Swansea Bay University Health Board

Unconfirmed Minutes of a Meeting of the Health Board held on 25th May 2023 at 12.15pm, Millennium Room, HQ (livestream via YouTube)

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Jarrett	Associate Board Member
Anne-Louise Ferguson	Independent Member
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and Organisational Development (OD)
Jackie Davies	Independent Member
Jean Church	Independent Member
Keith Lloyd	Independent Member
Nerissa Vaughn	Interim Director of Strategy
Nicola Matthews	Independent Member
Nuria Zolle	Independent Member
Pat Price	Independent Member
Richard Evans	Executive Medical Director
Reena Owen	Independent Member
Tom Crick	Independent Member

In Attendance:

Deb Lewis	Chief Operating Officer
Hazel Lloyd	Director of Corporate Governance
Matt John	Director of Digital
Richard Thomas	Director of Insight, Communications and Engagement
Liz Stauber	Head of Corporate Governance (minutes)
John Murray	Deloitte (observing)
Matt John	Director of Digital (for minute 91/23)
Alexandra Simmonds	Radiology Services Manager (for minute 91/23)
Gareth Cooke	Digital Health and Care Wales (for minute 91/23)
Sian Phillips	Consultant Radiologist, RISP Programme (for minute 91/23)

Minute No.		Action
81/23	**WELCOME AND INTRODUCTIONS**	
	The chair welcomed everyone to the meeting, in particular Anne-Louise Ferguson and Jean Church who were attending their first formal board meetings as independent members and the same for Nerissa Vaughn as	

	the interim Director of Strategy. She also welcomed John Murray who was observing as part of the board effectiveness review commissioned from Deloitte. Apologies for absence had been received from Andrew Griffiths, Associate Board Member, Judith Vincent, Associate Board Member, Gareth Howells, Director of Nursing and Patient Experience and Keith Reid, Director of Public Health.	
82/23	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
83/23	**PATIENT STORY**	
	A staff story was **received** from a palliative care paramedic setting out the support she had been able to provide a patient on end-of-life care to be able to stay at home when she had become unable to swallow her medicines and fell on the way to the toilet. Her support network was two close friends and all three recognised that she was declining. The patient was a proud woman who did not want to be a burden to her friends and did not want them involved in personal care. She also did not want to leave her cat however it was felt that the only choice they had was to call an ambulance. The palliative care paramedic team were informed of the call and undertook a home assessment prior to the ambulance going to see her and found that she was in the end stages of life, too weak to take tablets and eat and drink. A district nurse visited immediately to insert a syringe driver and a referral was made to carers. A hospital bed and commode were delivered, along with a key safe to enable carers to enter the house easily. A community alarm was also fitted to enable her to contact people in an emergency. Discussions were held with the patient, family and friends to create a rota for her to have someone with her as well as make plans for the cat after she died. By the time the paramedic left, the patient was calm and pain free, and eventually passed away at home with her loved ones and cat. In discussing the patient story, the following points were raised: Christine Morrell stated that the specialist palliative care paramedic role was greatly needed once and since its inception, had helped 85% of patients to remain at home to die comfortably and with dignity. Anne-Louise Ferguson praised the initiative but queried how the paramedics were able put such arrangements in place so quickly. Christine Morrell responded that there was a good relationship between the Welsh Ambulance Service NHS Trust (WAST) and community	

	services such as social services, occupational therapy and district nursing. She added that the paramedics were also trained to place certain interventions, such as lines and cannulas, but also had the experience to make the right decisions for patients.	
Resolved:	- Patient story be **noted.**	
84/23	**MINUTES OF THE PREVIOUS MEETING**	
	The minutes of the meeting on 30th March 2023 was **received** and **approved** as a true and accurate record.	
85/23	**MATTERS ARISING**	
	There were no matters arising.	
86/23	**ACTION LOG**	
	The action log was **received** and **noted**.	
87/23	**CHAIR'S REPORT**	
	A verbal update from the Chair on recent activities was **received.** In introducing the update, Emma Woollett highlighted the following points: - The final two independent member vacancies had now been filled and board had a full complement; - A new Partnership, Planning and Population Health Committee had been established to hold the health board more accountable for its partnerships and what partners deliver; - Regular meetings with local authorities and members of the Senedd were continuing to discuss plans and issues collaboratively; - The work to date on research and development was encouraging as patients had better outcomes in research-led organisations; - The estates strategy was an important document, highlighting key risks and opportunities to consider for prioritisation.	

