



# **Swansea Bay University Health Board Committee Annual Report 2020-2021**

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### Chair's Foreword



Welcome to our Committee annual report for 2020-21. It has been an unprecedented and challenging year, with significant implications for the way in which the Board operated in response to the Covid-19 pandemic.

We made a number of changes to Board Committee arrangements to ensure that, while the Board remained able to fulfil its duty to scrutinise, executives were enabled to focus fully on the operational response to Covid-19. Audit Committee and Quality and Safety Committee meetings were shortened and the agendas focused on Covid-19, in line with Welsh Government guidance. Other Committees were suspended between April and July 2020 and replaced with monthly Board meetings, focussed on

the Covid-19 response but including full Board scrutiny on the quality and range of services provided, financial performance and the risk register. Executive attendance at Committees was flexed in-line with operational needs. Meetings that would usually have been held face-to-face at Headquarters were transformed into virtual meetings to adhere to social distancing guidance.

A short term Recovery, Learning and Innovation Group was set up, chaired by an independent member, to capture learning and innovation and ensure that actions continued to improve organisational sustainability. This group met monthly until November and produced an Insights report which was approved by the Board.

'Stay at home' restrictions meant that direct contact with services and patients was impossible. However through patient stories presented at Committees and health Board meetings, members and independent members have had powerful virtual insights to patient experiences.

We have a long road ahead of us next year as we aim to move out of the response phase of the pandemic and into the recovery period. We know that Covid-19 will be with us indefinitely, and our focus will continue to ensure we work as effectively and safely as we can.

Emma Woollett,  
Chair, Swansea Bay University Health Board

## Introduction

Swansea Bay University Health Board's Committee annual report details the Committee arrangements throughout 2020-21. The health Board has established a number of Committees as set out in the diagram below. Each one is chaired by an independent member and has a key role in relation to the system of governance and assurance, decision making, scrutiny, assessment of current risks and performance monitoring. Following each meeting, a summary of the discussion is shared with the Board at its next formal meeting and all the papers for the public sessions of Board and Committee meetings are on the Health Board's [website](#). There are some meetings which do not take place in public either because of the confidential nature of the business or the items are in a developmental stage, but the vast majority of our business is undertaken in public.

During the year the Health Board complied with the guidance issued by Welsh Government and thereof. Throughout the year the Committee arrangements have been streamlined as necessary in response to the ongoing pandemic. The Board agreed the changes to the Committee arrangements in April 2020 and reviewed these arrangements quarterly. Specifically this meant moving to monthly Board meetings lasting no more than three hours and bi-monthly Audit and Quality and Safety Committees focussing on Covid-19 and essential services. All other Committees were stood down during the height of the pandemic.

# Board and Committee Arrangements



**GIG  
CYMRU  
NHS  
WALES**

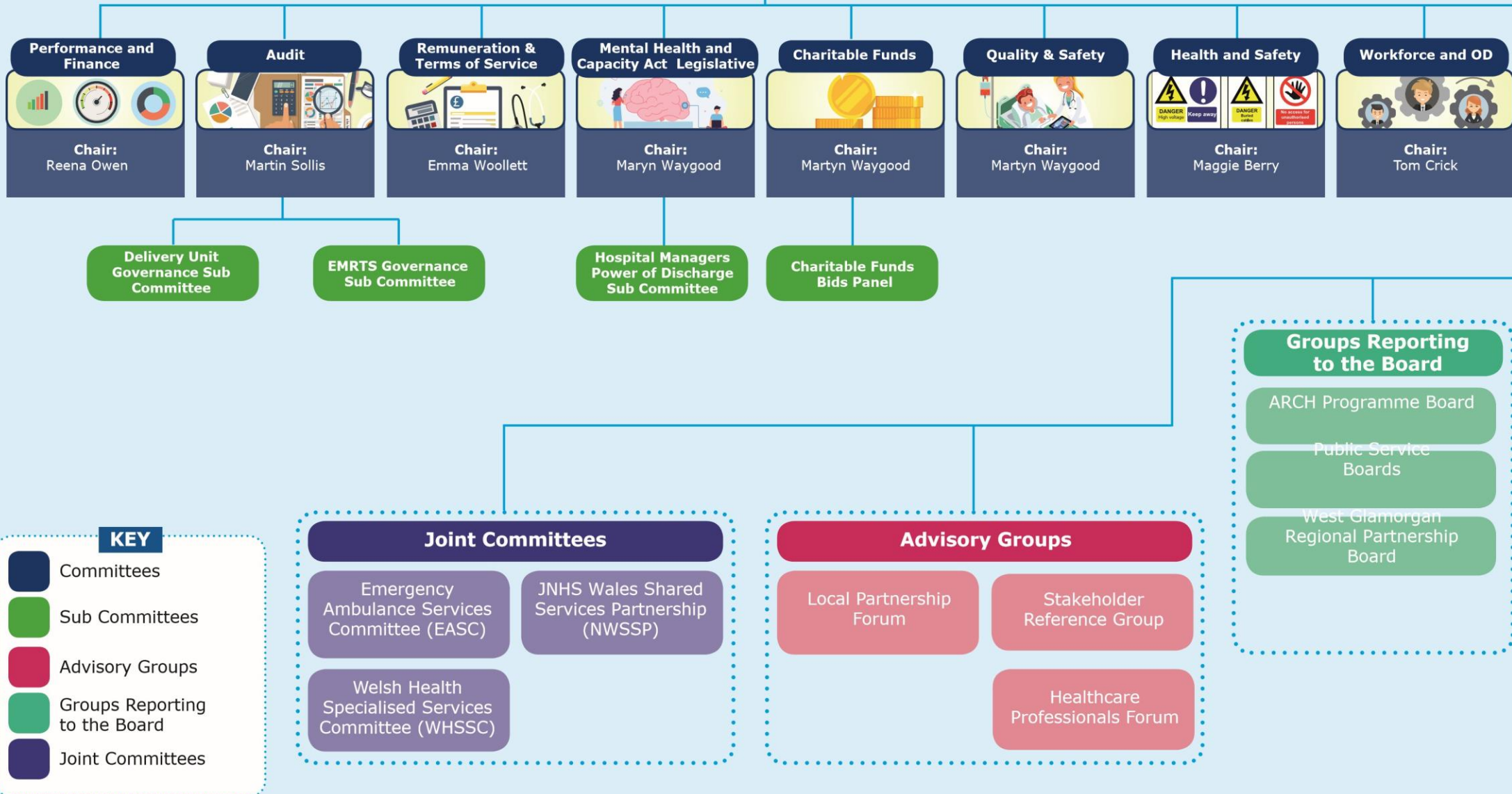
Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

