

Swansea Bay University Health Board
Unconfirmed Minutes of a Meeting of the Health Board
held on 27th January at 12pm via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Jarrett	Associate Board Member (until minute 21/22)
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eytayo	Director of Workforce and OD
Gareth Howells	Interim Director of Nursing and Patient Experience
Jackie Davies	Independent Member
Keith Lloyd	Independent Member (from 22/22 (iv))
Keith Reid	Director of Public Health
Mark Child	Independent Member
Nuria Zolle	Independent Member
Patricia Price	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member

In Attendance:

Anjula Mehta	Service Group Medical Director, Primary Care, Community and Therapies (for minute 15/22)
Dave Thomas	Audit Wales (for minute 28/22)
Hazel Lloyd	Acting Director of Corporate Governance
Hugh Patrick	Community Health Council
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Nick Samuels	Interim Director of Communications
Liz Stauber	Head of Corporate Governance

Minute No.		Action
13/22	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the meeting, especially Hazel Lloyd who had taken up the post of Acting Director of Corporate Governance and Anjula Mehta who was in attendance for the patient story.	

	Apologies had been received from Sue Evans, Community Health Council and Alison James, Associate Board Member.	
14/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
15/22	PATIENT STORY	
	<p>A patient story was received which set out a patient's experience of one the health board's virtual wards, implemented to help avoid unnecessary hospital admissions. The story explained that the patient had fallen and had hurt her back, but her son wanted to avoid a conveyance to the emergency department as she had had a long wait earlier in the summer after breaking her elbow. He contacted her GP and the minor injury unit at Neath Port Talbot Hospital but neither were able to help. On speaking with Ystradgynlais Hospital, she was referred to one of Swansea Bay's virtual wards, where she was assessed and provided with specialist equipment within in her own home.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Reena Owen queried how well publicised the virtual wards were for the public to access in times of need. Anjula Mehta advised that the referral in the patient story came from a nurse at the minor injury unit at Neath Port Talbot Hospital with medical, medicine and occupational therapy assessments carried out straight away. Referrals to the virtual wards could come from a variety of health and social care services who worked with older, frail people, and once the patients had been discharged from the service, contact details were left in case they needed support in the future. A dedicated webpage was in the process of being established which would promote the service more widely.</p> <p>Emma Woollett noted the virtual wards were in four of the eight clusters currently and queried when they would become more widespread. Anjula Mehta responded that work was starting with the remaining clusters to develop the business case for expansion, including recruitment.</p> <p>Richard Evans stated that this was an extremely valuable service as people wanted to stay in their own homes rather than go into hospital when they had conditions which could be managed in the community. It also put less pressure on inpatient beds.</p>	
Resolved:	The patient story be noted .	

16/22	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 25 th November and 16 th December 2021 were received and confirmed as a true and accurate record.	
17/22	MATTERS ARISING	
	There were no matters arising.	
18/22	ACTION LOG	
	The action log was received and noted .	
19/22	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"> - The health board had experienced another wave of Covid-19 since the last Board meeting which had put a strain on operational services; - Thanks were given to staff who had worked over the festive period either to support clinical services or deliver the booster programme; - Now that cases were reducing, there was a need to improve performance and more focus was needed on quality of services; - Interviews were scheduled the following month for the legal independent member vacancy; - Briefings had been held with the local authorities to outline the health board's plans for the future; - She had been the health board's signatory to the Swansea Charter on Climate and Nature Action in December 2021 for which there were tangible actions for the organisation. 	
Resolved:	- The report be noted .	
20/22	CHIEF EXECUTIVE'S REPORT	

A report setting out an update from Chief Executive as to recent activities was **received**.

