

Swansea Bay University Health Board

Unconfirmed

**Minutes of a Meeting of the Health Board
held on 29th July at 11.45am via Zoom**

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Jarrett	Associate Board Member
Christine Morrell	Interim Director of Therapies and Health Science
Christine Williams	Interim Director of Nursing and Patient Experience
Darren Griffiths	Interim Director of Finance
Jackie Davies	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Mark Child	Independent Member
Martyn Waygood	Independent Member
Nuria Zolle	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member

In Attendance:

Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Nick Samuels	Interim Director of Communications
Pam Wenger	Director of Corporate Governance
Rab McEwan	Interim Chief Operating Officer
Sue Evans	Community Health Council
Liz Stauber	Head of Corporate Governance
Alan Jones	Healthcare Inspectorate Wales
Scott Howe	Healthcare Inspectorate Wales

Minute No.		Action
176/21	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the meeting, noting apologies had been received from Alison Stokes, Associate Board Member.	
177/21	DECLARATIONS OF INTEREST	

	There were no declarations of interest.	
178/21	PATIENT STORY	
	<p>A patient story was received.</p> <p>The story set out the experience of Annabel and her family as she underwent treatment for terminal stomach cancer. Of particular focus was poor communication and how the family were not informed of various elements of her care and condition, particularly the fact that she had developed a hospital-acquired infection. This meant she was sitting with other patients during chemotherapy, potentially putting them at risk. The story also noted that an intravenous tube was dropped on the floor before being inserted into her. The family spoke of their relief when Annabel was admitted to Ty Olwen, the palliative care hospice, as they could spend time together before she died.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Christine Williams advised that she had met with Annabel before she died and her husband afterwards and what was key for them was that the health board learned from the experiences. The standards of care had not been at an appropriate level, and training had been developed in response. Action had also been taken in relation to the agency nurse involved. The learning had been shared widely and this story was particularly powerful as it provided the family's point of view, highlighting the importance of communication as well as quality of care.</p> <p>Christine Williams set out the work within the health board to improve healthcare acquired infection rates. These were a quality priority within the annual plan, with a particular focus on anti-microbial prescribing, especially within primary care. Performance to date had been concerning, but there was confidence that, with the planned investment, it would improve over the next six months. All health boards had seen an increase in healthcare acquired infections, and work was being undertaken nationally to determine if this was related to Covid-19, respiratory infections or antibiotic prescribing during the pandemic. A detailed plan on improving infections rates was on the agenda for the next Quality and Safety Committee. Richard Evans added that colleagues within primary care were reviewing which antibiotics were being used to ensure the right choices were being made. In relation to hospital-based antibiotics, processes were being established to ensure intravenous antibiotics were transferred to oral as soon as was appropriate.</p> <p>Richard Evans advised that the failings in the patient story were not complex and it was important staff understood they had a duty to comply</p>	

	<p>with basic guidance.</p> <p>Mwyo Makuto queried what processes the health board had in place to encourage patients to challenge staff non-compliance with infection control procedures. Christine Williams responded that while there was nothing specific, notices were in place promoting 'Putting Things Right' and encouraging patients to speak with staff about concerns. The patient advisory and liaison service (PALS) was also regularly present on the wards. She agreed, however, that more work was needed to empower patients in the moment. Pam Wenger advised that the implementation of the Duty of Candour and Quality Bill would support this. Emma Woollett concurred, adding that all patients needed to feel confident to speak up and be heard. Part of the training should include how staff spoke to patients about what they were doing. It was agreed that this be taken through the Quality and Safety Committee.</p> <p>ACTION – Director of Corporate Governance to take the plans for the implementation of the Duty of Candour and Quality Bill through the Quality and Safety Committee to agree training needs.</p>	PW
179/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 27 th May 2021, 7 th June 2021, 23 rd June 2021, 15 th July 2021 (annual general meeting) and 22 nd July 2021 were received and confirmed as a true and accurate record.	
180/21	MATTERS ARISING	
	There were no matters arising not otherwise on the agenda.	
181/21	ACTION LOG	
	<p>The action log was received and noted with the following updated provided:</p> <p>(i) <u>Action Point One</u></p> <p>Mark Hackett advised that the review of unknown interdependencies on capital or unforeseen changes to projects within the annual plan would be provided by the end of August 2021. Siân Harrop-Griffiths added that the initial review had concluded and there were no obvious issues.</p> <p>(ii) <u>Action Point Two</u></p> <p>Pam Wenger advised that a meeting with the Chair and/or Vice-Chair of the Stakeholder Reference Group to discuss accessibility of papers was</p>	