Resolved:	- The report be **noted.**	
88/23	**CHIEF EXECUTIVE'S REPORT**	
	A report setting out an update as to recent activities was **received.** In introducing the report, Mark Hackett highlighted the following points: - Improvements were being seen with urgent and emergency care but not to the level hoped for; - Changes in the use of acute and community resources were being accelerated to reduce the numbers of ambulances waiting to offload and the time spent waiting in the emergency department; - A rapid improvement approach was being created for the same day emergency care centre to pool the GP resources available; - The huge efforts by staff to manage the urgent and emergency care system were acknowledged; - There were opportunities within the district nursing staff to provide a seven-day service and transfer more patients out of hospital and into the community; - The virtual wards had been further expanded to provide a seven-day service for medical wards in Morriston Hospital; - Reductions had been seen in the number of patients waiting 52 or 104 weeks for planned care; - The healthcare engineering team were developing innovative tools to maximise the management of outpatient clinics; - Management Board had agreed to centralise the management of outpatients within one service group to standardise the processes; - More investment was needed in mental health support within the emergency department so those in crisis could be seen sooner and care tailored appropriately. In discussing the report, the following points were raised: Jackie Davies highlighted the success of the international nursing recruitment campaign but also the development pathways for nurses now, from a band two healthcare support work through the matron, with the opportunity to complete the diploma to become a registered nurse. Nuria Zolle queried the risks around early supported discharge of patients being readmitted. Richard Evans responded that there would be an increase in readmissions but an acceptable level needed to be identified. He suggested that the Deputy Medical Director be asked to	

	review and report back to the Quality and Safety Committee. Deb Lewis provide assurance that the readmissions were kept under review by the virtual wards. **ACTION – Deputy Medical Director to review the level of risk around hospital readmissions following early supported discharge and report back to the Quality and Safety Committee.** Nuria Zolle questioned if there were any early preparations which could be undertaken ready for discharge to eliminate some of the delays. Mark Hackett responded that the delays around discharge stemmed back to pre-Covid but a reduction in admission rates was now becoming evident due to improved access to social care. However, patients were still staying for too long on hospital wards. The challenge now was to modernise the practices within hospitals and start planning for discharge upon admission, in partnership with social care as needed. Deb Lewis added that the work was being undertaken at every point in the pathway to improve, including admission avoidance work with the virtual wards and creating an integrated discharge hub to support with complex discharges. A trusted assessor model was in development to ensure the initiative was used consistently across all areas. The aim was to have the health board's processes working correctly so it only requested the input from partners when necessary. Andrew Jarrett highlighted that the patient in the patient story was supported by a trusted assessor and the long-term needs of patients should be assessed at home, rather than in hospital, so a social worker assessment should not be a reason to delay discharge. Discharge to assess was a critical tool for successful discharges. Mark Hackett agreed, adding that a multi-agency group was to report back in June 2023 on the benefits of multi-agency working to make discharge to assess a reality. As a multi-disciplinary approach was taken to discharge, currently anyone involved in the process could put a stop on a discharge decision. An approach was needed which had a discharge date set early in the process and the necessary staff identified to meet this. A reduction was needed in the time people spent in hospital. Social services had met the ask of centralising re-ablement and this had reduced the length of time stroke patients spent in hospital from 21 days to 10 and of a rehabilitation centre was needed in general. Emma Woollett queried if there were sufficient numbers of trusted assessors. Mark Hackett advised that this would be considered as part of the multi-agency discharge review and undertook to share the report with the Performance and Finance Committee once finalised. **ACTION – report following multi-agency discharge review be shared with the Performance and Finance once finalised.** Reena Owen commented that it was pleasing to see the progress being	**RE/RK** **MH/DL**