In introducing the report, Mark Hackett highlighted the following points:

- There would need to be a Board discussion in due course around the culture it wished to develop across the organisation;
- Staff had responded magnificently to the Omicron variant pressures which were now starting to ease;
- Focus now needed to turn to how return to 'business as usual';
- Covid-19 continued to have an impact on delivery of operational services due to staff having to isolate, challenges within social care and an increase in nosocomial (hospital acquired) transmissions;
- While attendances at the emergency department were static, the pressures remained on acute bed capacity due to the need to segregate patients, impacting on patient flow and length of stay;
- The Executive Medical Director and Director of Nursing and Patient Experience had developed a programme of visits to review areas that were high-risk due to staffing challenges;
- Further investment had been made in urgent and emergency care to avoid unnecessary admissions, including a short stay unit and same-day emergency care unit;
- The bed modelling work currently underway would be shared with the Board in February 2022;
- Out-of-hospital access for chronic obstructive pulmonary disease (COPD) had been 'levelled up' across the two local authorities to make services more equitable;
- Innovations around advice and guidance within primary care and demand and capacity plans for the top 10 specialties were in development to address planned care waiting times;
- Work was continuing to provide more specialist services, such as diabetes and heart failure, within community settings to reduce the need for patients to travel to hospital sites;
- Improvement of cancer performance was a significant focus as waiting times were increasing, with immediate actions agreed by the Management Board;
- Away days were planned with the service group directors to develop improvements to the quality management system.

In discussing the report, the following points were raised:

Nuria Zolle noted the concerns around quality issues, adding that part of the solution would be to develop a culture and reinforce the health board's values to build a system of excellence. Mark Hackett concurred, adding that culture was important and staff had responded magnificently to the pandemic, especially when it came to making rapid service changes. It was important the health board embraced the opportunities which had come out of the pandemic in order to develop an intrinsic belief of what patients deserve and for staff to take personal responsibility for the delivery of excellence. Person-centred care was to be a priority, and there was a need to articulate how the values could be translated into behaviours. Covid-19 had engaged staff to change services for the better and it was important that this mind-set continued as the transition from pandemic to endemic took place. The future culture of the organisation would be co-produced with the Board as well as staff.

Nuria Zolle queried when the additional transitional care beds would be available. Mark Hackett responded that the health board was developing more informal and formal working relationships with the directors of social services and it was hoped that a proposal for more transitional care home beds would be available for the Board to consider in March 2022.

Steve Spill commented that the health board's healthcare acquired infection rates were the worst in Wales, which had both quality and financial implications. He added it would be beneficial to understand the plans to improve. Mark Hackett advised that infection control was often assumed to be the responsibility of nursing staff but actually it belonged to all 13,000 staff, and there needed to be a mind-set that it was everyone's concern. Millions of pounds were lost due to the number of people who had a healthcare acquired infection. The aim was to have a zero tolerance approach with actions associated with better management of infections across hospital and community settings. A culture of continuous improvement was to be established and there needed to be pride taken in the eradication of infections. Gareth Howells added that the role of the infection control team was advisory and recruitment was underway to address vacancies. A deep dive of the infection control position had been shared with the Management Board and Quality and Safety Committee with immediate actions now being undertaken, especially as the main causes for these infections was known.

Richard Evans stated that while the health board was given trajectories for infection control, no cases should be accepted. The causes of high numbers were multi-factorial and included behaviour, environment and medications. Improvements were starting to be seen within primary care around antibiotic prescribing, which had been a major factor in *clostridium difficile* cases, and further developments needed to be a part of the zero tolerance approach to healthcare acquired infections.

	<p>Steve Spill noted that the leads for the quality priorities set out in the annual plan had been recruited quite late into the year and asked whether these would be carried over into 2022-23 for delivery. Mark Hackett responded that work was to be undertaken to determine the priorities for the next year and the current ones would be central to this.</p> <p>Reena Owen stated that it was pleasing to see the plans to develop a quality management system, adding that patient engagement would be key. Mark Hackett agreed, advising that the best quality management systems across the world included patient engagement in the planning, delivery and monitoring and this needed to be something that the health board challenged itself upon.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. 	
<p>21/21</p>	<p>COVID-19</p>	
	<p>A verbal update on the current Covid-19 position was received.</p> <p>In introducing the update, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - Covid-19 was a global pandemic and as 40% of the world population had not been vaccinated, the return of international travel posed a risk of further new variants; - Community case numbers were around a fifth of the level they had been during the recent peak, but had stopped falling and were still very high; - The impact of the Omicron variant had been stemmed by vaccinations, with fewer people needing hospital care; - Now that Wales was returning to alert level zero, there would be expectations from the public as to what non-Covid services should be delivered; - The 'new normal' would be very different from pre-pandemic for a number of reasons including deterioration of health conditions, higher backlogs and tired staff; - England was to make a decision on testing infrastructure and this would have implications for Wales; - Vaccination clinics for children aged five to 11 who were or lived with someone who was clinically vulnerable were to take place over the next three weekends. The Joint Committee for Vaccinations and Immunisations (JCVI) were considering 	