	in the process of being arranged.	PW
182/21	CHAIR'S REPORT	
	<p>A verbal update from the Chair on recent activities was received.</p> <p>In introducing the update, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - Recruitment was underway for the finance independent member and interviews were scheduled for September 2021; - The number of minutes requiring approval at this meeting highlighted the scale of current Board business; - Thanks was put on record to all those involved in the development of the annual plan which was approved in June 2021 and would be a significant document for the organisation; - It had been a privilege to open the new biophilic centre at Morriston Hospital which was providing green space for patients and staff to spend time within. 	
Resolved:	The report be noted .	
183/21	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 engagement programme, 'Changing for the Future', was now running; - Engagement had also started on the plans for older person's mental health services which would see investment to make services more equitable for the most vulnerable; - Focus was being given to developing a leadership programme to progress the annual plan; - Clear planned care trajectories would be established in September 2021 and plans to create additional theatre capacity in Neath Port Talbot and Singleton hospitals would be progressed; - Feedback was awaited from Welsh Government on the proposals to develop an orthopaedic centre at Neath Port Talbot Hospital; 	

	<ul style="list-style-type: none"> - A case had also been put forward for palliative care services which would make the health board a UK leader; - Detailed month-by-month plans to improve performance in planned, urgent and emergency and cancer services were in development; - The improvements within youth justice had been pleasing. <p>In discussing the report, Mwoyo Makuto stated that while the community health council had been concerned about the expansion plans for orthopaedics, it was satisfied that these changes related to issues raised by patients and the public. She added that the community health council had undertaken a piece of work in relation to orthopaedic services, the findings of which would be shared in due course, which provided similar context to the case for change.</p>	
Resolved:	The report be noted .	
184/21	BOARD ASSURANCE FRAMEWORK	
	<p>A report setting out the latest iteration of the board assurance framework was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - There were still gaps within control and assurance and work was ongoing with the executive team to address these; - While the framework currently focused on the Board's corporate objectives, there could be merit in integrating national strategies. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle provided assurance that the document had been considered in depth by the Audit Committee and members had been satisfied that the framework would be adapted as it was put to use. She queried as to where national issues such as co-production, Healthier Wales and prudent healthcare would factor. Pam Wenger advised that these would be incorporated as part of the quarter two work.</p> <p>Reena Owen commented that it was pleasing to see that population health incorporated but more definitive actions were needed. Keith Reid concurred, but added that consideration needed to be given as to how to align executives appropriately to take forward the work. While he could advise on how population health and inequalities could be addressed, it would be for colleagues to take action through their portfolios. The starting point was a population health group to be established reporting to the Management Board. Partnership working would be key as would</p>	

