

Swansea Bay University Health Board
Unconfirmed Minutes of a Meeting of the Health Board
held on 24th November 2022 at 12.15pm, Millennium Room, HQ, and via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Griffiths	Associate Board Member
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Director of Nursing and Patient Experience
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Jackie Davies	Independent Member
Maggie Berry	Independent Member (via Zoom)
Nuria Zolle	Independent Member
Pat Price	Independent Member (via Zoom)
Reena Owen	Independent Member
Richard Evans	Executive Medical Director (via Zoom, from minute 252)
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member (via Zoom)

In Attendance:

Anjula Mehta	Deputy Medical Director (until minute 252)
Hazel Lloyd	Interim Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Nick Samuels	Director of Communications (via Zoom)
Liz Stauber	Head of Corporate Governance

Minute No.		Action
242/22	WELCOME AND INTRODUCTIONS	
	The Chair welcomed everyone to the meeting, particularly Hazel Lloyd, who had been successfully appointed substantively as Director of Corporate Governance and Anjula Mehta, newly appointed Deputy Medical Director attending in the absence of the Executive Medical Director for the first part of the meeting.	

	Apologies for absence had been received from Sue Evans, Community Health Council.	
243/22	DECLARATIONS OF INTEREST	
	During the discussion of item 3.4 (voluntary sector recommissioning process and recommended revision to timescales, Darren Griffiths and Reena Owen declared personal links to voluntary sector work but neither would influence their contribution to the item.	
244/22	PATIENT STORY	
	<p>The patient story comprised a highlights reel from the recent Living our Values Awards and a short film from one of the winners. The winner's story was of the maternity team who had won the 'caring for each other' award for its fundraising work for Maggie's Cancer Centre. Just to be nominated was an achievement for the team and the event itself demonstrated the passion and commitment of all those nominated and the different ideas they had developed were inspirational to see. It had been hard but rewarding for the team to raise the money and even those shielding at home had been able to take part in their own way. Stories, videos and photos were shared for morale and encouragement and the money raised would make a difference to those who accessed the charity. The team was already making plans to fundraise again in 2023.</p> <p>In discussing the story, the following points were raised:</p> <p>Emma Woollett stated that the health board's values were only of value when they were put into practice and the awards were a celebration of the wonderful ideas of staff to do this.</p> <p>Debbie Eyitayo advised that this was the first time in three years that the awards had been held face-to-face and this year had seen the highest number of votes since the start of the awards. It had been a lovely event and staff had appreciated the recognition after such a challenging few years.</p>	
Resolved:	- The patient story be noted .	
245/22	MINUTES OF THE PREVIOUS MEETING	

	<p>The minutes of the meeting on 29th September 2022 were received and approved as a true and accurate record expect to note the following typographical error:</p> <p>(i) <u>215/22 Acute Medical Services Redesign Programme</u></p> <p><i>Every six weeks</i>, cohorts of 35 were brought in for training.</p>	
246/22	MATTERS ARISING	
	There were no matters arising.	
247/22	ACTION LOG	
	<p>The action log was received and noted, with the following update provided:</p> <p>(i) <u>Action Point One – Acute Medical Services Redesign (AMSR) Programme</u></p> <p>Siân Harrop-Griffiths advised that an oversight group was in place with Hywel Dda University Health Board which would receive updates on the progress of the AMSR programme. Inese Robotham added that informal discussions were also taking place to provide status updates but confirmation would need to be given as to the 'go/no go' position. Emma Woollett advised that she was also keeping that health board's chair apprised.</p>	
248/22	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"> - A number of applications had been received for the local authority independent member vacancy and interviews were currently in progress; - Applications were now open for the legal and general independent member roles and the recruitment process would take place early in 2023; - Several independent members had taken part in ward visits with the directors and senior managers as part of the work to improve infection control rates and witnessed some fantastic work of the 	