	extending this to that age group more widely, which would be a big undertaking for a workforce that was already exhausted.	
Resolved:	- The update be noted .	
22/22	KEY ISSUES FROM BOARD COMMITTEES	
	<p>(i) <u>Charitable Funds Committee</u> A report setting out the key discussions of the recent meeting of the Charitable Funds Committee was received and noted.</p> <p>(ii) <u>Performance and Finance Committee</u> A report setting out the key discussions of the recent meeting of the Performance and Finance Committee was received and noted.</p> <p>(iii) <u>Quality and Safety Committee</u> A report setting out the key discussions of the recent meeting of the Quality and Safety Committee was received and noted. Jackie Davies noted the concerns of the committee around nursing staff wearing uniform to and from work and queried if there adequate changing facilities available to staff. Gareth Howells responded that these were not available consistently across health board sites but Public Health Wales advice had been taken as to how this should be managed. A review was being undertaken of what facilities were needed. Keith Reid advised the Area Planning Board for substance misuse had met earlier in January 2022 and agreed a programme of action which included understanding more of the underlying factors of substance misuse and improving waiting lists for mental health services.</p> <p>(iv) <u>Workforce and OD Committee</u> A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was received and noted. Reena Owen queried whether the workforce strategy was aligned to the annual and recovery and sustainability plans, as these would not come to fruition without staff. Debbie Eytayo responded that she had been working closely with the Director of Strategy and Director of Finance to ensure the plans were cognisant of workforce implications. Siân Harrop-Griffiths added that this was part of the prioritisation as workforce availability was fundamental to the plan delivery.</p>	
23/22	ENGAGEMENT DOCUMENT FOR ADULT ACUTE MENTAL HEALTH SERVICES	

A report setting out the proposed engagement document for adult acute mental health services was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following points:

- The strategic outline case to deliver acute adult mental health services from one site had been agreed in 2021 by Welsh Government, but no site had yet been identified;
- Following a series of workshops, Cefn Coed Hospital had been selected as the preferred site;
- An eight-week public engagement period on this proposal had been agreed with the community health council in advance of the outline business case being developed.

In discussing the report, the following points were raised:

Mark Child welcomed the proposals, adding that having a single point of access would mirror other mental health services across the health board. It was important that facilities were fit for purpose and provided excellent care for the patients and developing such a service would also be attractive to recruiting and retaining the workforce.

Jackie Davies queried the choice of a non-acute hospital site as this had been one of the criteria during the strategic outline case. Siân Harrop-Griffiths responded that this had been Welsh Government's guidance at the time but was no longer the case.

Reena Owen stated that the importance of nature on mental health conditions could not be underestimated and it would be important to use the outside space of the eventual site as well as the inside. In this regard, Cefn Coed Hospital had a significant advantage as it had the benefit of space and nature.

Nuria Zolle asked for confirmation that there would be an easy read version of the engagement document and that it would be shared with the voluntary sector for promotion. Siân Harrop-Griffiths confirmed that there would be and there was a wide ranging list with which to share the engagement document. One of the recommendations made as part of the process around older person's mental health services had been to work with local authority scrutiny panels and this was part of the ongoing work.

Mark Hackett commented that often with such proposals, people had concerns if a service was to move out of their local areas. It was important to demonstrate that a significant number of services were now provided in the community, so it would only be a small number, with specialised need who would access the service at Cefn Coed Hospital.