	<p>taking a preventative approach looking at areas such as housing, nutrition and environment. Mark Hackett stated that within the annual plan was an objective to develop a population health strategy and work on this had commenced with a view to finishing it over the summer. Further discussions would then be undertaken with the executive team as to the roles to deliver the strategy and how this would relate to the annual plan.</p> <p>Martyn Waygood commented that it would be beneficial for the framework to be updated when timelines had expired to provide the current status and likely completion dates.</p> <p>Martyn Waygood referenced the target to develop ward dashboards by the end of 2021 and queried progress. He also sought an update in relation to 'AskmyGP' as not all practices were currently using this system. Matt John responded that work was progressing to develop the ward dashboards given the significant need for information across the health board. Business intelligence partners were in the process of being recruited to support the service groups. In regard to 'AskmyGP', implementation had been excellent, with one GP practice reporting a 30% increase in efficiency. However, as GPs were independent contractors, they could only be encouraged to implement the system, rather than be directed.</p> <p>Emma Woollett queried as to whether patient feedback on 'AskmyGP' had been positive. Rab McEwan confirmed that it had been but an increase in patients wanting face to face consultations had been evident. More work was to be undertaken with clusters as groups to increase the uptake of the system given that it was the health board's preferred option. Emma Woollett asked that the Quality and Safety Committee receive an update on uptake of 'AskmyGP' and the plan to improve this as well as an update on access to primary care services more generally.</p> <p>ACTION - Quality and Safety Committee to receive an update on uptake of 'AskmyGP' and the plan to improve this as well as an update on access to primary care services more generally.</p> <p>Mwoyo Makuto advised that the community health council had run a survey to seek views on 'AskmyGP' with 400 responses received. Some respondents had queried why their practice was not using it and others had reported that it was only available for 20 minutes a day as opposed to the 24/7 it had been with as GPs were struggling with demand.</p> <p>Mark Hackett stated it would be beneficial to have an idea as to the potential take-up of 'AskmyGP' over the next 12 months as there were initiatives that could be used to encourage uptake, for example including it within new general medical service contracts. Work was currently being undertaken within the Chief Operating Officer's team in relation to advice,</p>	<p>RM</p>
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	<p>guidance and triage to move towards a more digital role within the top five specialties for waiting times.</p> <p>Pam Wenger advised that the discussion would provide a steer as to how the board assurance framework could be developed for quarter two, including the updating of timescales. The next step would be take the document through the committees as well as work with the executive team to refine the gaps. Emma Woollett concurred, adding that more assurance would be needed in terms of population health, urgent and emergency care and planned care.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The Quality and Safety Committee to receive an update on uptake of 'AskmyGP' and the plan to improve this as well as an update on access to primary care services more generally. 	RM
185/21	HEALTH BOARD RISK REGISTER	
	<p>The health board risk register for quarter one was received.</p> <p>In introducing the report, Christine Williams highlighted the following points:</p> <ul style="list-style-type: none"> - The management of risk had changed from the Director of Corporate Governance to the Interim Director of Nursing and Patient Experience, supported by the former; - Of the 38 entries, 20 were over the risk appetite of 20; - Meetings were being held with executive directors to review their risks and progress against them, with an option to also meet the service group directors; - The Chief Executive had requested a review of the top five risks to ensure the mitigating actions were enough to de-escalate the risk. <p>In discussing the report, the following points were raised:</p> <p>Mark Child referenced the risk relating to the inability to transfer patients from home to the community, adding this had been the subject of a significant discussion at Performance and Finance Committee. He noted that there were no mitigating actions included within the register and queried what could be done, and if the risk score should be higher. Rab McEwan responded that there were mitigating actions in place but the situation was continually moving. He added that a session was due to take place with the risk team to discuss the risk score. Mark Child recognised that the capacity within care home and domiciliary care was low which was impacting on the numbers of patients able to be</p>	

	<p>discharged but highlighted that there were actions that could be taken internally which would also help. Rab McEwan concurred, adding that a number of initiatives were being implemented including length of stay reduction plans and ambulatory care services within urgent and emergency care to reduce the numbers needing admissions. Work was also ongoing with local authorities to mitigate the risks. Emma Woollett suggested a report on these be received at the next Performance and Finance Committee. Reena Owen as its chair agreed, adding that members did recognise it was a national challenge. Richard Evans stated that similarly the pressures on the emergency departments were a nationwide issue that impacted on the numbers of clinically optimised patients, and the health board needed to be able to deliver care in the places citizens needed it rather than having to be admitted.</p> <p>ACTION – report outlining mitigating actions to improve the numbers of clinically optimised patients be received at the August Performance and Safety Committee.</p> <p>ACTION – Chair, Vice-Chair and Chief Executive raise the issues of clinically optimised patients on a national level.</p> <p>Martyn Waygood referenced the risk relating to foetal growth assessments and provided assurance that the Quality and Safety Committee had been monitoring this for some time. He added that a number of risks included submission of a business case as a mitigating action and stated that going forward, it would be beneficial for the timelines for these to be included.</p> <p>Mark Hackett commented that it needed to be determined whether the number of clinically optimised patients was a symptom or cause. It was recognised that patients remained in hospital for too long, with a significant number waiting for things which healthcare could deliver. The Management Board was considering what further actions were needed within quarter two, including how to take a more risk. Consideration was also being given as to how the health board's ability to recruit could be used to help health and social care partners on a short-term basis.</p>	<p>RM</p> <p>EW/MH/SS</p>
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The continuation of the risk appetite limit of 20 be approved; - Report outlining mitigating actions to improve the numbers of clinically optimised patients be received at the August Performance and Safety Committee; - Chair, Vice-Chair and Chief Executive raise the issues of clinically optimised patients on a national level. 	<p>RM</p> <p>EW/MH/SS</p>

