

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Health Board

held on 28th January 2021

in the Millennium Room, Health Board HQ, Baglan and via Zoom

Present

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| Emma Woollett | Chair |
| Mark Hackett | Chief Executive |
| Steve Spill | Vice-Chair |
| Martyn Waygood | Independent Member |
| Christine Williams | Interim Director of Nursing and Patient Experience |
| Chris White | Chief Operating Officer/Director of Therapies and Health Science/Director of Primary Care and Mental Health/Deputy Chief Executive |
| Keith Reid | Director of Public Health |
| Darren Griffiths | Interim Director of Finance |
| Jackie Davies | Independent Member |
| Tom Crick | Independent Member |
| Kathryn Jones | Interim Director of Workforce and Organisational Development (OD) |
| Mark Child | Independent Member |
| Maggie Berry | Independent Member |
| Martin Sollis | Independent Member |
| Andrew Jarrett | Associate Board Member |
| Reena Owen | Independent Member |
| Richard Evans | Executive Medical Director |
| Keith Lloyd | Independent Member |
| Nuria Zolle | Independent Member |
| Siân Harrop-Griffiths | Director of Strategy |

In Attendance:

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| Pam Wenger | Director of Corporate Governance |
| Matt John | Director of Digital |
| Hannah Evans | Director of Transformation |
| Irfon Rees | Chief of Staff |
| Hugh Patrick | Community Health Council |
| Liz Stauber | Head of Corporate Governance |
| Dave Thomas | Audit Wales (for minute 35/21) |

| Minute No. | | Action |
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| 13/21 | WELCOME AND APOLOGIES | |

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| | <p>Emma Woollett welcomed everyone to the meeting, particularly Mark Hackett and Steve Spill who had taken up the substantive posts of Chief Executive and Vice-Chair respectively.</p> <p>Apologies for absence were received from Sue Evans, Community Health Council and Alison Stokes, Associate Board Member.</p> | |
| 14/21 | DECLARATION OF INTERESTS | |
| | There were no declarations of interest. | |
| 15/21 | PATIENT STORY | |
| | <p>In introducing the patient story, Emma Woollett stated that the patient/staff experience was an important element of the meeting as it reinforced the primary purpose of the Board and the organisation to provide excellent patient care. This meeting, a focus was being given to end-of-life care, which was often a subject people did not want to discuss, particularly given how much time healthcare professionals spend 'fighting' for life. However anyone who had been with loved ones as they passed away knew just how critical it was to provide good end-of-life care.</p> <p>A patient story was received which set out the experiences of a consultant who specialised in end-of-life care. She shared two examples of patients' last few hours of their life; one of which was good, the other poor. It highlighted just how important it was for staff to recognise when patients were dying in order to ensure that they were comfortable, but also to find out if they have any requests, needs or things which were important to them, such as a faith. Meeting these needs could make their passing a more dignified and less anxious time for them, their families and staff.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Emma Woollett thanked the palliative care team for providing the story which was a difficult to one watch but illustrated why the work was so important.</p> <p>Christine Williams observed that the story was extremely powerful and emotional, highlighting just how vital end-of-life care was for patients. She added that the number of deaths during Covid-19 had been unprecedented, and it was key that staff had the skills to meet patients' needs, not just for the patients and their families, but also for the</p> | |

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| | <p>emotional wellbeing of staff themselves. Key actions were already being taken to support staff in such challenging circumstances.</p> <p>Chris White commented that the story showed the intention of the Board to care for patients as best it could, adding that allied health professionals also needed to be included in the staff development to ensure they were also able to support patients. He stated that it would be beneficial to include the story in the staff induction process to demonstrate staff were joining a caring organisation.</p> <p>Richard Evans advised that the experiences of the consultant had helped to inform work undertaken on each of the sites with all staff groups. He added that prior to the pandemic, it had been relatively rare for patients to die on many hospital wards, so staff were less experienced in supporting patients at the end-of-life. This was why the palliative care team was so integral.</p> <p>Christine Williams stated that the story had been disseminated to all teams via the end-of-life group with a focus on raising awareness within all staff. There would also be a series of webinars as there were a number of clinical areas not experienced in supporting patients through death. She added it was also vitally important that community staff knew how to meet the needs of those who wished to die at home.</p> <p>Mark Child commented that death was as much a part of life as was birth, and the same amount of time should be spent preparing for death as was spent for birth. He added that it was something society struggled with and welcomed the work being undertaken.</p> <p>Steve Spill stated that the chaplain was a key part of the positive experience for the patient and queried to what extent the service could provide for multiple beliefs. Chris White responded that time had been spent over the last few years widening the services available to patients and as the region became more multi-cultural further work would be undertaken.</p> | |
| Resolved: | - The patient story was noted . | |
| 16/21 | MINUTES OF THE PREVIOUS MEETING | |
| | The minutes of the meeting held on 26 th November 2020 were received and confirmed as a true and accurate record. | |
| 17/21 | MATTERS ARISING | |