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



## BOARD

**Chair:**  
Emma Woollett



## Committee Membership

Name of Committee	Executives	Independent Members	Secretariat	Frequency
<b>Quality and Safety Committee</b>	<ul style="list-style-type: none"> <li>- Christine Williams, <i>Interim Director of Nursing and Patient Experience</i></li> <li>- Richard Evans, <i>Medical Director</i></li> <li>- Chris White, <i>Director of Therapies and Health Science/Chief Operating Officer</i></li> <li>- Keith Reid, <i>Director of Public Health</i></li> <li>- Sian Harrop-Griffiths, <i>Director of Strategy</i></li> <li>- Christine Morrell, <i>Interim Director of Therapies and Health Science</i></li> <li>- Rab McEwan, <i>Interim Chief Operating Officer</i></li> </ul>	<ul style="list-style-type: none"> <li>- Martyn Waygood (<i>chair</i>)</li> <li>- Maggie Berry</li> <li>- Jackie Davies</li> <li>- Reena Owen</li> <li>- Keith Lloyd</li> </ul>	Leah Joseph ( <i>Corporate Governance Officer</i> )	Monthly
<b>Performance and Finance Committee</b>	<ul style="list-style-type: none"> <li>❖ Siân Harrop-Griffiths</li> <li>❖ Darren Griffiths, <i>Interim Director of Finance</i></li> <li>❖ Chris White</li> <li>❖ Rab McEwan</li> </ul>	<ul style="list-style-type: none"> <li>❖ Reena Owen (<i>chair</i>)</li> <li>❖ Martin Sollis</li> <li>❖ Jackie Davies</li> <li>❖ Steve Spill</li> </ul>	<ul style="list-style-type: none"> <li>❖ Liz Stauber, (<i>Head of Corporate Governance</i>);</li> <li>❖ Claire Mulcahy, (<i>Corporate Governance Manager</i>)</li> </ul>	Monthly
<b>Audit Committee</b>	<ul style="list-style-type: none"> <li>❖ Christine Williams</li> <li>❖ Darren Griffiths</li> </ul>	<ul style="list-style-type: none"> <li>❖ Martin Sollis (<i>chair</i>)</li> <li>❖ Tom Crick</li> </ul>	Claire Mulcahy	Bi-monthly

		❖ Nuria Zolle		
<b>Health and Safety Committee</b>	❖ Christine Williams (lead executive) ❖ Chris White ❖ Rab McEwan ❖ Kathryn Jones, <i>Interim Director of Workforce and Organisational Development</i> ❖ Keith Reid	❖ Maggie Berry ( <i>chair</i> ) ❖ Jackie Davies ❖ Reena Owen ❖ Tom Crick	Leah Joseph	Quarterly
<b>Charitable Funds Committee</b>	❖ Darren Griffiths ❖ Sian Harrop-Griffiths	❖ Martyn Waygood ( <i>chair</i> ) ❖ Martin Sollis ❖ Jackie Davies	Leah Joseph	Quarterly
<b>Mental Health Legislation Committee</b>	❖ Christine Williams ❖ Chris White	❖ Martyn Waygood ( <i>chair</i> ) ❖ Jackie Davies ❖ Maggie Berry ❖ Steve Spill	Claire Mulcahy	Quarterly
<b>Workforce and OD Committee</b>	❖ Kathryn Jones ❖ Christine Williams ❖ Richard Evans ❖ Chris White	❖ Tom Crick ( <i>chair</i> ) ❖ Nuria Zolle ❖ Jackie Davies	Claire Mulcahy	Bi-monthly
<b>Remuneration and Terms of Service Committee</b>	❖ Tracy Myhill ❖ Mark Hackett ❖ Kathryn Jones	❖ Emma Woollett ( <i>chair</i> ) ❖ All independent members	Liz Stauber	As required but at least quarterly



## Performance and Finance Committee

The Performance and Finance Committee's principle remit is to scrutinise and review in detail:

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

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

During 2020-2021, the following reports were received by the Committee:

### **Performance**

#### **❖ Integrated Performance Report**

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

Due to the change in focus during the pandemic the layout of the report was restructured to align with the four quadrants of harm set out in the NHS Wales Covid-19 Operating Framework. The report also included local COVID-19 specific measures and a new suite of Primary and Community Care measures. The report also set out vaccination and immunization information which would develop as the year progressed.

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

- COVID-19 Metrics
- Unscheduled care;
- Cancer;
- Planned Care;
- Healthcare acquired infections;
- Stroke;
- Mental Health and Child and Adolescent Mental Health;
- Delayed Transfers of Care/Medically Fit for Discharge;
- Sickness absence;
- Serious Incidents and Complaints;
- Diagnostics and Therapies;

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

Health Boards across Wales have a statutory duty to report continuing healthcare



performance to its Boards on a quarterly basis. The report provided an update on quarterly activity and the financial and performance management relating to CHC funded care.

Good progress had been made during the year with regards to retrospective cases, all had been reviewed and completed within a 6 month timeframe. Members were pleased with the much improved partnership working with local authorities. The establishment of the Community Silver arrangements and the Care Homes Group had also strengthened the Health Board's relationship with the care home sector. However, there were significant pressures, particularly within areas such as staffing, the lack of registrant nurses in the sector and the financial vulnerability of individual care homes.

#### ❖ **Quarter One, Two and three Operational Plan – Delivery of Actions**

The paper provided a high-level summary of the completed, on-track and off track actions and detailed feedback on the off-track actions including revised milestones and mitigating actions.

#### ❖ **Performance and Finance Risk Register**

The report informed of the risks from the Health Board Risk Register assigned to the cCommittee. Members highlighted the importance of ensuring that risks at level 20 and higher were continually factored into Committee work programmes. Those risks at level 20 and higher or of concern to Committee were scrutinised as part of the escalation areas.

### **Escalation Areas**

The escalation areas were identified as the year progressed where assurance was required in relation to the plans to address performance improvements and to ensure actions were robust to manage the high risks allocated to the Committee.

#### ❖ **Reset and Recovery Co-Ordination of Services**

In June 2020, a report setting out the reset and recovery of essential services as part of the response to the Covid-19 pandemic was received. As part of the discussion, changes in behaviours were highlighted as a stark reduction in attendances at emergency departments had been evident in the early months of the pandemic, as well as fewer planned care referrals. These both started to increase as the pandemic progressed. Work was undertaken to understand the potential demand for essential services and compare this to the possible capacity in the light of significant Covid-19 related restrictions. Prioritisation was key to delivering services that were clinically appropriate, and new criteria were issued by Welsh Government which differed to those of the traditional referral to treatment time (RTT) targets.

It was also noted that while the Health Board was not quite in the position to understand fully the expenditure in response to the pandemic, budgets had been rebased to pre-Covid-19 levels in order to measure costs as well as to understand where other expenditure was being incurred.

#### ❖ **Theatre Efficiency**

In September 2020, a report was received informing of the Health Board's performance against the Key Performance Indicators (KPI'S) for theatres. Members were told of the complexities and variabilities of managing theatre efficiency and the impact that COVID-19 had made during the last six months. Pre-pandemic, the Health Board had been gaining traction on improving theatre efficiencies, but theatre teams had been moved to critical care support during the peak COVID-19 period. Assurances were provided in relation to a plan for reinvigoration of the theatre programme although staff levels posed a significant challenge.

#### ❖ **Cancer Performance and Update in November, and March**

As a key area of concern, the Committee received updates on cancer performance throughout 2020/21. Reports provided a summary of cancer performance and the key issues impacting on cancer pathway delivery and performance.

The most recent report informed how the cancer pathway continued to be impacted by the pandemic, with reduced capacity being the main factor. Performance in January 2021 was lower than the target and there had been a decrease in the number of referrals in January 2021 but it was anticipated that the referrals would increase.

Welsh Government guidance required all Health Boards in Wales to undertake harm reviews for those patients who breach 104 days following diagnosis. Further guidance was awaited from Welsh Government on its implementation.

#### ❖ **Follow Ups Not Booked**

Follow-Up waiting lists are an ongoing and significant issue for the Health Board and out patient services had been greatly impacted by the pandemic. Reports were received in October 2020 and February 2021 providing a progress update on the efforts to improve the follow-up waiting list via the Outpatients Modernisation Programme. Work was continuing in relation to innovation and delivery as well as the development of more business intelligence. There was also significant work taking place on a national level. The numbers of follow-ups not booked had been improving until the start of Covid-19. Services had been restarted as part of the reset and recovery work and external funding had been received for initiatives. A dedicated work programme had been put in place.