	made in relation to orthopaedics as patients had been waiting for many years for their procedures. She added that assurance had been provided to the Performance and Finance Committee earlier in the week that a robust pre-operative assessment service would be in place to ensure maximum use of the theatres at Neath Port Talbot Hospital. Mark Hackett responded that he, along with the Executive Medical Director and Chief Operating Officer, had met with the clinical teams around developing a clinically-led organisation to create clinical leads for anaesthetics and orthopaedics, but also a pre-assessment group was to be established on how to maximise the service. Nuria Zolle questioned the progress to upgrade the waiting area in the emergency department at Morriston Hospital. Hazel Lloyd responded that a report was to be received at the July 2023 Quality and Safety Committee in relation to this and would report back to board. **ACTION – Quality and Safety Committee to report back to the board as to the upgrades to the emergency department at Morriston Hospital once the report had been received.** Steve Spill noted that the seven areas set out to support admission avoidance and commented that he would include district nursing. He queried if the plan was to start for caring for more people at home. Mark Hackett confirmed that this was already happening following a fundamental review of out of-hours services. Staff had been motivated by the challenges and changes. Pat Price referenced the Big Conversation and queried how staff engagement could be increased and sustained. Debbie Eyitayo responded that this was the start of a continuous engagement culture with staff, and also included a compassionate leadership masterclass in April 2023 for the board and senior clinical leaders. It was also believed that Welsh Government would undertake an NHS Wales staff survey but there was also plans internally for quarterly pulse surveys. Mark Hackett advised that vision documents relating to a high quality organisation were in development with a view to working with all staff over a two year period. Critical to this was measuring patient and staff experience but also asking people to consider up to five areas they would like to improve or have bureaucracy ‘busted’. Some areas of the health board were more engaged than others and work was ongoing with the trade unions as to how to address this. Service group triumvirates were to be set clear objectives to deliver the areas within the vision and there needed to be a change in mindset to delivery constant engagement. Leaders were sometimes fearful of this but it was important that they recognised that this was a collaborative approach. Anne-Louise Ferguson queried if there was any evidence to show that Our Big Conversation reached more than the targeted 10% and if there	**DG**

	were varying levels of enthusiasm and engagement at the different phases. Debbie Eyitayo responded that there were different engagement levels for the first two phases but people were interested as it was a different concept to what they were used to. Phase two had the advantage of being able to be held face-to-face which helped with engagement and the feedback from phase one could played back during these session. Mark Hackett added that focus groups had been undertaken with middle managers during which it had been commented that staff had heard a lot of what was being proposed before and there was little confidence that the actions would be followed through. More positive behaviours were needed within the organisation with recognition and reward schemes. There needed to be trust within the organisation as to what happened next and the vision documents were key to this. The organisation needed to consider short-terms wins to the keep the faith and the directors had started to discuss things which could be done differently. Deb Lewis referenced the development of the new elective unit being developed at Neath Port Talbot Hospital which was designed for the less complex patients from an anaesthetic point of view. However, some patients who had been waiting for longer periods of time would still need to be treated at Morriston Hospital as their needs were more complex and required out-of-hours care. Options had been explored to move some of these patients to Neath Port Talbot Hospital and while the surgeons were supportive, the anaesthetists needed more assurance around transfer arrangements should a patient deteriorate. An agreement had been made with WAST for a standalone vehicle to remain on site to transfer patients to Morriston Hospital in an emergency. Emma Woollett sought assurance that there were robust plans in place to support the significant numbers of overseas nurses arriving to integrate into the health board in the long-term. Debbie Eyitayo confirmed that there were, with pastoral support in place from the moment they arrive at the airport. The relocation policy ensured that accommodation was in place and a training centre established to support them as they undertook their qualifications to receive their registration pin to be able to work on the wards. Cultural support was also provided to help them find places which sold home foods and local churches to make them feel more settled. There was now a global nurse leadership forum to celebrate achievements as the international nurses' programme had seen nurses join the health board from 29 countries. A programme of staff stories for the board was in development one of the first would be by an international nurse. Tom Crick advised that the reliance on overseas nurses had been an area of focus for the Workforce and OD Committee for some time and queried how this could be addressed. Mark Hackett responded that	