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| | There were no matters arising not otherwise on the agenda. | |
| 18/21 | ACTION LOG | |
| | The action log was received and noted . | |
| 19/21 | CHAIR'S REPORT | |
| | <p>A verbal report providing an update from the Chair was received.</p> <p>In introducing the report, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - The work of the health board was still very much dominated by Covid-19; - Support continued to be provided to care homes experiencing pressures; - Focus needed to continue on 'hands, face, space' and members of the public were urged to get tested if they experienced any of the key symptoms – high temperature, a cough or loss of taste/smell; - Significant progress had been made in terms of the roll-out of vaccines and the opportunity was taken to thank the staff involved; - Steve Spill was welcomed as the substantive Vice-Chair and tribute was paid to Martyn Waygood for his work in the interim position; - It was Chris White's final Board meeting before his retirement in March 2021 and the impact of his significant contribution over the last three years was acknowledged; - Martin Sollis would be stepping down as the Independent Member for finance at the end of his term of office and the process to replace him would commence shortly; - Meetings with the Leaders and local authorities and with members of Parliament and members of the Senedd were continuing. | |
| Resolved | <ul style="list-style-type: none"> - The report be noted. | |
| 20/21 | CHIEF EXECUTIVE'S REPORT | |
| | A report providing an update from the Chief Executive was received . | |

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| | <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - It was a pleasure to be appointed as the organisation's Chief Executive; - A warm welcome had been received from the health board and its partners; - Commitment was given to further developing the organisation, particularly in terms of population health. | |
| Resolved: | <ul style="list-style-type: none"> - The report be noted. | |
| 21/21 | COVID-19 UPDATE | |
| | <p>A report providing an update on Covid-19 was received.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - The health board's response to the pandemic had commenced a year ago; - Spread of the virus was improving, following a very worrying period before Christmas, when the health board had seen the highest rate of cases in Wales; - Significant modelling had been undertaken to understand the new variants of the virus; - It was unclear as to whether the UK was yet on the course to recover or due another wave of the virus, therefore caution was needed with any easing of restrictions; - The risk relating to access to personal protective equipment (PPE) had been deescalated as supply remained good, but high risks still surrounded workforce, who were now tired and at low resilience, and care homes, which continued to face significant pressures; - Staff sickness levels were now improving as was the ability to recruit staff to support the response; - Consideration was needed as to the extent to which the Board should be sighted on risks. <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis referenced the fact that the health board was working within its business continuity model and, as part of that, that Board was updated on progress on a weekly basis through the gold command Covid-19 risk log. He added that it was important to review the transition</p> | |

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| | <p>of Covid-19 risks onto the wider risk register as the recovery phase was entered.</p> <p>Maggie Berry noted the number of people coming forward to be tested had reduced despite the testing capacity increasing and queried whether more were expected to come forward. Keith Reid advised that the increase in testing capacity had been at the request of Welsh Government to provide resilience. The health board had taken a different approach to others at the start of the pandemic in that it established its own mass testing centres whereas others used the commercial offerings. Now that the health board was implementing the commercial services, it would give it more options for testing, including those which had a rapid turnaround, and once the need for testing reduced, the internal solutions could be used for other priorities.</p> <p>Siân Harrop-Griffiths commented that while the overall system capacity pressure was reducing, community, primary care and care homes services continued to be very stretched. She added that it had been necessary to respond to the recent major incident relating to flooding in Skewen, which had put further pressure on primary and community services and a care home nearby. The fact that the health board had been able to assist with the major incident in a timely way demonstrated that the health board was in a stronger position.</p> <p>Irfon Rees provided assurance that the Communications Team was doing all it could to encourage people to come forward to be tested if they displayed any symptoms of the virus.</p> <p>Reena Owen referenced the new 'care after death' service, adding that it was pleasing to see such a development to help people through their bereavement, particularly for those whose loss had been sudden.</p> <p>Mark Hackett stated it was important that the opportunity was taken to look at the changes made due to the pressures of the pandemic to find ways to change the way in which the health board operated in the longer term for the better, particularly for unscheduled and planned care. The Executive Team needed to consider the medium term priorities and to agree the required outcomes.</p> <p>Emma Woollett commented that the Board continued to be extremely grateful for the continuing work to manage the response to the pandemic. She added that independent members did feel sighted on the issues but how to start reducing the risks and moving into recovery needed to be part of the reflections now.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The progress in responding to Covid-19 be noted; | |