#### ❖ **Planned Care Update**

COVID-19 had severely impacted the Health Board's planned care position and this was a key concern for Committee members. Planned care activity during the first wave had been severely limited as services were temporarily halted or resources redirected. As a result, there has been a significant increase in both waiting list volumes and wait times over 2020/21.

The performance update in March 2021 advised how GP referrals had increased to pre-COVID-19 levels and outpatients were operating at 70% capacity with virtual consultations at around 40% of the total. In terms of the waiting list, the top 9 highest volume specialties were within surgery, and significant focus was needed in this area. In terms of funding, the Welsh Government allocation for the recovery had not been confirmed. Regarding the Health Board's access to the independent sector

provision discussions had taken place with the sector across Wales and the Health Board would need to move quickly to secure their provision.

#### ❖ **Medically Fit for Discharge/Clinically Optimised Patients**

There had been a revised focus on the medically fit patient group within the Health Board with a view to reducing the numbers occupying acute hospital beds. During 2020/21 the Committee received assurance reports which addressed the issues and barriers that exist to expediting timely discharge.

Numbers continued to reduce week on week but challenges included the number of patients waiting for negative COVID-19 results to enable the transfer to the next pathway step, and the outflow from hospitals was significantly impacted by the care home lockdown. There was also an issue with the availability of domiciliary care in both local authority and private providers. In March 2021, members were advised that the position had remained static but improvements in patient flow were evident with the use of the residential rehabilitation bed pool.

#### ❖ **Unscheduled Care Performance**

In February 2021, a report was provided on the Health Board's performance against the key Tier 1 unscheduled care targets. The unscheduled care demand has been significantly impacted since the start of COVID-19. Unscheduled care demand had markedly reduced in quarter 2 however, the Health Board has subsequently seen demand levels for unscheduled care services increase to pre-COVID demand levels. Members were informed of the progress of the work programmes to improve unscheduled care access, which were set in line with the Welsh Governments six goals.

### **Finance**

#### ❖ **Financial Position**

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

#### ❖ **KPMG Action Plan**

In November 2020, an update on the Health Board response to the KPMG action plan was provided to Committee with updates on the four elements of the report; *an assessment of the financial grip and control; an assessment of the 2019/20 financial plan; an assessment of the recovery plan, an assessment of the governance and broader delivery framework*. Members were pleased with the good progress made against the action plan with just a few areas to address.

#### ❖ **Savings**

An update on the savings delivery position was provided to Committee in November 2020. The report outlined the distribution of the savings plan and current forecast delivery of circa £6m against the £23m savings delivery forecast. The impact of COVID-19 had meant that the improvements planned for surge, flow, theatres and outpatients in particular had been difficult to realise. Despite these challenges, the

report highlighted the additional work underway within these areas to chase down further opportunities for savings.

#### ❖ **Financial Plan 2021/22**

A verbal update on the draft financial plan for 2021/22 was received at Committee in December 2020. The NHS Wales Annual Planning Framework for 2021/22 was being worked through and draft budgets and allocation letters would be provided in early 2021. Analysis of the financial position and the risk of unachieved savings were considered and key service developments would need to be prioritised as funding had not yet been identified.

#### **Governance**

The Committee received its terms of reference and annual report for 2019-20 at the meeting in July 2020.

#### **For Noting**

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

#### **Items received In-Committee**

- Draft Financial Plan 2021-22

## Audit Committee

The purpose of the Committee is to advise and assure the Board and the accountable officer on whether effective arrangements are in place - through the design and operation of the health Board's assurance arrangements - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

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

During 2020-2021, the following reports were received by the Committee;

### **Governance, Risk and Internal Controls**

#### **❖ Annual Governance Statement 2019-20**

The Committee received the Annual Governance Statement and Remuneration Report for 2019-20. Members agreed that the report was an open and transparent account of 2019-20 and were happy to recommend the report for approval to the Board.

#### **❖ Organisational Annual Report 2019-20**

The Committee considered the organisational annual report for 2019-20, the final version of which was received at the Annual General Meeting of the Health Board in October 2021.

#### **❖ Compliance with the Corporate Governance Code**

A report on the Health Board's compliance with the corporate governance code was received and noted.

#### **❖ Approach to Internal Audit and External Audit During COVID-19**

The Committee received a report outlining the approach to Internal and External Audit work programmes during COVID-19. Significant changes were made to the Internal Audit plan and this were considered and agreed by the Committee. Specific consideration was given to a review of the financial and governance arrangements covering COVID on an All-Wales basis. Audit Wales outlined the changes to their audit plan and they outlined their agreed national approach to capture and share lessons on the innovative work developed across Wales during the pandemic.

#### **❖ Work Programmes during COVID-19**

The Committee received an update on the Committee work-programmes during COVID-19. In response to the pandemic, the Board governance arrangements had been streamlined in order to focus on key priority areas.

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

During 2020-21, the Committee received regular updates on the Health Board risk register, as well as the separate COVID-19 Gold Command risk register. These reports provided assurance to the Committee on the processes in place in terms of

the assessment of risk management across the organisation, although it was recognised that there was still more work to do in the articulation of how risks are mitigated.

#### ❖ **Digital Risks**

The Committee received a report providing an update on the Health Board's highest digital risks and the actions being taken to mitigate against them. Of the five risks, the two highest, with ratings of 20 or above were *Cyber Security* and *National Data Outages*. Cyber security continued to be a threat to all NHS bodies; the Health Board was doing well in terms of mitigation but it was important to focus on continuous improvement and resilience in this area.

#### ❖ **Cyber Security**

The Committee received a report which outlined the significant progress made to improve cyber security including the establishment of a cyber-security team; adoption of cyber security tools; the preparation for compliance with European regulations and the work to update legacy systems. Members raised their concern with the fact that two-thirds of cyber security incidents were a direct result of employee behaviour and supported the proposal for the Cyber Security training becoming a mandatory training requirement.

#### ❖ **Annual Quality Statement**

The Committee received the Annual Quality Statement in September 2020 for consideration and comments prior to its submission to Board and Welsh Government.

#### ❖ **Field Hospital Governance Review**

Following the review undertaken by the Welsh Government Integrated Assurance Hub in July 2020, in which the health Board received an amber/red delivery confidence assessment, the Committee received assurance in relation to the progress and completion of the actions in response to the recommendations.

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

A review of the Standards of Business Conduct Policy had taken place and policy had been strengthened in a number of key areas, with implementation in April 2021. The Declarations of Interest and Hospitality registers were also received and noted by the Committee.

#### ❖ **Guardian Service**

The Audit Committee received an update on the Guardian Service and assurance that the process of monitoring any whistleblowing concerns was in accordance with the Committee Terms of Reference.

#### ❖ **Standing Orders**

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

#### ❖ **Board Assurance Framework**

The Committee received a regular update on the progress of the Board Assurance Framework. The report highlighted the history, proposed actions and the embedding of the BAF into the ongoing risk and assurance process, in particular its alignment with the corporate risk register and Committee work programmes.

#### ❖ **Governance Work Programme**

The Committee received a regular report which provided assurance on the progress on the implementation of the Governance Work Programme.

#### ❖ **Report on actions related to the audit on governance arrangements during COVID and the field hospital assurance review**

An update on the progress of the action plans following the COVID -19 Governance Arrangements review was received. Members were assured by the actions being taken and noted that a follow up review would be required and the scoping and field work would commence in November 2020.

An update was received on the field hospital assurance follow up project gateway review which was undertaken by Welsh Government on 12<sup>th</sup> October. The Committee was informed that improvements and actions had been acknowledged and the assurance rating had been improved to Amber. Good progress was being made on all further actions and these were currently being worked through and overseen by the Health Board Silver and the Field Hospital Operational Groups.