	<p>efforts by staff to identify, manage and adapt to Covid cases, a stark reminder that the virus still remained in hospitals;</p> <ul style="list-style-type: none"> - An area had been designated in Headquarters for overseas nurse training which was a key part of the of quality induction provided to the new recruits, which was essential to making them feel welcome and encouraging them to stay. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
249/22	CHIEF EXECUTIVE'S REPORT	
	<p>A report setting out an update as to recent activities was received.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - A peer review undertaken of primary care services had identified Swansea Bay as an exemplar for Wales for the way in which they were organised and the leadership of the health board's services needed to be recognised; - Members of the public were asked to 'choose well' when needing to access healthcare services for mild conditions in order to leave capacity in the emergency department for those who need it; - The last six weeks had seen an increase in discharges by 100 per week as well a reduction in those accessing the emergency department and a decrease in the time those who did use such services spent in hospital. Ambulance conveyances had also reduced by 30%. The £4.4m investment into the AMSR programme should further support urgent and emergency care; - Work was underway with Swansea University and local authority partners in relation to research capacity and multi-million pound investments into life science developments; - The board would be briefed in December 2022 on the development of the population health strategy; - Learning events for the quality management system had started with patient safety and plans were afoot for the next sessions for patient experience and outcomes; - Following a £2.2m investment, fracture clinic had been relocated back to Morriston Hospital; - Plans were in place to recruit an additional 550 nurses, 350 of which were overseas and 180 from the latest undergraduate cohort, all of whom had accepted; 	

- Applications to work within mental health nursing were low and people were encouraged to consider to apply for these;
- A significant amount of work was being undertaken by the Director of Workforce and OD and Director of Nursing and Patient Experience to create an attractive workforce to improve recruitment and retention. Working environments needed to be developed to encourage staff to stay with the organisation but it was recognised there were factors outside of the health board's control, such as pay and pensions.

In discussing the report, the following points were raised:

Nuria Zolle referenced the work to develop a single point of access for discharge planning and queried the resilience of this. Inese Robotham responded that it was a multi-disciplinary approach so single point of access did not necessarily mean a failure if one component was not available. Anjula Mehta agreed, adding that the purpose was to make the process easier and more streamlined for staff to navigate and for them to be signposted to the most appropriate community-based service for the patient.

Nuria Zolle noted the emphasis being given to 'treating in turn' for planned care patients and sought assurance those with urgent clinical needs would be prioritised. Inese Robotham confirmed that theatre/waiting lists were always based on clinical urgency first and then it was 'treat in turn'. Work was taking place to ensure all lists adhered to the policy. Mark Hackett agreed that while lists had been organised in variable ways previously, substantial improvements had been made to move towards 'treat in turn' when appropriate. Outpatient arrangements remained varied and a proposal was being developed for Management Board to create a more central leadership for the service.

Nuria Zolle questioned when planned care activity levels would return to pre-Covid rates. Mark Hackett responded that these were now generally above 2019-20 levels but there were some challenges within certain specialities.

Reena Owen stated that it was pleasing to see some improvement in infection rates and queried what more could be done to improve culture and leadership in this area on wards. Gareth Howells responded that it had been pleasing to see Reena Owen and other independent members taking part in the recent ward walkarounds as it provided an objective view. Areas of the highest incidences had been identified for each of the acute hospitals and expectations made clear to all staff as to their responsibilities. Every infection recorded was now reviewed within 48 hours to determine if there was any learning to be shared and each service group now had an infection control committee, chaired by the service group's medical and/or nurse director. In addition, the Director of