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| | <ul style="list-style-type: none"> - The risk rating in relation to Covid-19 exceeding the agreed threshold of 20 for multiple risks in late December 2020 be noted; - Updating board members of Covid-19 risks and mitigations through the Gold command communications was agreed to be sufficient during a period when business continuity measures were in operation; - A review of the transition of Covid-19 risks onto the wider risk register as part of the process of moving from business continuity into recovery was agreed. | PW |
| 22/21 | VACCINATION PROGRAMME | |
| | <p>A report setting out the vaccination programme for Covid-19 was received.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - The vaccination model had been agreed by the Board in September 2020; - A modular approach had been taken to delivery to ensure the plan was flexible; - Since the commencement of vaccinations in December 2020, 40,000 vaccines had been delivered, the majority through the mass vaccination centres but with a high number also administered by primary care; - It was hoped that those within the first four cohorts would receive their first dose by 14th February 2021, as long as the vaccine supply continued as planned; - The Pfizer vaccine was currently administered through the mass vaccination centres but capacity with GPs and contractors was being explored; - Pharmacist provision was also being explored. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood noted that the Moderna vaccine had recently been approved for use in the UK and queried if this would be available to Wales, particularly in light of the current dispute in the European Union (EU) over the export of the Oxford AstraZenica vaccine. Keith Reid advised that the procurement levels of the Moderna vaccine in the UK had been lower than the other two. Consideration was being given to deploying it to a single location as a region's main vaccine and sharing that region's supplies of the other two vaccines across other regions.</p> | |

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| | <p>Jackie Davies commented that there was a lot of anxiety amongst the community at the thought of being ‘missed’ off the list for the vaccine and queried how the details were compiled. Keith Reid responded that population lists had been uploaded to the Welsh national immunisation list which could be accessed by the health board and primary care to call people for their vaccines. He added that the list was constantly updated as people migrated to different geographical locations as well as to identify those who had been missed off. This was in addition to the information held by individual GP practices.</p> <p>Darren Griffiths advised that two Chair’s actions had been taken in advance of the Board meeting in order to enable the commissioning of GP practices to administer the vaccine, for which ratification was now needed.</p> <p>Nuria Zolle queried whether those had received their first doses were being reminded of the need to continue to follow the social distancing guidance. Keith Reid responded that there was confidence that the vaccine provided individual protection. Those who received it would either not contract the virus or, in the case of a small number, would contract it but with far less harmful symptoms. However, it was yet to be determined if those who had received the vaccine could still transmit the virus to others, therefore it was important that they continued to abide by the guidance, including self-isolation should they display symptoms.</p> <p>Reena Owens commented that there were concerns within the community that people would not get called for their second doses. Keith Reid advised that upon leaving the mass vaccination centres after the first dose, people were being given their appointments for the second one, and discussions were in place with primary care to establish a similar system. He added that the second doses for staff would commence on 22nd February 2021 and work was needed in the interim to determine the workload to undertake these alongside the continuation of the first doses.</p> <p>Emma Woollett thanked Keith Reid and the Deputy Director of Transformation, Dorothy Edwards, for their continued work to roll-out a very complex vaccination programme. She added that the rate at which progress was being made was good news, and she and Mark Hackett were to visit a mass vaccination centre that afternoon.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The local plan to deliver vaccination to cohorts one to four in line with the National Vaccination Strategy for Wales be endorsed; - The commissioning of support from GP practices to support delivery of the programme be approved and the Chair’s actions to approve commissioning of activity from primary care in two phases be ratified; | |