	action was being taken to create more band three and band four roles to encourage members of the local community to take up employment within the health board. The response to the new roles within maternity had been received positively as the salary was better than the private sector. Jean Church queried the level of risk of international nurses leaving the health board once their induction had completed. Debbie Eyitayo responded that practice development nurses had been recruited, two of whom were international nurses, who provided support while on the 'shop floor'. After they had spent time working on the wards, the nurses were invited back to headquarters to see how they were managing. Jean Church commented that these were significant appointments and it would be important not to lose momentum and make the nurses feel that they were not being used to their full potential. Mark Hackett concurred and reiterated the importance of ensuring that international nurses had equal opportunities to progress and be promoted to senior positions over time.	
Resolved:	- The report be **noted**; - Deputy Medical Director to review the level of risk around hospital readmissions following early supported discharge and report back to the Quality and Safety Committee. - Report following multi-agency discharge review be shared with the Performance and Finance once finalised. - Quality and Safety Committee to report back to the board as to the upgrades to the emergency department at Morriston Hospital once the report had been received.	**RE/RK** **MH/DL** **SS**
89/23	**PROGRESS REPORT ON THE REVIEW OF CARDIAC SERVICES IMPROVEMENT PLAN**	
	A progress report on the review of cardiac services improvement plan was **received.** In introducing the report, Richard Evans advised that WHSSC (Welsh Health Specialised Services Committee) had escalated the service earlier in the year due to the report received from the Getting It Right First Time team (GIRFT) but were in the process of de-escalating and would do so completely once the staffing plan was finalised. In discussing the report, the following points were raised: Jean Church referenced the discrepancies between the GIRFT data and that of the health board. Richard Evans responded that the 2020-21	

	benchmark data had been included as well as the national average from the live dataset but when the health board's data was compared with this, it had been recorded differently. This had now been addressed a steady improvement was evident. Emma Woollett sought assurance that there was confidence that the right data was now being submitted and Richard Evans provided this. Mark Hackett queried if there were any mortality concerns raised around mitral valve surgery. Richard Evans responded that there were not and there was a high-risk multi-disciplinary team in place which focused on mitral valve procedures. It was a small speciality which required the right skill mix for such a technical surgery. The majority of the case mix were emergencies, which was why the number of electives was lower. Tom Crick noted that it was a small cardiac unit and queried how it compared with others in the UK. Richard Evans responded that elective cases in generally were low. The health board was commissioned for 700 cases a year but delivered 300, and this was similar across all Wales and there were likely to be discussions as to whether just one unit would be sufficient. Jean Church referenced a recent demonstration of mortality figures to independent members, stating that this had highlighted the importance of having the right figures. Richard Evans agreed, adding it was important that there was ownership of the data. Emma Woollett, on behalf of the board, thanked the Executive Medical Director for his work to lead the improvements as well as the clinical team for their delivery of these.	
Resolved:	- The report be **noted.**	
90/23	**KEY ISSUES REPORTS**	
	i. <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**. Reena Owen advised that the meeting earlier that week, members had heard the year-end forecast of balance had been achieved for 2022-23 but there were challenges expected in 2023-24 which would need to be addressed. ii. <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**.	

	iii. Workforce and OD Committee A report setting out the key discussions of the recent meeting of the Workforce and Development Committee was **received** and **noted**. iv. Mental Health Legislation Committee A report setting out the key discussions of the recent meeting of the Mental Health Legislation Committee was **received** and **noted**. Jackie Davies advised that interviews were being undertaken for hospital managers to support the powers of discharge process and it was hoped a number of appointments would be made. v. Audit Committee A report setting out the key discussions of the recent meeting of the Audit Committee was **received** and **noted**. Nuria Zolle, as chair of the Audit Committee, place on record her thanks to the finance team for its work to deliver the annual accounts in what were tight timescales. Darren Griffiths added that work was continuing with Audit Wales to achieve the timescales and fortnightly meetings were taking place to review progress. vi. Health and Safety Committee A report setting out the key discussions of the recent meeting of the Health and Safety Committee was **received** and **noted**. Reena Owen referenced the discussion on the smoking legislation and stated that she felt that health board staff could have more of a role in confronting those who smoke on health board sites given affect it has on people's health. Deb Lewis advised that while the health board could gently ask people not to smoke, it did not have the power to enforce the legislation as this was within the local authorities' remit. In addition, the public were often abusive to staff when asked not to smoke, which was an unfair position to put the workforce in.	
91/23	**RISP BUSINESS CASE**	
	The full business case for the radiology information system procurement (RISP) was **received.** In introducing the business case, Matt John highlighted the following points: - All health boards were considering the business cases at their board meetings that day; - While artificial intelligence was not in the original tender scope, it was recognised that this was a significant part of the service's	