#### ❖ **Audit Registers and Status of Recommendations**

There had been an increase in the number of overdue recommendations during the period February 2020 to December 2020, primarily due to the impact of the pandemic. Significant work had been undertaken in terms of the cleansing of registers in order to remove any non-extant recommendations and work was still ongoing. Members agreed that due to the current pressures the Committee should focus on chasing the fundamental recommendations i.e. those raised in limited assurance reports that were high priority recommendations and particularly those with an emphasis on patient care.

#### ❖ **Corporate Governance Year-End reporting Arrangements**

A report setting out the proposed arrangements to meet the national end-of-year reporting requirements for Corporate Governance was received.

#### ❖ **Progress Against Structured Assessment Recommendations**

The Committee received updates on the progress against all extant structured assessment recommendations.

### **Financial Focus**

#### ❖ **Annual Accounts 2019-20**

The Committee considered and recommended the annual accounts for 2019-20 for approval by the Board. There had been changes to Welsh Government submission dates due to COVID-19, therefore a presentation outlining the draft accounts was received at the meeting on the 27<sup>th</sup> May 2020 and final accounts were received at the meeting on the 25<sup>th</sup> June 2020. The remuneration and staff report was also



received during these meetings.

❖ **Financial Position Update**

Throughout the year, the Committee received regular updates through a standing agenda item which primarily kept members up to date with the current position against the forecast deficit and the financial impact of COVID-19 in 2020-21.

❖ **Response to the Welsh Government Guidance (COVID-19 Decision Making and Financial Guidance)**

The Committee received a report setting out how the Health Board has responded to each of the requirements within the guidance. Members felt assured by the information provided within the report and they noted that further assurance on the work undertaken during the pandemic would be sought via Internal Audit; External Audit and Welsh Government reviews that were being planned.

❖ **Revenue Impact of COVID-19 in 2020-21, our financial management arrangements and decision log.**

The report informed the Committee of the forecast net cost of COVID-19, funded by Welsh Government, to cover staff costs and the first phase of the field hospital establishment. The Committee was asked to note the impact on cost improvements and savings plans and the risks posed by the All-Wales agreement regarding the management of LTA's and SLA's, in which funding flows would be halted.

❖ **Project Bank Accounts for Capital Schemes**

A report was received seeking approval for the approach to the set up and management of Project Bank Accounts which has been mandated by Welsh Government for all major capital schemes.

❖ **Financial Control Procedure**

The Committee received an update on the progress to complete the annual update to the financial control procedures.

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

Reports were received at each meeting outlining the losses and special payments and Single Tender Actions and Quotations.

❖ **Annual Accounts Timetable and Plan**

The draft accounts were to be submitted to Welsh Government by midday on 30<sup>th</sup> April 2020, with audited accounts to be submitted by midday on 11<sup>th</sup> June 2020. Key issues were highlighted in relation to the account's closedown process. These issues included the ability of clinical staff to undertake physical stock counts due to COVID-19 pressures, the ability for staff to physically verify fixed assets and the ability to obtain information from the NHS Pensions Agency in relation to scheme pays cases.

## **Internal Audit**

❖ **Head of Internal Audit Opinion and Annual Report 2019-20**

The Committee received the Head of Internal Audit Opinion which confirmed the Board could take reasonable assurance that arrangements to secure governance,

risk management and internal control were suitably designed and applied effectively across the Health Board.

❖ **Revised Internal Audit Plan 2020-21**

The Committee received the Audit Plan for 2020-21 which had been revised in light of the impact of the pandemic on organisational risk and priorities. Members were advised that the plan would remain flexible and would continue to be reviewed throughout the remainder of the year.

❖ **Internal Audit Progress Report**

Regular reports were received which outlined progress against the revised audit plan for 2020-21 and the outcomes of completed audits.

❖ **Internal Audit Annual Plan 2021-22 and Charter**

The Committee was content to approve the Internal Audit Annual Plan 2021-22 and Charter.

**External Audit**

❖ **ISA 260 Audit of Financial Statements**

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

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

The Committee received the letter from Auditor General which set out the programme of audit performance work and the re-shaping of the work programme in light of the pandemic.

❖ **Structured Assessment 2020-21**

The Committee received updates on the progress against all extant structured assessment recommendations.

❖ **Audit Wales Annual Report 2020-21 and Annual Plan 2021-22**

The Committee received and approved both the Annual Report for 2020-21 and Annual Plan for 2021-22.

**Clinical Audit**

❖ **Clinical Audit Annual Report 2019-20**

The Annual Report for 2019-20 was received. Due to the pandemic all local clinical audits were suspended in March 2020 and a local programme was restarted in July 2020.

**Counter Fraud**

❖ **Counter Fraud Progress Report, Annual Plan 2019-20 and 2020/21 Work Plan**

Members considered a regular report from the counter fraud service outlining progress against the annual work plan, as well as the annual report and the self-

assessment against the NHS Protect Standards. Updates were also provided within the In-Committee session on the sensitive and individual cases being investigated.

### **Assurance Reports**

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

As a sub-group of the Committee, regular updates were received from the Information Governance Board. Committee also received the Annual Report of the Senior Information Risk Owner which outlined the work undertaken through the course of the year in relation to Information Governance.

#### **❖ Hosted Agencies Annual Governance Reports**

The Committee received the Annual Governance Reports for 2019-20 for the Hosted Agencies; Emergency and Medical Retrieval Transfer Service and NHS Wales Delivery Unit.

### **Items received In-Committee**

- Counter Fraud Cases

## Quality and Safety Committee

The Quality and Safety Committee was established in 2009 and its focus is on all aspects relating to the quality and safety of healthcare, including activities traditionally referred to as 'clinical governance'. During 2020-2021, the following reports were received by the Committees:

### ❖ **Patient/Staff Story**

Patient Stories had been prepared by the patient experience team, which focussed on the learning from a never event or patient experience. The following stories were received by the Committee:

#### *Isolation by Gwen – August 2020*

A patient story was received from a lady called Gwen which detailed her positive and negative experiences in isolation during the first Coronavirus pandemic lockdown in 2020.

#### *The Joy of Sharing Stories – February 2021*

A story was received which set out the experience of a volunteer based at Singleton Hospital who shares picture book story telling with patients.

#### *Amy's Story – March 2021*

A story was received which set out the experience of Amy's antenatal journey. The story highlighted the importance of women having the opportunity to make decisions surrounding the birth of their child.

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

The standing agenda item was received at each Quality and Safety Committee. Following the COVID-19 pandemic, a seven-day service was implemented using IPC resource, which supported the increase of COVID-19 nosocomial transmissions in the second wave. The monthly reports included detailed updates on the vaccination programme and domestic staff recruitment.

### ❖ **Quality and Safety Committee Risk Register**

A report was received by the Committee on a bi-monthly basis that informed the Committee of the risks from the Health Board Risk Register and COVID-19 Risk Register assigned to the Committee. The Risk Registers were a mechanism to build future agendas to provide assurance regarding those risks.

### ❖ **Quality and Safety Governance Group**

The Quality and Safety Governance Group is a sub-group of the Committee. A summary of key issues from each meeting are presented to the members that escalates areas of concern and key issues to the Quality and Safety Committee.

### ❖ **Concerns and incidents relating to COVID-19**

A report providing an update in relation to the concerns and incidents relating to COVID-19 was received for assurance.

❖ **Final health and care standards self-assessment report 2019-20**

The final annual self-assessment against the Health and Care Standards Framework for the 2019-2020 reporting period was approved at May's Committee meeting.