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| | <ul style="list-style-type: none"> - Commissioning of further vaccine delivery within primary care in line with the Board's scheme of delegation and standing financial instructions be approved; - The risks pertinent to the programme and mitigating actions be noted; - Further scrutiny of performance of the delivery of the plan through Performance and Finance Committee as part of the board's assurance mechanism be supported. | |
| 23/21 | TRANSCUTANEOUS AORTIC VALUE INSERTION (TAVI) | |
| | <p>A report setting out an update in relation to transcatheter aortic valve insertion (TAVI) was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The TAVI service had been subject to extra scrutiny and improvements since 2018; - The Royal College of Physicians had undertaken a casenote review and a site visit. The findings for both had been received and comprehensive action plans developed; - A quality dashboard was also in place to monitor progress; - The service had been paused due to Covid-19, which led to a number of breaches of the 36-week wait target although performance had since recovered; - In those cases which had breached the 36-week target, the average wait between the decision to TAVI and treatment itself had been eight weeks, which was within target; <p>In discussing the report, Martyn Waygood advised that the main assurance route for the TAVI work was the Quality and Safety Committee to which regular updates were brought. He gave great credit to Richard Evans for his contribution to the work.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The effectiveness of the changes implemented and that these were evidenced against best practice standards be agreed; - Continued oversight of the service in order to ensure the changes made were embedded and sustainable be agreed; - The response to the further casenote review being overseen by the Quality and Safety Committee be agreed; - It be noted that the costs of the improvements to the service were accounted for within the financial forecast. | |

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| 24/21 | STAFF SURVEY | |
| | <p>A report setting out the findings of the NHS Wales staff survey 2020 was received.</p> <p>In introducing the report, Kathryn Jones highlighted the following points:</p> <ul style="list-style-type: none"> - The national staff survey was open for three weeks during November 2020; - It was the first time that it had been co-ordinated centrally by Health Education and Improvement Wales; - The questionnaire had been simplified from previous years which made it difficult to benchmark the results against those of 2018; - The findings could be broken down to department level to identify hotspot areas; - The next steps were for the service groups to develop action plans as they needed to 'own' the findings for their services; - Three key priority areas had been identified on which to focus – healthier working relationships, staff health and wellbeing and compassionate leadership; - These were to be tested with the local partnership forums for feedback before they were broken down into objectives to form part of the people plan for the organisation; - Progress would be monitored by the Workforce and OD Committee; - Regular surveys would be undertaken internally throughout the year to determine if staff were supportive of the direction of travel. <p>In discussing the report, the following points were raised:</p> <p>Mark Hackett advised that there were so many areas of potential for the organisation to give focus but it was important that this was narrowed down to three in order for these to be achieved in the best way possible before moving onto the next ones. He was keen for regular surveys to be undertaken with themes assigned to ensure a difference was being made to staff at work. In order to really make the health board an employer with staff happy at work, investment would be need to be made in the right areas, and the surveys would help support this.</p> <p>Jackie Davies commented that the partnership forum working groups were well established which would help the work to be undertaken in collaboration. She added that the response rate was lower than previous</p> | |

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| | <p>years which was reflective of the fact that the survey was undertaken at the height of the pandemic.</p> <p>Chris White stated that quarterly performance reviews took place with each of the service groups, which at the moment focused on traditional workforce metrics, such as sickness absence, but could be tailored more around leadership.</p> <p>Mark Child queried if there was any comparative data available with other health boards. Kathryn Jones responded that there would be in due course but it was proving challenge to analyse the new data format currently.</p> <p>Reena Owen commented that staff were starting to understand the appreciation felt of them by the public which was one of the positive outcomes of Covid-19.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The initial results of the survey be noted; - It be agreed that the proposed actions and next steps detailed in table 2.2.1 would be led by the Director of Workforce and OD and incorporated into the annual plan 2021-22. | |
| 25/21 | KEY ISSUES REPORTS | |
| | <p>(i) <u>Quality and Safety Committee</u></p> <p>A report setting out the discussions of the Quality and Safety Committee held on 24th November and 15th December 2020 was received and noted, with the following discussion undertaken:</p> <p>Martyn Waygood advised that infection prevention and control was a standing agenda item for each meeting and significant improvements had been evident, particularly in terms of <i>clostridium difficile</i> since August 2020. However there had been some deterioration noted in terms of <i>klebsiella</i>.</p> <p>(ii) <u>Performance and Finance Committee</u></p> <p>A report setting out the discussions of the Performance and Finance Committee held on 24th November and 15th December 2020 was received and noted, with the following discussion undertaken:</p> <p>Reena Owen stated that members had noted the pressures of Covid-19 on the system, particularly in terms of planned care, with deep dives received on the subject as well as on cancer. Assurance had been provided that patients were being treated on the basis of clinical urgency. Progress had been made in relation to the action plan in response to the KPMG review, and a further update would be provided in due course.</p> | |