	<p>This was the last piece of the puzzle in terms of modernising mental health services.</p> <p>Mwoyo Makuto advised that the community health council had discussed the proposed engagement document and was happy with the plans developed. It was important that the document fully told the story of all the developments in mental health so it could be understood how everything aligned. Hugh Pattrick added that there had been some concern around transport but this would be considered more widely once engagement process had started.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report noted; - The engagement document be agreed, subject to additional context outlining how the proposal fitted within the overall strategy for improving services across mental health; - It be agreed that the engagement process agreed with the community health council would commence on 31st January 2022 and end on 18th March 2022. 	
<p>24/22</p>	<p>PLAN FOR LEASING THEATRES AT SINGLETON HOSPITAL</p>	
	<p>A report setting out the plan for leasing theatres at Singleton Hospital was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The Board had agreed the direction of travel for additional modular theatres at Neath Port Talbot and Singleton hospitals; - The full business case would be shared with the Board in April 2022 for approval; - Without the additional theatres, at best the planned care position could be stabilised, but not improved; - £3.6m external funding had already been agreed for groundworks and equipment; - Some of the resources from Morriston Hospital would be transferring as more services were moved out of the site to create a centre of excellence for urgent and emergency care; - Work was continuing to identify the future revenue implications. <p>In discussing the report, Nuria Zolle raised concern around the value for money around leasing modular theatres and queried whether the work would be completed ready to progress in April 2022. Darren Griffiths provided assurance that the main benefit to leasing the theatres was</p>	

	<p>flexibility. If the health board reached a point where they were no longer needed, they could either return them or retain some as income generators. He added that the procurement was to be undertaken in a way that allowed due process to be followed at pace.</p> <p>Jackie Davies queried whether the recruitment process had started, Darren Griffiths advised that it was too early and there was yet to be financial cover. A wider discussion would be needed around workforce in the context of the demand and capacity work being completed as well as the services to be transferred from Morrison Hospital.</p> <p>Reena Owen stated that it was critical the health board's current theatre facilities were used efficiently. She commented that she would be interested to see the demand and capacity modelling and how this aligned with bed efficiency data. Darren Griffiths responded that the bed efficiency data would be available once the acute medical services had been centralised at Morrison Hospital as this would release more beds at Singleton Hospital for planned care services.</p> <p>Mark Hackett advised that more than 20 theatres lists had already transferred out of Morrison Hospital to the other two acute sites, and expectations placed on Neath Port Talbot and Singleton hospitals to deliver the activity levels of 2019-20 as a minimum. In/outsourcing work was also continuing to improve planned care performance while another 20 services were prepared for transfer to stop the growth of the waiting list. Without the modular theatres, the health board would not have a solution to tackle the backlog of cases and the new ones being referred.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - It be approved that the development be progressed in detail subject to the Board receiving a detailed business case in April 2022 containing demand and capacity modelling, detailed financial analysis and an assessment of the potential funding options and financial models for the development. 	
<p>25/22</p>	<p>REVISED MAJOR INCIDENT PLAN</p>	
	<p>A report setting out the revised major incident plan was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The major incident plans had been revised in December 2021 to take into account the learning from the pandemic; - They would be further revised in summer 2022. 	

Resolved:	<ul style="list-style-type: none"> - The report be noted; - The key focus areas as next steps be endorsed; - The emergency preparedness, resilience and response assurance provided as part of the annual audit be endorsed. 	
26/22	STRATEGIC OUTLINE CASE FOR A HYBRID THEATRE AT MORRISTON HOSPITAL	
	<p>A report setting out the strategic outline case for a hybrid theatre at Morriston Hospital was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The health board was outlier for not having such a facility which was required to maintain modern clinical priorities and service efficiencies; - Options had been developed for the outline business case for which the capital and revenue costs had been estimated, as well as any potential savings. <p>In discussing the report, Nuria Zolle queried that given the costs were currently speculative, whether sufficient allowance been made. Siân Harrop-Griffiths responded that the costs had been through a robust internal scrutiny process but would be reviewed again as part of the outline business case. Darren Griffiths added that there was confidence in the figures that had been set out following various discussions.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The strategic outline case and subsequent submission to Welsh Government in draft, for consideration against the all-Wales capital programme for a capital sum of between £6.9m-£10.9m depending on options, be endorsed. 	
27/22	ENGAGEMENT FOR OLDER PERSONS MENTAL HEALTH	
	<p>A report setting out the outcome of the engagement for older persons mental health services was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p>	