❖ **Update on Mental Health and Learning Disabilities in preparedness to COVID-19**

A report was received which provided assurance to the Quality & Safety Committee about the arrangements in place to manage the challenges presented by the COVID-19 pandemic within the Health Board's Mental Health & Learning Disabilities Services.

❖ **Update on Primary & Community Care including Field Hospitals and Community Capacity in preparedness to COVID-19**

The report provided an update of the Covid-19 preparedness undertaken by Primary and Community Care Services, including Field Hospitals and Contracted Services.

❖ **Coronavirus Act: Excess Death Provisions**

The report highlighted changes made in care after death services to meet the increased demand and circumstances in relation to excess deaths in the light of the COVID-19 pandemic. The report took into account changes in legislation in the Coronavirus Act, and the work of the South West Local Resilience Forum as well as local initiatives to develop services in perpetuity.

❖ **Statement by Care Inspectorate Wales and Healthcare Inspectorate Wales**

A joint statement by Care Inspectorate Wales and Healthcare Inspectorate Wales was received by the Committee for information.

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

Key issues reports were received which detailed updates on the COVID-19 contingency plans, Committee arrangements, neonatal, mental health, cardiac, cancer and blood.

❖ **Reset and recovery and essential services report**

The report provided an overview of the performance context for essential services, an update on the national and local frameworks and approach, an update on the priorities for surgery, diagnostics and non-surgical cancer and an overview of the next steps.

❖ **Final Internal Audit Report on Discharge Summaries**

A report was received for assurance which detailed ratings, recommendation priorities, responsibility statement and management action plan.

❖ **Transcatheter aortic valve insertion (TAVI)**

Regular reports were received for assurance which providing updates on the current position in relation to the TAVI service and the Royal College of Physicians' review of the service.

#### ❖ **Patient Experience Report**

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

#### ❖ **Impact of visiting policies**

Due to COVID19, the Health Board suspended all visiting with certain exemptions within the healthcare setting. This was as a result of restricted social contact announced in March 2020. The purpose of the report was to update on how families and friends have managed to communicate (virtual visiting and messages to loved ones). The report provided details on the arrangements in place aiming to provide patients with clean clothing during their hospital admission, and also an update on the all Wales restrictions for visiting from 20<sup>th</sup> July 2020.

#### ❖ **Quality and Safety Performance Report**

The standing agenda item was received at each Quality and Safety Committee, which provided an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.

#### ❖ **Quality and Safety Annual Report**

The Committee annual report was received in July 2020 and was approved by Committee members.

#### ❖ **Quality and Safety Terms of Reference**

The Committee terms of reference were received in July 2020 and were approved by Committee members.

#### ❖ **Quarter One Tracker Operational Plan Quarterly Tracker**

A quarterly report was received setting out the progress against the quarterly operational plans.

#### ❖ **Management of an incident with electronic referrals**

A report was received for information, which provided an overview and update on an incident relating to delays in the processing of the referrals from General Practitioners to secondary care and the actions taken to mitigate the risks.

#### ❖ **Unscheduled Care Update**

A report was taken through the Committee to demonstrate the performance against the Tier 1 unscheduled care measures and references the Quarter 3/4 integrated unscheduled care and winter plan.

#### ❖ **Mortality Review**

A report was received in August 2020 that outlined the current position on mortality reviews in the Health Board.

❖ **Clinical Audit Report**

The report provided an overview of improvements made to processes by the Clinical Audit and Effectiveness Department and the level of locally initiated projects.

❖ **Suicide and self-harm prevention report**

The report provided an update on ongoing activity in relation to the action being taken on suicide and self-harm prevention in the SBUHB area.

❖ **Face coverings update report**

A report was received which provided the background evidence for consideration in relation to a policy on the mandatory wearing of face coverings by visitors to hospital sites within SBUHB.

❖ **Controlled Drugs Licence Requirement Policy**

An assurance report was received detailing a new policy that had been developed according to SBUHB process, Welsh Government guidance and regulations. The Health Board has been in dialogue with the Home Office with regards to the number and type of controlled drugs licences required since December 2016. The Health Board did not have a policy that covered the requirement for Home Office controlled drugs licences. The new policy would help to significantly mitigate the risk of having to purchase excessive numbers of controlled drugs licences.

❖ **National Infected Blood Inquiry Update**

A report provided an update of the actions taken to date in relation to the Independent Public Statutory Inquiry into the use of Infected Blood.

❖ **Delivering an Integrated Public Health Model for Substance Misuse in Swansea Bay**

The report detailed the proposed approach to developing substance misuse services in the Swansea Bay / West Glamorgan area.

❖ **Quality Assurance Improvement Service (QAIS) review Report into Caswell Clinic**

An assurance report was received which provided information on the action plan that was developed by Caswell Clinic in response to the QAIS review undertaken in April 2019 and received in October 2019.

❖ **Annual Quality Statement**

The Annual Quality Statement was presented to the Committee in September and October 2020.

❖ **NPT Healthy Relationships for Stronger Communities Strategy 2020-2023**

The report presented the Neath Port Talbot Healthy Relationships for Stronger Communities Strategy 2020-2023 and the prepared press release (Appendix 2) to the Committee for assurance.



#### ❖ **Public Service Ombudsman Annual Letter**

A report provided the Public Service Ombudsman Annual Letter for the former Abertawe Bro Morgannwg University Health Board for the period 2019/20. The report included actions being taken to improve and learn from complaints.

#### ❖ **Cancer Performance**

A report was received that provided a summary of the SBUHB's Cancer Performance and the key issues affecting cancer pathway delivery and performance.

#### ❖ **Additional Learning Needs**

An assurance report was received at October's meeting which detailed that relevant clinical and corporate services/departments and therefore the organisation as a whole, are prioritising meeting their statutory duties under the Education (Special Educational Needs) Regulations (Wales) 2002 and Special Education Needs Code of Practice for Wales (2002) and Additional Learning Needs and Education Tribunal (Wales) Act 2018.

#### ❖ **Domestic Recruitment**

A report was received which provided an in-depth update on domestic recruitment, including the Field Hospitals from a human resource perspective.

#### ❖ **Emergency Medical Retrieval and Transfer Service (EMRTS)**

The report set out the update to the Committee with regard to clinical governance for the EMRTS.

#### ❖ **NHS Wales Shared Services Partnership (NWSSP) Legal & Risk Services Impact and Reach Report**

The report provided the Committee with the NWSSP Legal & Risk Services Impact and Reach Report for 2019/20. The report covered the work of the Division of Legal & Risk Services and Welsh Risk Pool.

#### ❖ **Mental Health Services response to the COVID-19 pandemic**

A report was received to provide assurance around the continuation of Mental Health and Learning Disability Services given the likely myriad of mental health issues that will result from the many facets of the COVID-19 pandemic, which included impacts on people's family social and economic circumstances in addition to health needs.

#### ❖ **Planned Care**

The Health Board experienced unprecedented pressures in scheduled care as a result of COVID-19. Demand in unscheduled care during the pandemic's first wave had severely limited scheduled care activity across the pathway (outpatients, diagnostics and treatment stages) as services were temporarily halted or resources redirected. The report brought together a number of key activities to update the Committee on the work underway to improve our scheduled care system.

#### ❖ **A report on 'Phone first'**

The report provided the Committee with an update on progress towards implementation of a local 'Phone first' model. This model is mandated by Welsh

Government and is an integral element of the emerging Welsh Access Model for unscheduled care.

❖ **Consultant Connect**

A report was received informing the Committee of the progress of implementation of 'Consultant Connect' project.