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| | <p>She added that the sustainability of the care home sector had also been raised which was impacting on the medically fit for discharge numbers. Finally, members had offered thanks to Darren Griffiths and the Finance Team for keeping the financial position on track.</p> <p>(iii) <u>Audit Committee</u></p> <p>A report setting out the discussions of the Audit Committee held on 12th January 2021 was received and noted, with the following discussion undertaken:</p> <p>Martin Sollis advised that work had commenced on the end-of-year reporting for finance and governance, and although this year would look different, assurance was received that the requirements would be met.</p> <p>(iv) <u>Workforce and OD Committee</u></p> <p>A report setting out the discussions of the Workforce and OD Committee held on 10th December 2020 was received and noted, with the following discussion undertaken:</p> <p>Tom Crick stated that the committee had focused on the short and medium effects of the pandemic on staff, both on the frontline and those working from home, in terms of health and wellbeing. The discussion had also taken into account the impact on compliance with the Nurse Staffing Levels (Wales) 2016.</p> <p>(v) <u>Charitable Funds Committee</u></p> <p>A report setting out the discussions of the Charitable Funds Committee held on 14th December 2020:</p> <p>Martyn Waygood advised that the health board charity had been accepted for the third tranche of the NHS Together Charity monies which would result in an income of £237,000, the majority of which would be used for staff memorials and staff health and wellbeing.</p> <p>(vi) <u>Health and Safety Committee</u></p> <p>A report setting out the discussions of the Health and Safety Committee held on 1st December 2020 was received and noted.</p> | |
| 26/21 | ANNUAL PLAN DEVELOPMENT | |
| | <p>A report providing an update on the development of the annual plan 2021-22 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The annual plan priorities had been agreed at an in-committee session of the Board in December 2020 and included the Covid- | |

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| | <p>19 response, unscheduled care and addressing the planned care backlog;</p> <ul style="list-style-type: none"> - It also included ministerial priorities and the approach Welsh Government had asked be taken; - Positive feedback had been received from Welsh Government on the quarter three/four operational delivery plan and this needed to be built upon. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood noted the requirement to submit the primary care cluster annual plans by 29th January 2021 and queried if this was on target. Siân Harrop-Griffiths responded that there was a close working relationship with the clusters and the plans were to be brought through the senior leadership team on 3rd February 2021 therefore an extension to the deadline was to be sought.</p> <p>Emma Woollett queried as to whether there was a need to have a Board briefing in advance of the report to the March 2021 meeting seeking approval of the plan. Siân Harrop-Griffiths agreed this would be helpful to ensure agreement as a Board as to the content. Mark Hackett concurred, adding that discussions were also taking place as to the need to develop internal priorities for all aspects of what the health board was looking to do.</p> <p>Mark Hackett stated that the health board was facing considerable changes which would have financial consequences, and a discussion was needed with Welsh Government as to how that could be recovered.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The update on progress of the development of the annual plan 2021-22 be noted; - The status of the primary care cluster annual plans and alignment with the health board plan be noted; - The need for a board briefing on the content of the annual plan prior to the March approval was agreed. | |
| 27/21 | NHS PARTNERSHIPS | |
| | <p>A report providing an update in relation to partnership working with other NHS Wales organisations was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> | |

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| | <ul style="list-style-type: none"> - 14 proposals had been submitted to the Welsh Health Specialised Services Committee (WHSSC) to bid for a proportion of its underspend, most of which had been accepted; - The Major Trauma Network continued to work well albeit there were some challenges around repatriation to be resolved; - Endorsement had been received for the joint strategic outline case for pathology with Public Health Wales NHS Trust and Hywel Dda University Health Board to be developed into an outline business case; - The partnership working with Cardiff and Vale University Health Board had now been formalised with a memorandum of understanding. | |
| Resolved: | <ul style="list-style-type: none"> - The update on the health board's joint NHS partnership and commissioning arrangements be noted. | |
| 28/21 | EXTERNAL PARTNERSHIPS | |
| | <p>A report providing an update on external partnerships was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The majority of formal agreements had been stood down due to the pandemic however the Regional Partnership Board was due to meet the following week; - A consultation was underway on the future arrangements for social care and a Board session arranged for March 2021 to agree the health board's response. <p>In discussing the report, Mark Child noted within the report reference to the need to keep the Regional Partnership Board up-to-date and queried if this had been addressed. Siân Harrop-Griffiths responded that the forum was still operating within emergency governance arrangements through which there had been better engagement, including a number of informal discussions. On that basis, communication had improved but there was still more that could be done.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The key external partnerships of which Swansea Bay University Health Board is part be noted; - The issues discussed in these external partnerships and the key implications for the health board be noted; | |