	longer-term plans and there was an opportunity to progress this once the contract had been implemented. Digital Health and Care Wales had been asked to prioritise this in the next phase; - £2.8m capital was required from Welsh Government to progress the work and confirmation of these monies was expected in the next two weeks; - The current provider had been asked to extend the existing contract as a contingency while the new system was implemented but an answer was yet to be received. In discussing the business case, the following points were raised: Gareth Cooke advised that the implementation dates differed across organisations due to differing contract end dates and this would set the priority order. Tom Crick stated that there were clear links between the outline and full business cases and the benefits for the new system were apparent. There would be huge benefits to incorporating artificial intelligence to what was already a patient-focussed system and he was very supportive of way forward. Mark Hackett commented that given the age of the current system, it had to be replaced and the health board was currently in a period of no revenue growth. This new system would cost more but it would also provide some savings. He added that if the board did approve the full business case, it had to be on the basis that the national programme would move forward with artificial intelligence with the supplier. Matt John concurred, adding that this was a priority which needed to progress and would be worked up quickly for the next scope phase. Mark Hackett queried why capital monies were required rather than revenue given the former was more limited across Wales. Gareth Cooke advised that Welsh Government had been explicit that there would be no rising costs for health boards and had taken advice to maximise the funding available. Nuria Zolle stated that one of the challenges would be around wider business changes, for example clinical coding, and queried the national process in place to support this. Alexandra Simmonds responded that clinical coding was being standardised to ensure the same codes were used across radiology services and this would also apply to other business changes. Gareth Cooke added that in terms of roll-out, this would be aligned to contract end dates for the current provider and this would also enable risks to be mitigated. Keith Lloyd sought assurance that the new system would make it easier to access historic images as well as ones from other organisations. Matt	

	John advised that the system would be cloud-based and would not be solely reliant on data centres. Should a business continuity incident occur, two years' worth local images would still be available however the normal system would enable images to be accessed across NHS Wales and NHS England. Gareth Cooke concurred, adding that it was included in the contract that three years' worth of images needed to be migrated to the new system. Tom Crick queried the £350k hardware expenditure. Alexandra Simmonds responded that some of the equipment was older and the images not digital so the opportunity was being taken to rationalise and upgrade the equipment. Emma Woollett queried as to whether this had been accounted for within the financial plan. Darren Griffiths advised it was not, only the original revenue figures set out in the outline business case had been. Jean Church referenced Welsh Government's Blockchain funding scheme as a potential for further digital investment. Tom Crick agreed, adding that there was massive potential within the digital infrastructure and also collaborations with Swansea University. With the number of various funding schemes across the UK, there was lots that could be levied.	
Resolved:	- The report be **noted**; - The RISP full business case be **approved**.	
92/23	**RESEARCH AND DEVELOPMENT STRATEGY**	
	A presentation on the research and development strategy was **received.** In introducing the strategy, Richard Evans highlighted the following points: - The development of a research, development and innovation strategy was a significant milestone for the health board; - The health board should not be reliant upon external funding to achieve excellent outcomes; - As such, work had been commissioned to draft a research, development and innovation strategy; - The next step would be to consider the detail of what this could deliver; - Strong leadership was needed to take forward the work;	

	- Consideration was needed as to the areas which could be up and running quickly; - There were also regional opportunities – this was not limited to the health board; - National programmes could also be considered, for example cancer research at both Velindre and the South West Wales cancer centres; - More income needed to be attracted to develop the strategy year on year for the next five years; - The initial strategy was expected to be ready by summer 2023. In discussing the strategy, the following points were raised: Keith Lloyd advised that the health board had the full support of Swansea University in the development of its research, development and innovation strategy. It fully expected to participate as a partner and ARCH (A Regional Collaboration for Health) also provided wider regional opportunities. He added that it was an exciting opportunity to be working on with the health board, not just in terms of medical trials, but research, development and innovation in general. Darren Griffiths referenced the need to protect intellectual property which had been a challenge and it would be important to start to explore that process. Richard Evans agreed, adding that in the past, the expertise to determine the value of intellectual property had not been available and this was something to consider for the future. Tom Crick noted that other home nations fared better when it came to research funding, added that it was important to find a way to get a better allocation for Wales. Reena Owen commented that this was a good step forward and queried if this would help with recruitment in hard to recruit areas. Mark Hackett responded that it was important that this was achieved in the right way as the health board did not want to create clinical academic posts just to get people into jobs and then find the infrastructure was wrong. If research, development and innovation was working well, it would be attractive to potential applicants. Nuria Zolle how the health board could influence and attract funding. Richard Evans responded that this tallied with equality and becoming a clinically-led organisation as very few clinicians had research, development and innovation in their job plans. Steve Spill advised that during consultant interviews, candidates were asked of their interests in research and development and queried whether the intention was to now create something with a small number	