❖ **Health and Care Standards Self-Assessment 2020-2021**

The purpose of the report was to update the Committee on plans to undertake the annual self-assessment against the Health and Care Standards Framework in 2020-2021, and to outline plans to undertake the self-assessment using available data and a scoring/assessment matrix.

❖ **External Inspections Report**

A report was received in November's Committee, which provided the Committee with the Healthcare Inspectorate Wales (HIW) Annual Report 2019/20, learning from inspections newsletter, and a summary in respect of activity relating to external inspections and letters from inspectorates from 1st September 2020 to 10 November 2020.

❖ **Care Home Action Plan and John Boulton Report**

A report was received for assurance, which provided an update on the progress against the Regional Home Care Plan.

❖ **National Review of Maternity Services**

A report was received which provided an update regarding the HIW National Review of Maternity Services across Wales. The aim of the review has been to provide a national picture of the quality and safety of NHS maternity services across Wales to understand whether the care being provided is safe, and to identify wider learning to improve services for women and their families.

❖ **Nosocomial Transmission**

The purpose of the report was to provide an update on in-hospital (nosocomial) transmission of COVID-19 within SBUHB during the Coronavirus Pandemic. As with many hospitals, nosocomial transmission has occurred within the Health Board and there have been numerous outbreaks on a number of sites during the first and second wave of the pandemic. This involved transmission between staff and staff, staff and patients, patients and staff, and between patients. The absence of symptoms in infected individuals (especially staff) appeared to be a significant factor in inadvertently introducing infection into clinical areas.

❖ **Nurse Staffing Levels Act 2016 Final Internal Audit Report 2020/21**

The report was received at January's Committee meeting which provided the findings and recommendations regarding the Nurse Staffing Levels Act (Follow Up) Final Internal Audit Report by NHS Wales Shared Services Partnership Audit and Assurances Services 2020/21. An Internal Audit review of the Nurse Staffing Levels Act was undertaken early in 2019/20, and the audit review provided a 'Reasonable Assurance' assessment. The 2020/21 internal follow up audit review reported significant progress had been made with implementing the previous recommendations and the current review opinion is 'Substantial Assurance'.

#### ❖ **Public Health Service Ombudsman Public Report**

A report was received which detailed a Public Service Ombudsman Public Interest Report and set out the recommendations for SBUHB.

#### ❖ **Clinical Ethics Group Update**

The clinical ethics Committee was originally established in 2005 to support clinicians making difficult decisions about patient care. In 2008, its scope widened to any person needing guidance with ethical issues which may impact on patient care. As a result of the Covid-19 pandemic, it was agreed the arrangements needed be strengthened and more robust. The terms of reference for the Clinical Ethics Group were noted.

#### ❖ **South Wales Major Trauma Network**

A report presented the progress following the implementation of the South Wales Trauma Network and the role of the Operational Delivery team (ODN) team. The ODN is hosted by SBUHB and as part of the governance process the ODN reports into the SBUHB Quality and Safety Committee twice a year.

#### ❖ **Corporate Assurance Review of the Emergency Department at Morriston Hospital**

An assurance report was received which detailed an unannounced visit from HIW and further unannounced visits by the Corporate Quality Assurance Inspection team. The report also provided the evidence log on the HIW Immediate Improvement Plan and the progress to February 2021.

#### ❖ **Maternity Service Assurance Report**

A report was received which provided an update on assurance of the maternity service position in relation to achievement and actions required in line with the Welsh Government document “Maternity Care in Wales. A Five-Year Vision for the Future (2019-2024) July 2019”.

#### ❖ **Once for Wales SBUHB Implementation Plan**

The report provided the Committee with an update on the Once for Wales Risk Management System.

#### ❖ **Ophthalmology Report**

The purpose of the report was to update on the progress of the Ophthalmology Gold Command which was established to coordinate and expedite the mitigating action and monitoring of risk reduction against the ‘Follow-Up Not Booked’ (FUNB) profile for Ophthalmology.

#### ❖ **Volunteer Service Report**

A report was received to inform and provide assurance of the activity and outputs of the SBUHB Volunteer Service through the COVID-19 pandemic.

#### ❖ **Rationale behind the Five Quality Priorities for the Annual Plan 2021/22**

A report was received informing Committee members of the rationale behind the Five Quality Priorities for the Annual Plan 2021/22. The Five Quality Priorities are Suicide Prevention, Falls, Sepsis, Infection Prevention Control – Healthcare Acquired Infections, and End of Life Care for Adults.

## Workforce and Organisational Development (OD) Committee

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

The Committee followed a revised work programme with a focus on key priority areas during the COVID-19 pandemic;

During 2020-21, the following reports were received;

### ❖ **Workforce and OD Framework**

In July 2020, the Committee received an update on the progress against the Workforce and OD Framework. Due to the impact of the pandemic, the framework had been reframed and included additional areas of work that required attention and focus. The report informed of the progress under the six domains; *Leadership, values, culture and staff development; Workforce Resourcing, Workforce Efficiency, Shape of the Workforce, Pay and T&Cs and Core Workforce Function.*

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

In November, December and February 2020, the Committee received an update on the progress made against workforce elements of the Quarters three and four plan. This integrated approach was changing rapidly to meet the demands of the system due to COVID-19. Updates were received in the following areas; *Workforce Modelling, Workforce Plans; Medical Workforce Plans. Recruitment Activity, Accommodation; Immunisation; Training; Test, Trace, Protect and Staff Wellbeing and Occupational Health.*

### ❖ **NHS Wales Staff Survey 2020 Results**

A report which set out the findings of the staff survey for 2020 was received by Committee in February 2020. Results of the survey were positive given the current climate and there was 75% engagement score. Three key priority areas were identified for focus; *healthier working relationships; staff health and wellbeing and compassionate leadership.* Action plans would be drawn by the service units and a programme of engagement within the organisation would take place.

### ❖ **COVID-19 Working from Home, Agile Working and Wellbeing Survey Highlights**

The report provided assurance on how the information collected via the COVID-19 Working from Home and Wellbeing Survey published on the 7<sup>th</sup> September 2020, had informed improvement and changes to ways of working going forward. Overall results were positive but they did highlight that a blended approach to home working would be more beneficial to staff. The report outlined the work progressed on the Home Working Policy and Agile Working Framework.

#### ❖ **Guardian Service**

Members were provided with update on the arrangement for the renewal of the Guardian Service for a 9 to 12 month period. Members fully supported the extension of the contract.

#### ❖ **Nurse Staffing Act (Wales) 2016**

In December 2020, the Annual Assurance Report and Annual Presentation of Nurse Staffing Levels were received. The report highlighted the changes in funded establishment to ensure the Board remained fully compliant with the Nurse Staffing (Wales) Act and the actions undertaken to ensure appropriate staffing levels during the pandemic. The Health Board had faced and continued to face significant challenges on nurse staffing levels due to the impacts of COVID-19.

#### ❖ **Workforce Risk Register**

In February 2021, a report informing the Committee of the highest risks from the Health Board risk register and those assigned to the Workforce and OD Committee was received.

#### ❖ **Workforce Metrics**

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

#### ❖ **Attendance Management**

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

#### ❖ **Medical Agency and Locum Utilisation**

A report was received which provided a snapshot of locum and agency utilisation during 2020. It was noted that due to the pandemic, the data for the period may not be representative. Towards the latter part of the year, there was an increase in usage which may have correlated with increased activity and staff absence due to COVID-19. November and December 2020 saw the highest figures in 13 months. Members noted the progress of the Internal Medical Bank with over 1,100 doctors registered and also the progress of the Medical Optimising package from Allocate.

#### ❖ **Medacs Managed Contract**

A report was provided to Committee which updated on the matters approved by the Board in relation to the extension of the Medacs Managed Contract.