	<ul style="list-style-type: none"> - The engagement programme had originally been undertaken in summer 2021 but the low level of response, all of which had been against the proposals, had meant they could not be progressed; - A more focussed engagement had been agreed with the community health council and had been completed; - More detail had been included in the engagement document as to the benefits of having a single assessment point; - Transport had been in place for relatives and carers since December 2021 but to date had no users; - The case had been discussed and challenged at the Neath Port Talbot local authority health and wellbeing scrutiny committee; - There would be no additional pressure on inpatient services as investment had been made into community provision and day hospital access strengthened; - Discussions were taking place with directors of social services around more community provision of care of the elderly services. <p>In discussing the report, the following points were raised:</p> <p>Mwoyo Makuto confirmed the community health council joint committee had considered and approved the outcome of the engagement earlier that week, but did ask that there be more discussion around the investment into community and care home provision. Siân Harrop-Griffiths confirmed that a report would be provided in six months outlining the outcome of the discussions with the directors of social services.</p> <p>Mark Hackett commented that the engagement programme was a good example of how the health board had listened to the public and acted upon the feedback. He paid tribute to the Director of Strategy and the Service Group Director/Nurse Director for Mental Health and Learning Disabilities who had taken on board the negative comments received during the first round of engagement and developed the proposals into ones which could be supported. Emma Woollett concurred, adding that it would lead to a better service.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The permanent outcome of the engagement be approved and presented to the community health council. 	
<p>28/22</p>	<p>AUDIT WALES STRUCTURED ASSESSMENT AND ANNUAL REPORT FOR 2021</p>	

The Audit Wales structured assessment and annual report for 2021 was **received**.

In introducing the report, Dave Thomas highlighted the following points:

(i) Structured Assessment

- It had been a two-phase process and the report set out the findings for the second phase, focussing on governance arrangements;
- The findings had been largely positive however there were areas for improvement and six recommendations made;
- Progress against the action plan would be monitored by the Audit Committee;

(ii) Annual Report

- The report provided a summary of Audit Wales's work throughout the year;
- It included the work to audit the accounts but a more comprehensive view had been given as part of the end-of-year process in June 2021;
- A summary had been provided of the all-Wales and local value for money work;
- Key findings of the Covid-19 wellbeing work had been positive;
- The annual report also outlined the main points of the quality governance review, which had highlighted significant areas of improvement, but also the outcome of the follow-up review of radiology, where improvement had been seen.

In discussing the report, the following points were raised:

Steve Spill noted one of the findings of the radiology review was that there was little discussion of the service at board/committee level and queried if this should be included on work programmes. Dave Thomas responded that it was a consistent finding across Wales that the service had little time on agendas but it was a key part of diagnostics performance.

Jackie Davies referenced the concerns raised around the embedding of the values and behaviour culture and queried how big an issue it was deemed to be. Dave Thomas advised that it related to the findings of a staff survey undertaken with one particular service and it was something that could benefit from Quality and Safety Committee scrutiny. Hazel Lloyd responded that the full quality governance review report had been considered in detail by the executive team, Management Board and Audit Committee. It would now be used as the basis of two workshops

	<p>with the senior team to develop a quality management system. A full action plan would then be developed and shared with the Board in March 2022 and overseen by the Quality and Safety Committee.</p> <p>Reena Owen noted the suggestion to present the performance report only to Board to avoid duplication at the Performance and Finance and Quality and Safety committees and queried if there were any examples from which the health board could learn. Dave Thomas advised that this was a similar issue across the health boards and the Board needed to carefully consider what information was received where and for what purpose.</p> <p>Nuria Zolle provided assurance that both reports had been discussed in detail at the Audit Committee and particular focus was being given to developing a tracker to ensure that all outstanding recommendations to internal and external audits were addressed.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - It be agreed that the executive team would address the improvement opportunities as outlined in the management response to the structured assessment (appendix two). The Director of Corporate Governance would ensure that the response is delivered and reported to the Management Board; and - It be agreed that the Audit Committee would continue to scrutinise the delivery of the recommendations by December 2022. 	
29/22	CORPORATE GOVERNANCE RPEORT	
	<p>A report setting out corporate governance issues for consideration was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The report proposed changes to the scheme of delegation which would increase the Chief Executive’s financial approval limit to £750k (and also the Deputy Chief Executive or lead executive in times of absence); - The proposed changes had been supported by the Audit Committee. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The proposed changes to the scheme of delegation be approved. 	