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| | <ul style="list-style-type: none"> - The minutes of the recent partnership meetings which have taken place be noted. | |
| 29/21 | VOLUNTARY SECTOR | |
| | A report setting out the timeline for the procurement of the voluntary sector framework was deferred . | |
| 30/21 | KEY ISSUES FROM ADVISORY GROUPS | |
| | <p>(i) <u>Stakeholder Reference Group</u></p> <p>A verbal update providing details of the discussion of the Stakeholder Reference Group meeting on 19th January 2021 was received and noted, with the following points discussed:</p> <p>Christine Williams advised that a Chair and Vice-Chair of the group had been elected as Alison Stokes and Alex Aitkens respectively. She added that while a number of the presentations centred on Covid-19, an issue had been raised in that there was an inability to provide large print appointment letters. Matt John responded that views from across Wales were being sought on the subject to develop the case to take the NHS Wales Informatics Service (NWIS) as well as identify local workarounds from which the health board could learn from in the interim. An update would be provided in due course.</p> <p>(ii) <u>Local Partnership Forum</u></p> <p>A report providing an update from the Local Partnership Forum was received and noted, with the following points discussed;:</p> <p>Kathryn Jones stated that the key focus of the forum remained the pandemic however work was ongoing with the co-chairs to move the discussions forward.</p> <p>Maggie Berry sought an expansion on the comments from staff in reference to morale. Kathryn Jones responded that vivid descriptions had been provided in terms of how staff were feeling, particularly in terms of fatigue and how things felt out of their control. She added with staff working at such a pace, there was a significant impact on them as individuals.</p> | MJ |
| 31/21 | UNIVERSITY STATUS REVIEW | |

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| | <p>A report setting out the health board's response to the review of university health board status was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Health boards underwent a review of their university health board statuses every three years; - The report set out the achievements to date as well as the aspirations for the future, put together in collaboration with the research and development team and Swansea University. | |
| Resolved: | <ul style="list-style-type: none"> - The report be noted; - The proposed response to Welsh Government's review of its university health board status be approved. | |
| 32/21 | LINEAR ACCELERATOR C | |
| | <p>A report seeking approval to submit a business case for funding to replace a linear accelerator machine was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The business case was to replace equipment which had reached its life expectancy; - Another machine was already in the process of being replaced, so this process would finish before the next one began to ensure no break in service; - While the installation of the linear accelerator was reasonably straightforward, the operational commissioning was a complex task, therefore it would not be online until March 2022; - There were some associated revenue costs, primarily related to maintenance; - A financial plan was in place with Hywel Dda University Health Board as the service was also provided to its citizens. <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis referenced the associated revenue costs and stated that as it was a replacement piece of equipment, these needed to be carefully considered in advance so as to not impact on the financial position during the year. Darren Griffiths concurred, adding that partner organisations had been notified of the current revenue model to</p> | |

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| | <p>incorporate into their financial plans and work was ongoing with the service group to determine the financial benefits to offset the costs.</p> <p>Emma Woollett queried whether the accelerator was incorporated into the overall cancer strategy. Siân Harrop-Griffiths responded that prior to the pandemic, work had commenced on a 10-year delivery programme business case for the cancer strategy but this had been put on hold while the health board responded to Covid-19. The strategy for the cancer centre in south-east Wales had been considered as part of the work in order to learn from good practice.</p> | |
| Resolved: | <ul style="list-style-type: none"> - Progress to date on this scheme be noted; - Management of the revenue costs through health board financial processes be noted and feedback be provided as to why there higher; - The health board submitting a business justification case to Welsh Government for endorsement be approved. | SHG |
| 33/21 | PEFORMANCE REPORT | |
| | <p>The integrated performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The number of new Covid-19 cases had grown substantially since November 2020, peaking at 500 a day; - New cases per day were now fewer than 100; - At the peak, 230 patients within the hospitals were being treated for the virus and this was now down to 161. However the length of stay seemed to be longer than the first wave, and there remained many patients classified as 'Covid-recovering'; - In November 2020, 700 staff had been self-isolating, some were asymptomatic while others had reported symptoms; this was now reduced to 295; - A reduced number of attendances at the emergency department had been seen, mirroring the behaviour of the public from the first peak, however performance against the four-hour wait target was challenged, as the complexity of working safely made the flow slower; - The response rate to the red ambulance call target had dipped below 65% for the first time in a number of months, and although | |