#### ❖ **Annual Equality Report and Employment Information 2019/20.**

In February 2020, a report presenting the Annual Equality Report and Employment Information 2019-20. The report gave an overview of the progress made by the Health Board in meeting the public sector equality duty. Overall, the report was positive and provided evidence the equality objectives had been fulfilled. Members were advised that the equality plan and objectives would be refreshed and there would be a joined up approach with the annual plan.

**Informal Workforce and OD Committee Meetings**

In place of the formal Committees during the first part of the year, informal Workforce and OD Committees meetings took place where members were provided with updates on key COVID-19 workforce matters.



## Health and Safety Committee

The Board-level Health and Safety Committee was established in April 2019. Prior to this, the arrangements in place considered the operational detail as opposed to governance and scrutiny. In addition to the public sessions of the Committee, some of the meetings had private sessions during which legal, sensitive or commercially sensitive issues were discussed. These included updates with regard to the cladding at Singleton Hospital and general Health & Safety Executive (HSE) visits, in addition to the violence and aggression and manual handling specific inspection. During 2020-2021, the following reports were received by the Committee;

### ❖ **Unit Delivery Reports**

Each delivery unit is invited to the Health and Safety Committee across a rolling 18-month programme to outline its health and safety targets and plans to improve. The reports are not limited to service units, as included within the programme are facilities and estates, as well as the corporate function. Guidelines were developed with the chair of the Committee early in its tenure to advise units what was required of their reports and these are at appendix one for information. During 2020-21, updates were received from:

- ❖ Singleton Hospital;
- ❖ Neath Port Talbot Hospital (March 2020);
- ❖ Headquarters (March 2020);
- ❖ Mental Health and Learning Disabilities;
- ❖ Primary Care and Community Services;
- ❖ Facilities and Hotel Services;

### ❖ **Health and Safety Annual Report 2019/20**

In September 2020, the Committee considered a draft version of the health and safety annual report, which outlined the progress against plan for the year.

### ❖ **Health and Safety Committee Terms of Reference**

In September 2020, the Committee considered the draft terms of reference for the Committee.

### ❖ **Health and Safety Newsletter**

The Committee agreed publication of a Health and Safety Newsletter for staff, A newsletter was published in July 2020 which focused on Health and Safety issues of the pandemic

### ❖ **Key Issues Operational Group Report**

The previous Health and Safety Committee was refreshed as an operational group and forms part of the Committee's sub-structure. This has been developed further for 2020-21 with a key issues report submitted summarising the discussions.

### ❖ **Control of Substances Hazardous to Health Position (COSHH)**

A report providing an update in relation to COSHH was received and noted which included limited assurance on Water Safety.

### ❖ **Health and Safety Plan Updates**

The Committee was kept sighted on the work to develop an improvement plan for

2020-21, which was received for consideration in September and December 2020.

❖ **Health and Safety Risk Register**

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

❖ **Site Responsibility**

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

❖ **Fire Safety Exception Report Gorseinon Hospital**

In June 2020 a report was received informing the Committee on the independent report issued following a review by NHS Wales Shared Services Partnership (NWSSP) specialist estates on fire standards at Gorseinon Hospital. The report also included the action plan.

❖ **Morriston Hospital Medical Records**

The report provided an update following an investigation by the Health and Safety Executive (HSE) of the medical records department in Morriston Hospital and the outcomes of the investigation. The report also included progress and other matters relating to the management of key health, safety and fire risks.

❖ **Personal Protective Equipment (PPE)**

A report was received in June 2020 that outlined how SBUHB is overseeing the provision of PPE during the COVID-19 Pandemic. The report covered oversight arrangements, demand for PPE, supply and distribution, risks and contingencies and communications.

❖ **Investigations of COVID-19 cases**

The report provided Committee members with information relating to the approach the organisation was taking in relation to investigating contraction of COVID-19 in the workplace and staff deaths from COVID-19. A toolkit has been developed for staff reviews and will support the existing policy for incident management. The toolkit was developed on an all Wales basis

❖ **Physically distancing environment**

A report was received that set out SBUHB's response to ensure the safety of staff and patients in order to comply with the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020. The report was received for assurance.

❖ **Workforce Testing and Tracing**

The report provided details on the partnership work that that been undertaken by Swansea and Neath Port Talbot Local Authorities to establish the Test, Trace and Protect Service for the Swansea Bay region. As at July 2020, the testing workforce has been deployed largely from School Nurses, Audiologists and Sexual Health Nursing. The service has also benefited from the service of the Military and support of Public Health Wales. The report provided the strategy plans to recruit workforce to staff the service.

❖ **Morriston Hospital Report and action plan**

A report was received in September 2020 that outlined key findings in the Healthcare Inspectorate Wales (HIW) inspection of Morriston Hospital's Emergency Department Acute Medical Admissions in January 2020. The full report and immediate and subsequent full improvement plans were included in the report.

❖ **Inspections and audits**

A report was received in December 2020 to provide an update on the progress following receipt of internal, external inspections and audits. The report included Singleton Cladding removal and replacement.

❖ **Deep Dive into the Water Safety Plan**

Following Internal Audit's review of water management within SBUHB, the report provided an update on the steps that been taken to address the issues identified within the review.

❖ **A joint report on the discretionary capital programme and the concerns surrounding the six facet review of backlog maintenance from a Health and Safety perspective**

A report was received to provide an update to the Committee on the backlog maintenance position together with the required six facet survey/condition appraisal which will inform the draft Estates Plan. The report detailed the utilisation of its estate and to make strategic decisions about how its buildings support the delivery of the Clinical Services Plan.

❖ **Update report on fire doors following deep dive**

In April 2021, a report was received updating the Health and Safety Committee on Fire Door compliance position.

❖ **Implementation of smoking legislation**

An assurance report was received surrounding the progress on the implementation of the Smoke-free Premises and Vehicles (Wales) Regulations 2020 of the Public Health (Wales) Act 2017.

## Mental Health Legislation Committee

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

During 2020-2021, the following reports were received by the Committee:

### ❖ **Mental Health Act 1983**

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

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

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

#### Mental Capacity Act 2005

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

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

#### Deprivation of Liberty Standards (DoLS)

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

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

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

Reports were received at each meeting outlining performance against the Mental Health (Wales) Measure 2010. The overall performance against the measure was on target for all four areas. The pandemic had a slight impact on performance, in particular where patients have not been attending GPs and therefore a decrease in referrals and the inability to provide face-to-face referrals.

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

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

As a standing agenda item during 2020-21, the Committee received regular updates on the progress of three CTP plans. A key focus in this area was the quality of the care and treatment plans (CTPs) and work streams were underway within the units with a focus on 3 areas; service user engagement, carer involvement and risk assessments. Although good progress had been made, it was apparent that the pandemic had had an effect on the progress of actions.

### ❖ **Governance**

The Committee received and approved the following;

- ❖ Mental Health Legislation Committee 2019-20 Annual Report
- ❖ Hospital Managers Powers of Discharge Committee 2019-20 Annual Report

### ❖ **Items received In-Committee**

- ❖ Terms and Conditions for Associate Hospital Managers

## Charitable Funds Committee

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

During 2020-2021, the following reports were received by the Committee;

### ❖ **Finance Report**

At each meeting, the Committee considered a Finance Report, which was prepared to inform the Committee of the Income and Expenditure position for the period to date, performance of the Investment Portfolio for the period to date, interest earned on cash balances held in the commercial bank deposit and fixed term investment accounts for the period to date, as well as overall fund balances for the period to date and legacies and bequests received in the period.