30/22	PURCHASE OF THE LINEAR ACCELERATOR FOR SINGLETON HOSPITAL	
	<p>A report seeking approval to purchase a Linear Accelerator for Singleton Hospital was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - An opportunity had been presented by Welsh Government to receive slippage capital in this financial year to purchase a Linear Accelerator for Singleton Hospital; - The full business case was yet to be shared with the Board as it had not been expected to purchase the equipment this year; - A high-level revenue assessment had been undertaken and work was ongoing with the service group to identify the funds for this. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried if there would be productivity gains by having a more efficient machine. Darren Griffiths responded that this would be one of the main benefits alongside the improvement for patient experience. The better efficiency would mean either more patients could be seen or the time used for income generation if not required by the health board.</p> <p>Emma Woollett queried if Hywel Dda University Health Board would be contributing to the revenue costs. Darren Griffiths responded that there had been an agreement in principle due to the nature of the regional cancer services and the details would be confirmed following Board approval.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The commitment of £4.25m for the totality of the scheme across 2021/22 and 2022/23 to be funded from Welsh Government be approved; - It be approved that that the benefits realisation be further scrutinised by 31st March 2022 for consideration by the Chief Executive; - It be approved that the potential maximum revenue cost to the health board of £81k per annum be funded through the 2022-23 allocation but this be further challenged by the service group director and the Director of Finance to reduce the cost further. 	
31/22	ASSUMPTIONS FOR QUARTERS THREE AND FOUR OF THE ANNUAL PLAN 2021-22	

A report setting out revised assumptions for quarters three and four of the annual plan 2021-22 for approval was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following points:

- The vast majority of the goal, methods and outcomes for the annual plan had been delivered, or were on track;
- Those which off track had been reviewed and revised assumptions developed;
- The impact of Covid-19 on the delivery of the new assumptions could not be predicted.

In discussing the report, the following points were raised:

Patricia Price stated it was important that the region developed an infrastructure to support population health and queried how this would be addressed. Keith Reid advised that it was not solely the health board's responsibility to tackle population health inequalities but there was yet to be a regional forum in which the matters were discussed. There was a clear evidence base that work was needed but no mechanism in place to take it forward. He added that he was working with the Director of Finance and Director of Strategy to develop a plan as part of cultural behaviour change as there were some practical things the health board could do, but these would be at the edges of the issue, rather than the fundamentals needed. Mark Hackett commented that more discussions were needed with local authority colleagues as to how to bring population health to the fore and he was discussing with the Director of Public Health a potential group to sharpen the health board's strategy as it could not be based on how secondary care services were managed.

Patricia Price noted that a number of the actions had been delayed due to staff recruitment issues and asked whether there was assurance that there would be no further delays. Debbie Eyitayo responded that a central recruitment team had been established in October 2021 to focus on improving processes and support the recruitment of the critical clinical roles. To date, an additional 119 healthcare support workers had been recruited through an ongoing programme as well as a number of local and international nursing recruits.

Reena Owen raised concern around some of the schemes which had been delayed but had investment committed in this year, as it was important that the health board achieved its year-end forecast. Darren Griffiths advised that while there had been slippage on the financial plan due some investments not being made, others had been brought forward from 2022-23 to relieve some of the burden for the next financial year.