	of dedicated researchers. Richard Evans commented that the number of staff writing bids for research funding was significant, but the majority of money tended to be awarded to Oxford and/or Cambridge. More proactivity was needed to receive grants but there was some success in plastics and diabetes. Mark Hackett stated that the capacity and capability of the research and development department would be key, and consideration was needed as to whether to grow it or partner with someone else.	
Resolved:	- The report be **noted;** - The plan for development of a formal research, development and innovation strategy for the health board be **approved**.	
93/23	**PRIORITIES OF THE ESTATES STRATEGY**	
	A report setting out proposed prioritisation of the estates strategy was **received.** In introducing the strategy, Darren Griffiths highlighted the following points: - The strategy had been 12 months in preparation, developed to address backlogs and create an estate which met the needs of the organisation; - It had been presented at the January 2023 board development session after which a task and finish group was established to work through the detail; - The task and finish group had now finished and the test and challenge governance route would be through the Performance and Finance Committee; - A four-section assessment had been undertaken of all sites on a risk-assessed basis to identify the work which was needed and whether it was high, medium or low risk; - The work needed at Neath Port Talbot Hospital was minimal as it was maintained through the private finance initiative (PFI); - Development control plans had been developed for each of the sites. In discussing the strategy, the following points were raised: Steve Spill commented that a significant sum of money was required in order for all the work to be completed and if this was available, there was great potential for the health board.	

	Jackie Davies queried as to how robust the maintenance programme was and whether a rolling programme was in place to prevent further deterioration. Darren Griffiths responded that a creative way to resource this was needed as only £500k was currently allocated within the financial plan, so the work was often to 'patch' areas with problems. Mark Hackett commented that the condition of Neath Port Talbot Hospital demonstrated the needed for continued maintenance. Nerissa Vaughn queried if there was potential for PFI schemes on other sites. Darren Griffiths responded that work had commenced to withdraw Neath Port Talbot from its scheme as it was due to expire in seven years. He added to have such a scheme for other sites would not really be of benefit as the money would need to be found to make the payments. Anne-Louise Ferguson raised concern that should the funding not be available, certain services may have to stop due to the estate at some point. She queried the timescale to identify the monies needed. Darren Griffiths responded that this was the fundamental reason for the strategy, to identify the key risk areas to address. He added that in terms of timescales, there was to be some policy changes around mutual investment models, as the scheme was being tested with the new Velindre Cancer Centre, and this would set the precedent for significant new builds. In terms of the work needed now, even if the money was available to do the work, there was insufficient decant space to release the patient areas for the refurbishments needed. A number of options were being considered to enable the work to be taken forward by moving complete templates out. Richard Evans commented that a pleasant working environment was key to attracting people to want to work at the health board and queried whether the strategy had factored in staff wellbeing. Darren Griffiths responded that work was ongoing with the organisation 'Down to Earth' to create environmentally friendly staff areas. Debbie Eyitayo noted that the strategy stated that an equality impact assessment was not applicable and advised that one was needed. **ACTION – equality assessment be completed as part of the Estates strategy.** Pat Price commented that the complexities of the work had seemed enormous but there appeared to be a good process in place to understand the steps which needed to be taken going forward. Tom Crick stated that it was interesting to see the bigger picture plans and how innovative approaches to the work could be explored. Taking into account the Wellbeing of Future Generations Act, he queried how alternative energy sources could be factored in as invest to saves, such as solar energy. Darren Griffiths responded that a significant amount of	**DG**