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| | <p>this had since recovered, it highlighted the pressure on the system;</p> <ul style="list-style-type: none"> - Fewer referrals had been received, but the planned care waiting list continued to grow in terms of length of wait, resulting in a number of breaches due to the reduced level at which services were running; - Performance within diagnostics and therapies was improving; - The health board was now reporting against the new single cancer pathway metric rather than the previous ones of urgent and non-urgent suspected cancer. | |
| Resolved: | <ul style="list-style-type: none"> - Assurance was received that the report had been scrutinised at Performance and Finance Committee. - The health board performance against key measures and targets be noted. | |
| 34/21 | FINANCIAL REPORT | |
| | <p>A report setting out the financial position for month seven was received. In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The in-month position for month nine (December 2020) was an overspend of £1.9m, which was in-line with the financial forecast; - The cumulative position was £18.6m deficit, which was on track for the year-end deficit forecast of £24.4m; - The forecast position for 2021-22 had improved from £38m to £24.4m as a result of funding received from Welsh Government; - The national allocation increase had been received of 2% (15m), but this was likely to be offset by cost pressures; - A number of risks to savings had to be factored into the plan, including Brexit, Covid-19 and continuing healthcare; - Confirmation was still awaited from Welsh Government as to how Covid-19 would be funded in the next financial year. | |
| Resolved: | <ul style="list-style-type: none"> - Assurance was received that the report had been scrutinised at Performance and Finance Committee. - The Board's financial performance for period nine (December) 2020-21, be noted; | |

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| | <ul style="list-style-type: none"> - The risk and opportunities be noted; - The emerging picture on the 2021-22 financial outlook and the further work planned to develop this be noted. | |
| 35/21 | AUDIT WALES ANNUAL REPORT AND STRUCTURED ASSESSMENT | |
| | <p>A report setting out the findings of the Audit Wales annual report and structured assessment for 2020 was received.</p> <p>In introducing the report, Dave Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - The annual report summarised the findings of the performance and financial audit work in 2020, as well as the outcome of the structured assessment; - The structured assessment had been undertaken in the context of the pandemic and highlighted a positive and resilient approach; - Positive messages could be taken from both reports; - Appended to the annual report was a progress update for the 2021. It was recognised that each piece of work would need to commence on a case by case basis in the context of the current position. <p>In discussing the report, Darren Griffiths commented that the financial audits had been undertaken just as the first wave of the pandemic had started, a time when health board finance staff were asked to work from home and Audit Wales was adjusting to working virtually. He thanked Audit Wales colleagues for the pragmatic approach taken during the pandemic and this was reciprocated by Dave Thomas.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The annual audit letter be received and reported; - The structured assessment report be received and reported; - It be agreed that the executive team would address the improvement opportunities as outlined in the report; - The delivery of outstanding recommendations from previous reports by end March 2021 be agreed; - It be agreed that the Audit Committee would continue to scrutinise the delivery of the recommendations. | |
| 36/21 | CORPORATE GOVERNANCE ISSUES | |

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| | <p>A report setting out corporate governance matters was received.</p> <p>In introducing the report, Pam Wenger stated that discussions were continuing between herself, Emma Woollett and Mark Hackett as to appropriate committee arrangements and these would be reviewed on a monthly basis.</p> <p>In discussing the report, Siân Harrop-Griffiths referenced the matters discussed in-committee at the last meeting and advised that the sale of Fairfield related to a house on the Cefn Coed Hospital site and not Fairfield Hospital itself.</p> | |
| Resolved: | <ul style="list-style-type: none"> - The report be noted; - The changes to the committee arrangements be approved and it be agreed that these will be reviewed monthly by the Chair, Chief Executive and Director of Corporate Governance. | |
| 37/21 | ANY OTHER BUSINESS | |
| | There was no further business and the meeting was closed. | |
| 38/21 | DATE OF NEXT BOARD MEETING | |
| | The date of the next meeting was confirmed as 25 th March 2021. | |