Resolved:	<ul style="list-style-type: none"> - The report be noted; - The revisions to goals, methods and outcomes within the annual plan 2021-22 be approved. 	
32/22	PERFORMANCE REPORT	
	<p>The month nine performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The four-hour performance for December 2021 had been 70.2% against a target of 76%, and had improved to 71.9% in January 2022; - 1,101 cases had waited more than 12-hours in the emergency department against a target of 700; - There was a milestone target to have zero four-hour handover delays which, once achieved, would move to three hours, etc. Performance was in-line with the projections and the ambulance hours lost time was better than anticipated; - The health board was not currently meeting the 65% red-ambulance release target; - Patient flow through the hospitals was challenging; - The 63% single cancer pathway trajectory had been met in November 2021 and reached 66% in December 2021; - Planned care performance was in-line with predictions, with 85,000 cases waiting; - More primary care metrics were being included in the report; <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies noted that 90% of patient survey respondents would recommend health board services which was a great achievement given the challenging year and testament to the way in which staff had stepped-up.</p> <p>Inese Robotham stated that it was important to note that when the revised trajectories had been presented to the Board in December 2021, the level of impact Omicron would not have had been known. The reduced performance was as a result of staff having to isolate or being unwell, including some within the ambulance and social services. In addition, outpatients still had to work on a two metre distancing basis, which reduced efficiency, and if a patient tested positive for Covid-19, they would have to wait seven weeks before they could be operated on</p>	

	<p>according to national guidance. Work was now starting to develop more face-to-face outpatient sessions, and as a result of the older person's mental health engagement outcome being approved, space at Neath Port Talbot Hospital would become vacant to take on some of the clinics displaced from Morriston Hospital. Elective work had started at Neath Port Talbot Hospital and in/outsourcing programmes were continuing to address the backlog, however capacity remained an issue.</p> <p>Inese Robotham referenced the cancer performance, advising that one of the biggest challenges was within diagnostics and each pathway was being reviewed to identify where the delays were happening. While bed availability was a constraint, only a small proportion of patients needed a bed on the Morriston Hospital site. Work was taking place with primary care around FIT (faecal immunochemical test) for colon cancer to put in place arrangements for those who do not respond to be discharged back to their GP. Consideration was also being given to which patients could be given test results/diagnosis over the phone and who needed to be seen face-to-face to manage waiting times.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; 	
<p>33/22</p>	<p>FINANCE REPORT</p>	
	<p>The month nine 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 nine reported position was an overspend of £1.884m, with a cumulative of £17.9m, which was in-line with the end-of-year forecast position of a £24.4m deficit; - The delegated position of pay/non-pay was almost balanced, with a significant underspend in the former and overspend in the latter; - £27m of savings were required for the year, with £28m set to be delivered, however only £24m was recurrent, so the service groups had been challenged to address the shortfall for 2022-23; - There was also a risk of the £5m savings from bed releases not being delivered due to operational pressures and work to address this was planned for February 2022; - £131m of Covid-19 funded had been received and confirmation given that only test, trace and protect, PPE (personal protective equipment) and vaccination would be covered in 2022-23 – exit strategies were now needed for local activities or if still required, the monies needed to be identified in normal revenue budgets; 	

	<ul style="list-style-type: none"> - £11m had been the opening capital position for 2021-22 but had finished closer to £60m due to additional slippage monies; - The allocation letter for 2022-23 had been received prior to Christmas and set out an additional £900m for NHS Wales next year. Of this, the health board's share would be 2.8% (around £20m). - The wage award would also be funded and there would be an additional £21.6m for planned care recovery and £2.5m for mental health; - There would also be exceptional material costs, such as increasing utility costs and real living wage, which the health board would need to cover in 2022-23; - The next step would be develop a clear financial plan for the next year for the Board to consider. <p>In discussing the report, Emma Woollett stated that it was pleasing to see the health board was on track to deliver its financial forecast as well as the delivery of the savings programmes. She added that the assessment of the coming year would be a key focus for the Board, with a number of significant issues to consider such as the recent increase in energy costs.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
34/22	SUMMARY OF MEETINGS HELD AS PART OF NHS PARTNERSHIPS	
	A report providing a summary of meetings held as part of NHS partnerships was received and noted .	
35/22	SUMMARY OF MEETINGS HELD AS PART OF EXTERNAL PARTNERSHIPS	
	A report providing a summary of meetings held as part of external partnerships was received and noted .	
36/22	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
37/22	DATE OF NEXT MEETING	

	The date of the next meeting was confirmed as 31 st March 2022.	
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