	such innovation was already underway but it was possible that future solutions could be funded, as the landscape around new energy systems was changing. Reena Owen commented that with a new Minister for Climate in post, it was important that as a public sector organisation, it embraced innovations around energy. Nerissa Vaughn advised that sustainable pathways would be key to attracting capital so it was important future plans gave focus not only to this, but also moving services from hospital sites when appropriate. Mark Hackett stated that it was important that now the health board had the evidence of the work needed to its estate, it discussed the concerns with Welsh Government. Alternative funding models were being considered but the plans still needed to be shared with Welsh Government and a strategy was needed that was broader than health. Land disposals could be accelerated, which would amount to around £13m/£14m and there were considerable options with third parties to create decant areas or generate income through developing facilities such as independent care homes. He stressed that state funding was unlikely to be sufficient for actual capital requirements. It was challenging to know how best to the work with an estate in such condition as contractors were not prepared to take on the work. Discussions were needed with primary and community care as to what was available across their estates as well as the local authorities for potential partnership working and joint facilities. Service solutions were needed, not just financial. He commented that the environment needed to be at the heart of the action to be taken by the health board but multi-provider sites also needed to be the way of the future. Emma Woollett summarised that a number of points had been raised during the discussion which gave pause for thought for the next steps but the fact remained that the work could not be completed without money. She queried when the health board would have a more detailed plan as to how the strategy would be progressed. Mark Hackett suggested the full strategy including prioritisation of investments required be brought to the September 2023 board. This was agreed. **ACTION – prioritised plan for the estates strategy be received at the September 2023 board.**	**DG**
Resolved:	- The next steps to progress the strategy into clear deliverable plans be **approved**; - The health board estates strategy, which required an estimated £812m investment excluding primary care infrastructure over a period of10 years from 2023/24, be **approved**;	

	- The development of a long-term financial model to support the clinical service plan and the estates strategy be **supported**; - It be **agreed** for discussions to commence with Welsh Government regarding the high risk areas within the strategy and the risk of operational failures on the Singleton and Morriston hospital sites and seek urgent resolution of them. - It be **agreed** for the health board to develop, with Welsh Government colleagues, alternative funding sources to address these funding requirements - Equality assessment be completed for the strategy. - Prioritised plan for the estates strategy be received at the September 2023 board.	
94/23	**BI-ANNUAL NURSE STAFFING LEVELS (WALES) ACT 2016 REPORT**	
	The bi-annual Nurse Staffing Levels (Wales) Act 2016 report was **received.** In discussing the report, the following points were raised: Anne-Louise Ferguson queried to what extent were the opportunities for band two/three healthcare support worker roles promoted at comprehensive schools as an option for student to consider. Debbie Eyitayo advised that a rolling recruitment programme for band two posts had just started as current staff progressed to band three level. There was a team which visited schools and these presentations were well received, particularly as equipment was taken to make it a practical and engaging demonstration. Work was also going to redraft the competencies for band two, three and four as part of the apprenticeship scheme. The health board also had strong working relationships with local colleges and also had a work experience scheme. Steve Spill queried how the health board could be sure staff were 'working at the top of their licence'. Debbie Eyitayo responded that this was underway. For example, the role of domestic staff within orthopaedics had been reviewed to provide more cleaning support on wards which released nursing time to care for the patients. This had provided an additional 40 hours of nursing time and now needed to be expanded to other specialties. Tom Crick commented that there were a number of opportunities within partnership working to encourage people to apply for roles. Christine Morrell stated that other professional groups were starting to take on people with science degrees at a lower banded level and then	

	provided an opportunity to 'top these up' with the relevant qualifications, such as occupational therapy, through part-time programmes. Jackie Davies advised that she was hugely supportive of developing the band four pathway to enable people to have a full career but noted that the report referenced adding the band three and four roles to the roster. She added that patient safety was critical and these roles could not replace the registered nurses. Debbie Eyitayo provided assurance that these roles were not taking away from the establishment but were helping to reconfigure the workforce outside of the Act. Jackie Davies commented that this would be an opportune time to revisit the nursing workforce strategy. Jackie Davies commented that where the Act could not be met, the health board needed to ensure all reasonable steps had been taken and queried where the data was held which supported that. Debbie Eyitayo advised that SAFECARE software was to be implemented in July 2023 and would be reported through to the Workforce and Digital Committee. Richard Evans added that it was important to note that the dashboard only reflected the rosters, it would not show the actions taken by staff, such as redeploying staff from one area to another to cover gaps.	
Resolved:	- The report be **noted.**	
95/23	**HEALTH BOARD'S ADVISORY GROUPS**	
	A report providing summaries from the health board's advisory groups was **received.** In discussing the reports, Emma Woollett noted that the Health Professionals' Forum had asked to be engaged in the recovery and sustainability plan at an earlier stage going forward. Christine Morrell responded that arrangements had been put in place to engage the forum at an earlier point in the future as key stakeholders.	
Resolved:	- The report be **noted.**	
96/23	**CORPORATE GOVERNANCE MATTERS**	
	A report outlining corporate governance matters was **received** and the following **approved:** - The policy for the management of health board wide policies, procedures and other written control documents	

