot areas such as theatres to improve attendances. Focus was also being given to the organisation's culture as sickness absence rates had always been higher than others and the way in which employee relations were handled was changing through the implementation of Just Culture. Inese Robotham queried if there were basic changes which could be made to the working day, such as no meetings over a lunchtime, which would help improve sickness rates. Debbie Eyitayo responded that that would be something to consider as part of the culture work and it could be simple changes such as that which could make the difference.</p> <p>Richard Evans commented that high numbers of clinically optimised patients and long lengths of stay were a UK-wide problem and while we had had success in reducing avoidable admissions for those who would have stayed no more than four days, those who were admitted were staying longer. A review was undertaken of 20 patients with the longest lengths of stay which came to a combined total of 14 years. While it was recognised work was needed at the front door to improve patient experience, there also need to be changes at the back door to create flow.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> ;	
<b>223/22</b>	<b>FINANCE REPORT</b>	
	<p>The month five finance report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The month five position was an overspend of £600k with a cumulative deficit of £2.5m against a breakeven forecast;</li> <li>- The total overspend to date was £9m but £7m of this had been offset by balance sheet opportunities;</li> <li>- £2.6m of savings remained 'red' and all budget holders had been asked to review their plans to find further opportunities to reduce the £2.6m.</li> </ul>	

<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>224/22</b>	<b>PROGRESS REPORT FOR THE RECOVERY AND SUSTAINABILITY PLAN - IMTP (QUARTER ONE)</b>	
	The progress report for the recovery and sustainability plan/integrated medium term plan (IMTP) (quarter one) was <b>received</b> and <b>noted</b> , with the overall key risks and mitigations to recovery and sustainability plan delivery <b>approved</b> .	
<b>225/22</b>	<b>SUMMARY OF THE MEETINGS WITH NHS PARTNERS</b>	
	A report providing a summary of the meetings with NHS partners was <b>received</b> and <b>noted</b> .	
<b>226/22</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>227/22</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 24 <sup>th</sup> November 2022.	

Meeting closed: 3.50pm