### ❖ **Charitable Funds Committee Fund Financial Position**

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

### ❖ **Investment Portfolio Update**

Reports from the Health Board's Investment Advisors 'Investec' were received on a quarterly basis, and included sections on overview, performance, asset allocation, transaction schedule, UK Sector Weightings and market commentary.

### ❖ **Delegated Funds Income & Expenditure Report**

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

### ❖ **Closed Fund Approvals**

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

### ❖ **Legacy Update Report**

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

### ❖ **Dormant Funds**

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

#### ❖ **New Funds Approved**

At each meeting the Committee received a report requesting approval for the creation of new charitable funds as required under the charitable funds financial control procedure.

#### ❖ **Fundraising Manager's Report**

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

#### ❖ **NHS Charities Update Report**

Following the commencement of the fundraising division, a three year strategic framework was produced, highlighting key areas for action for each year of operation. Delivery against the strategic framework effectively paused mid-March 2020 due to the impact of the global pandemic, COVID-19. The report summarised the achievements made against the plan, and to forward look on key activities for the future, both within the current strategic framework and additional items which require to be factored in.

#### ❖ **Charitable Funds Committee Terms of Reference**

The Charitable Funds Committee Terms of Reference were ratified at July's meeting with a small number of proposed amendments.

#### ❖ **Charitable Funds Investment Policy & Expenditure Strategy 2020/21**

A report was received in July 2020 to approve the extension of the existing Charitable Funds Investment Policy, Reserves Policy and Expenditure Strategy for 2020/21.

#### ❖ **Ratification of Chair's Action**

Due to the need to streamline Committee arrangements in response to the COVID-19 outbreak, the March 2020 Charitable Funds Committee was cancelled. However, there were several items which still required approval, which were considered under chair's action and required ratification.

#### ❖ **Bid for a Patient Experience COVID-19 Officer**

In July 2020, a bid for a patient experience COVID-19 Officer was submitted, but was declined by the Committee.

#### ❖ **Investment Management Contract Approach**

In September 2020, a report was received to obtain approval from Committee members as to the proposed way forward for the investment management services contract. The extension of the investment management services contract with Investec Wealth and Investment Management was extended until 31<sup>st</sup> March 2022 as allowed under the contract.

#### ❖ **Helping Hand Fund Bids Panel Update Report**

The bids panel was created in November 2017 and relaunched and renamed as the Helping Hand Fund in November 2019 with the maximum sum that could be bid for reduced to £10,000. Due to the impact of COVID-19 there has been a reduction in



bids received and the panel met for the first time this financial year via Microsoft Teams on 30<sup>th</sup> July 2020. Update reports were received in September and December 2020.

#### ❖ **Staff Employed From Charitable Funds**

A report was received in September 2020 that provided details on posts within Swansea Bay University Health Board that are funded by the Swansea Bay University Health Board Charity.

#### ❖ **Singleton Delivery Unit Medical Equipment**

In September 2020, a report provided the Charitable Funds Committee with the options for purchasing medical equipment following the generous Beryl Clothier legacy of £200,000 to Singleton Hospital Delivery Unit. An equipment list was drawn up in conjunction with colleagues to purchase the equipment listed within the report. The equipment requested equated to circa £173,000.

#### ❖ **Approved Bids**

- Staff counselling bid
- Dance to Health bid

#### ❖ **Non-approved Bids**

- Bid to refurbish the physiotherapy room at Morriston Hospital

#### ❖ **Pennies from Heaven**

A report was received which provided an update on the relaunch of an historic fundraising initiative.

#### ❖ **Online Donation Options Appraisal**

A report was received for Committee members to consider the various options to encourage online donations and the cost implications for each.

#### ❖ **Fundraising Staff Resources paper**

A report was received which proposed an increase in resources to the fundraising team to meet the current and future demands of the charity.

#### ❖ **Charitable Funds Committee Accounts Meeting**

A special meeting of the Charitable Funds Committee Accounts was held on Wednesday, 14<sup>th</sup> October 2020 where the following items were brought through for decisions:

- Auditors Report on the Charitable Fund Accounts for the year ended 31<sup>st</sup> March 2020;
- Charitable Fund Accounts for the year ended 31<sup>st</sup> March 2020;
- Letter of Representation to the Auditors on the Charitable Fund Accounts for the year ended 31<sup>st</sup> March 2020;
- Charitable Fund Annual Report; and
- Charitable Funds Committee Annual Report.

#### ❖ **Charitable Funds Cash Projection and Update**

A report was received for assurance which detailed the cash position for charitable funds to October 2020 and provided future cash projections for the funds.

#### ❖ **Charitable Funds Financial Control Procedure Review**

A report was received in December 2020 that provided an update to the Committee on the proposed changes to the charitable funds financial control. The Financial Control Procedure for Funds Held on Trust is reviewed annually. In addition to a small number of presentational and name and title changes, the main updates to the procedure covered the new processes in place for monies received from Amazon Smile and PayPal, as well as enhancements to the existing controls in place.

#### ❖ **Morriston Stroke Fund Legacy**

The Morriston Hospital Service Group provided an update to the Committee proposing the spend of a donation in the sum of £400,000 made into the Stroke Unit Charitable Fund. The Stroke Unit requested to delay a decision on the spending of the fund for 12 months or until the hospital resumes business as usual and a decision is made on the permanent location of the acute stroke ward. An update is due to be received in the new financial year (2021/22).

#### ❖ **Radiotherapy research fund in the South West Wales Cancer Centre**

As part of the South West Wales Cancer Centre radiotherapy research and innovation strategy 2018-2023, the team are in their third year of a radiotherapy research fellow programme with funding agreed on a year-by-year basis by the Research and Development department. The team requested to create a separate charitable fund that can be used to fund radiotherapy research and development fellow posts. Committee members supported the establishment of this charitable fund subject to the terms of the fund being agreed.

#### ❖ **Stage 2 NHS Charities Together Application**

A report setting out the proposed application for the second stage of the NHS Charities Together monies for approval was received at a special Committee meeting in February 2021. The approach was approved by Committee members.

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

A report was received which informed the Charitable Funds Committee of the charitable funds accounts year end timetable for the financial year ending 31<sup>st</sup> March 2021.

#### ❖ **Charitable Funds Committee Workplan**

The work programme was submitted to March's Committee which was approved.

#### ❖ **Charitable Funds Internal Audit Report**

A report was received in March 2021 which provided the Committee with the Internal Audit report on charitable funds. The Internal Audit report noted that the Health Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure. There were five recommendations arising from the report, of which four had been implemented with the fifth relating to the development of a fundraising policy having an agreed date for

completion of October 2021. The Internal Audit report assurance rating has already been reported to the Audit Committee at its January 2021 meeting

❖ **Finance and Fundraising approach to costs for the charity**

A report was received that considered options to cover future charges and fundraising costs for Swansea Bay Health Charity. The key issue was to ensure that costs and charges are applied in a fair and consistent manner for the charity.

❖ **Charitable fund for the Stroke Early Supported Discharge Team**

A report was received seeking approval from the Charitable Funds Committee for the creation of a new charitable fund for the Stroke Early Supported Discharge Team.

## Remuneration and Terms of Service Committee

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

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

During 2020-21, the committee considered the following reports:

### ❖ Executive Director Appointments

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

### ❖ Executive Director Objectives

The committee received the draft executive objectives for 2021-22 and were offered the opportunity to provide feedback on potential gaps. Following this, the objectives were finalised with the executive team and the final versions shared with the committee.

### ❖ Restriction of Public Sector Exit Payments

Members were informed of a cap being placed on public sector exit payments in December 2020 which was later rescinded.