186/21	CHANGE IN AGENDA ORDER	
	The agenda be changed and item 2.4 be taken next.	
187/21	HEALTHCARE INSPECTORATE WALES ANNUAL REPORT	
	<p>The annual report from Healthcare Inspectorate Wales (HIW) was received.</p> <p>In introducing the report, Scott Howe highlighted the following points:</p> <ul style="list-style-type: none"> - On a national basis, HIW found there had been a good standard of care in a period of unprecedented changes; - During the course of the year, one GP practice, five hospitals and three mental health hospitals within the health board had undergone a quality check; - Areas of good practice as well as ones needing improvement were identified along with common themes. <p>In discussing the report, the following points were raised:</p> <p>Christine Williams reiterated it had been a challenging 12 months and acknowledged the change in approach that had been taken by HIW given the pandemic. Feedback from staff on this had been positive. Action plans had been developed to take forward the improvements and these were being managed by the Quality Safety Governance Group.</p> <p>Mark Hackett noted the particular findings relating to falls and ligature points and queried the specific actions being taken. Christine Williams advised that an increase in falls had been evident given the unavailability of staff but an improvement was already being seen now that more were returning to work. Falls was a quality priority for 2021-22 and updates on progress were shared with HIW. In terms of ligature points, the Assistant Director of Health and Safety had reviewed these within mental health facilities and the emergency department and a plan of improvement was being developed.</p> <p>Reena Owen noted that there had been 1,000 calls of concern and sought clarity as to what these related. Scott Howe responded that the issues ranged and some included complaints that would be redirected to the relevant community health council or 'Putting Things Right' process. Others were looking for advice and some were not related to healthcare. Alan Jones added that prior to Covid-19, HIW would receive around 350 complaints about health services a year and this had increased to 450. A portion of these would have appropriate to redirect to the relevant</p>	

	<p>organisation to manage but there were some whistleblowers who would be managed by HIW.</p> <p>In concluding the discussion, Alan Jones thanked the health board for its response to the national report on mass vaccination centres. As not all centres had been inspected, a summary of the findings and recommendations had been shared with all NHS Wales organisations. Although the health board was one which was not inspected, a response to the report was still sent to outline what action it was taking.</p>	
Resolved:	The report be noted .	
188/21	KEY ISSUES FROM BOARD COMMITTEES	
	<p>(i) <u>Joint Committee for the Quality and Safety and Performance and Finance Committees</u></p> <p>A report setting out the key discussions of the recent joint meeting of the Quality and Safety and Performance and Finance committees was received and noted.</p> <p>Mark Hackett provided assurance that the Management Board had agreed a cancer recovery plan for the top six specialties with the longest waits and £1.5m had been allocated in the annual plan for the work with a bid to achieve the 85% target for the single cancer pathway.</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 received and noted.</p> <p>Steve Spill stated that at the meeting earlier that week, the infection control report had highlighted the ongoing challenges in relation to <i>clostridium difficile</i>. A number of actions were included in the report which had been included on the committee's action log in order for progress to be monitored.</p> <p>(iii) <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 received and noted.</p> <p>(iv) <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>(v) <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>(vi) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Health and Safety Committee was received and noted.</p>	
189/21	PROGRESS OF ANNUAL PLAN PRIORTIES IN QUARTER ONE AND AGREEMENT OF QUARTER TWO PRIORITIES	
	<p>A report setting out the progress of the annual plan priorities for quarter one and to agree the priorities for quarter two was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - While the annual plan had been approved by the Board in June 2021, work to implement the goal, methods and outcomes had started in April 2021; - Work was taking place with digital services to develop ways in which to measure progress; - A programme management office was now in place to support the execution of the plan. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried as to how independent members would be kept apprised of delivery progress. Siân Harrop-Griffiths advised that detailed reports would be provided to the Performance and Finance Committee for key elements, starting with the 100-day plans for planned care and urgent and emergency care. Darren Griffiths added that pre-Covid, annual plan trajectories had been included in the performance report and it was agreed that same approach would be taken with these.</p> <p>Reena Owen sought clarity as to what action would be taken to bring areas which were not delivering back on track. Siân Harrop-Griffiths responded that the quarter two report would include an update on the actions which had slipped in quarter one.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The priorities identified for quarter two be approved; - The key risks to delivery be approved. 	