	- A temporary change to standing orders for the annual general meeting to take place no later than 28th September 2023 rather than 31st July 2023 and; - The changes to the WHSSC standing orders.	
97/23	**QUARTER FOUR PROGRESS REPORT FOR THE IMTP YEAR 2022-23**	
	The quarter four progress report for the IMTP (integrated medium term plan) year 2022-23 was **received.** In introducing the report, Nerissa Vaughan advised that at the end of quarter four, it was important not to lose sight of areas yet to be delivered and she was working with the Director of Finance and Performance to align reporting of the plan with the performance reports going forward. In discussing the report, the following points were raised: Keith Lloyd queried whether the Performance and Finance Committee had felt assured by the high proportion of red areas when it received the report earlier in the week. Pat Price responded that a robust discussion had been undertaken and assurance given that those outstanding would not be forgotten but carried on into 2023-24. Nuria Zolle commented that the performance level for delivery of first outpatient appointment looked low. Darren Griffiths responded that Welsh Government had included all specialities and the target set was not practical for all. Focus was being given to areas in which other health boards were achieving higher to see how Swansea Bay could improve. Nerissa Vaughn added that the nature of the intelligence was 'bottom up' and there needed to be a better way of developing and sharing the information. More robust governance processes were needed using integrated performance reports to enable board members to correlate and track back to previous plans. Jean Church queried if there was an opportunity to report by exception rather than granularity. Nerissa Vaughn that there was potential for a high-level integrated performance report to have sub-reports to provide the granularity if required. It was important to provide board members with the right level of information needed to have assurance without providing too much information – at the moment the reports were too detailed to have real meaning. Draft versions would be shared as developed in order to get the level of detail right. Pat Price noted that clinically optimised patients remained a high risk (25). Deb Lewis responded that it was challenge but focus was being given to releasing the additional beds at Singleton Hospital.	

Resolved:	- The report be **noted;** - The overall key risks and mitigations to IMTP delivery be **approved**.	
98/23	**FINANCE REPORT - MONTH ONE**	
	The month one finance report was **received.** In introducing the report, Darren Griffiths highlighted the following points: - The financial plan for 2023-24 had three main challenges – reducing the health board's risk by £27m, releasing £40k of Covid expenditure and delivering a £22m savings plan; - The month one positon was on overspend on the forecast overspend by £2.9 so future months now needed to be ahead of their original forecasts in order to recover; - The risk elements of the financial plan were being reviewed ready for the special board on 30th May 2023; - There needed to be clear action plans to recover and deliver the plan.	
Resolved:	- The report be **noted.**	
99/23	**PERFORMANCE REPORT - MONTH ONE**	
	The month one performance report was **received.** In introducing the report, Darren Griffiths highlighted the following points: - The report included the new trajectories for urgent and emergency care; - The current cancer backlog stood at 388 patients waiting more than 63 days against a profile of 366; - Staff isolating due to Covid-19 was 0.3%, the lowest it had been; - The planned care trajectories were in the process of being finalised; - There had been an increase in pressure ulcers in both the community and acute settings and this was to be reviewed by the Director of Nursing and Patient Experience. In discussing the report, Emma Woollett queried as to when the board would be able to see the final planned care trajectories. Deb Lewis	

	advised that there were a number of iterations currently in train and would be finalised once the level of finance was known. At the moment, no patients waiting more than 52 weeks by the end of June 2023 was a 'must do' but orthopaedics would be a challenge. There was a plan in place but the industrial action would have an impact.	
Resolved:	- The report be **noted.**	
100/23	**ANY OTHER BUSINESS**	
	There was no other business and the meeting was closed.	
101/23	**DATE OF NEXT MEETING**	
	The date of the next meeting was confirmed as **Thursday 27th July 2023**.	

Meeting closed: 4.30pm