190/21	PROGRESS TO DEVELOP THE RECOVERY AND SUSTAINABILITY PLAN	
	<p>A report setting out the progress to develop the recovery and sustainability plan was received.</p> <p>In discussing the report, the following points were raised:</p> <p>In response to a comments from Nuria Zolle, Siân Harrop-Griffiths confirmed that the timescales to complete the recovery and sustainability plan were challenging but a considerable amount of support was being provided from executive colleagues. The biggest challenge was ensuring sufficient clinical engagement and work was ongoing to achieve this.</p> <p>Pam Wenger advised that a special Board meeting would take place on 16th December 2021 to approve the recovery and sustainability plan.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - It be agreed that the recovery and sustainability plan be considered by the Board in December 2021. 	
191/21	TRANSFER OF COVID-19 TESTING FACILITIES TO ALTERNATIVE SITE	
	<p>A report seeking approval of the transfer of Covid-19 testing facilities to alternative site was received.</p> <p>In introducing the report, Darren Griffiths explained that the Board was asked to agree the refreshed contract for Covid-19 testing facilities, recognising that the site had moved, and the contract had extended into quarter one of 2022-23.</p>	
Resolved:	<ul style="list-style-type: none"> - The contract extension for 2021-22 with the option to extend for a further three months within this value to be considered in quarter four be approved. 	
192/21	PERFORMANCE REPORT	
	<p>The month three performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - New cases of Covid-19 per day were 50 as at the day of the Board and had never exceeded 100; - Numbers of staff isolating were on a downward trend; 	

	<ul style="list-style-type: none"> - Bed occupancy for those with the virus was low, with 18 inpatients currently; - The biggest risk of increased prevalence of Covid-19 was the potential disruption to other services; - Due to ongoing operational pressures, the response time to the red ambulance response time was below target at 62% and the 12-hour waits and attendances at the emergency department had increased, with the four-hour performance at 74.4%; - As of that that day, there were 204 clinically optimised patients awaiting discharge; - The current performance for the single cancer pathway was 64%; - Following Board approval, the performance management framework had been implemented and two services, cancer at Singleton Hospital and urgent and emergency care at Morriston Hospital, escalated to enhanced monitoring. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen advised that the Performance and Finance Committee was continuing to support the improvement of performance metrics for primary care and it was hoped a more comprehensive set would be available in the coming months.</p> <p>Mark Hackett stated that once trajectories for planned care, cancer and urgent and emergency care were agreed, these would be shared with the Board and monitored through the performance report. A commitment had been made to reach 75% in the four-hour emergency department waits by quarter two/three in the annual plan, reaching 85% by November 2021. Cancer performance was improving but as the backlog of those waiting more than 62 days reduced, performance would also reduce until focus returned to those waiting less than the threshold.</p> <p>Martyn Waygood queried what action was being taken to improve the delivery of childhood vaccinations. Keith Reid advised that such programmes were delivered by primary care services which had been operating mostly behind closed doors at the start of the pandemic, so access had been difficult. National reports were showing that the timeliness of early vaccines had been impacted but not to a great extent. There had been a delay in vaccines for older children, but this had since recovered and reporting was in the process of catching-up.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
193/21	FINANCE REPORT	

	<p>The month three performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The month three position was an overspend of £6.1m, which was in-line with the target of £6.08m, as well as the year-end forecast; - It had been assumed that £120m Covid-19 funding would be received throughout the year; - The Mental Health and Learning Disabilities Service Group's position was off track due to continuing healthcare costs but a plan in place to recover it; - £28m worth of savings had been identified against a required £27m; - Discussions had commenced with the service groups as to savings plans for 2022-23. At least 50% needed to be identified by September 2021; - The forecast for quarter two was that the financial position would remain on target. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
194/21	ACTION PLAN TO IMPROVE BOARD EFFECTIVENESS	
	<p>A report setting out the findings of the board self-assessment undertaken in May 2021 as well as a proposed action plan was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The plan set out the proposed actions to address the findings of the Board's self-assessment; - Progress would be monitored through the Audit Committee as part of the governance work programme; - It was also an opportunity to bring in some of the outcomes from the scrutiny and challenge board sessions. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett stated that the benefits of the scrutiny and assurance session were already starting to be evident which would be beneficial in what was going to be a challenging year. Improving the effectiveness of board discussion and scrutiny would support the organisation to deliver.</p> <p>Reena Owen advised that as a result of the scrutiny and assurance session, the Performance and Finance Committee was setting out what it</p>	

	<p>wanted from each of its reports and asking itself in the meetings if this had been delivered and if the questions had been answered. Communication was key and this ensured that members could take assurance from the reports received.</p> <p>Mark Hackett commented that it would useful to have a collective sense of the variances and where the Board would want to be at year-end. As not all areas could be addressed at once, it would be of benefit to set priorities for delivery. Emma Woollett concurred, adding this would be a key focus of the Board away day in September.</p>	
Resolved:	- The proposed action plan be agreed .	
195/21	CORPORATE GOVERNANCE RPEORT	
	A report setting out corporate governance issues for consideration was received and noted .	
196/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
197/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 7 th October 2021.	