	<p>Nursing and Patient Experience and Executive Medical Director met with each service group several times a month to monitor progress and discuss the plans they were taking forward. From a nursing perspective, matrons were providing additional support in areas with high case numbers. All the right actions were being taken, it was now a case of waiting for them to take fruition. Mark Hackett added that some interventions had been slower to be implemented than others, for example the use of chlorhexidine wipes on admission or removal of invasive devices, such as cannulas, as early as appropriate. There was confidence that once practices became standard, they would have an impact. A reduction of broad spectrum antibiotic prescribing had been made on acute sites but there was more that could be done, and contact had been made with an NHS England trust where rates of <i>clostridium difficile</i> rates had fallen to learn what they had done.</p> <p>Reena Owen commented that access to GPs remained a concern for the local communities and referenced the new task and finish group being established, stating that it would be interesting to hear from the group views on patient experience in this regard. Anjula Mehta responded that the task and finish group had recently been established and had reviewed the findings of recent community health council reports. There was variable access to services across the health board area. As they were independent contractors, it would not be possible to have a uniform approach, but there was potential for those who were struggling to have shared access with others and peer support from which to learn. This was a new approach as practices tended to work in silos. There were some recruitment and retention issues which would need to be addressed to ensure long-term sustainability. Emma Woollett suggested that the task and finish group provide an update on progress to the Quality and Safety Committee and this was agreed. Mark Hackett commented that the issues with primary care access needed to be addressed at the source, which was that GPs were overwhelmed by the numbers of patients requiring access. As part of the planning guidance issued to the organisation, there would be opportunities to consider ways in which to develop services to remove the pressure from GPs by enabling other healthcare professionals to provide interventions. The single point of access in mental health was cited as an example.</p> <p>ACTION – primary care task and finish group provide a progress update to the Quality and Safety Committee.</p> <p>Nuria Zolle queried if systems and processes were in place to take forward what may come out of the Big Conversation. Mark Hackett responded that this work was key to developing a quality-led organisation. There would be things raised which should be celebrated, but at the same time, there would also be things of which the organisation could not be proud. It was very much a listening and</p>	<p>AM/BO</p>
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	<p>engagement process to determine what staff felt was the current position of the organisation and what was needed to achieve quality excellence. At the end of the process it needed to be clear that staff had been listened to, and heard, and that there was a clear decision as to what was needed to set the future vision. The outcome could not predicted or predetermined and the answers needed to be elicited from staff as part of phase one. Phase two would focus on the vision for a quality-led organisation and staff would be re-engaged to agree what had been heard and decided based on the Big Conversation sessions. Phase three would focus on the action needed. Around 25 events had been organised for the first phase and these were being led by the clinical executive directors. Debbie Eyitayo added that the Big Conversation was part of the culture work that had started in 2021, part of which was a commitment to undertake a cultural audit. Normally there was an annual national staff survey to gather feedback but this had been paused due to the pandemic, creating a void for staff feedback. The work to date had been well received, with 149 staff attending the first event and the uptake in responding to surveys had also been good, even in typically hard to reach areas. The development of the quality management system had identified that effective staff engagement was important to empower staff and give a sense of accountability. Mark Hackett stated that the timing was right to undertake this work to give hope and collective responsibility of creating a better future rather than enforcing changes. The organisation needed to be one which focused on quality excellence which enable resources to be used better and a happier workforce who were doing the roles they had trained to do, as well as better outcomes for patients.</p> <p>Nick Samuels advised that the new directorate of insight, communications and engagement was to develop a culture of permanent engagement, internally and externally, rather than only when the health board was starting a major service change. The Big Conversation would help support this work and drive a culture of listening, using insight to generate new ways of working. Nuria Zolle suggested that an update would be needed in the new year as to the work that was being undertaken and the processes being put in place. This was agreed.</p> <p>ACTION – report be provided to the board in the new year setting out the work being undertaken to create a culture of permanent engagement, internally and externally.</p> <p>Steve Spill advised that the Quality and Safety Committee continued to receive updates as part of the infection control report that the person allocated to lead the improvement plan at Morriston Hospital had yet to be released from the ‘day job’. Mark Hackett responded that there were leadership arrangements in place for each of the service groups to support infection prevention and control so the inability to designate a</p>	<p>NS</p>
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	<p>project manager for the improvement plan could not be an excuse for the work not be taken forward.</p> <p>Steve Spill referenced the positive feedback from a review of the urgent primary care centre, adding that in the 'wrap-up' session, a reviewer had commented it was the best he/she had seen and the only negative feedback was that the future funding was uncertain. Mark Hackett responded that the funding was currently being received from Welsh Government and there were no recurrent plans in place; however, there was no intention from the health board to reduce the service.</p> <p>Steve Spill provided assurance that the Quality and Safety Committee was satisfied with the progress to date to develop the quality management system and it was pleasing to note the final strategy would be received by the board in January 2023.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - Primary care task and finish group provide a progress update to the Quality and Safety Committee; - Report be provided to the board in the new year setting out the work being undertaken to create a culture of permanent engagement, internally and externally. 	AM/BO NS
250/22	HEALTH BOARD'S RISK APPETITE	
	<p>A report setting out the health board's risk appetite was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The health board had committed to developing a risk appetite approach rather a blanket approach to consider different types of risk; - The work had now been completed and a draft framework setting out a 'seeking' risk appetite was proposed. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle commented that a 'seeking' appetite did not feel the right level given the significant risks around compliance, quality and health and safety. Emma Woollett concurred, adding that there was a starkness to the report that this was the level of risk that the organisation was facing within its systems. She added that it was important that the board did not accept a level of risk without understanding the implications and how it could be managed.</p>	

	<p>Reena Owen stated that the board had a number of very high-level risks and needed an opportunity to review and debate these before agreeing a risk appetite. Pat Price concurred, adding that almost half of the entries on the risk register had a score above 20 and a prioritised focus was needed.</p> <p>Gareth Howells advised that the organisation was a complex one in a sector with high risks. The key component to risk management was mitigation and the raft of interventions that could be put into place to reduce the level of harm and a good scrutiny process was in place. Consideration was needed as to how to give the board oversight of risks scored 16 or 20 through the committees.</p> <p>Steve Spill queried whether 'cautious' was a better appetite for quality. Mark Hackett responded that the question was whether that could be delivered as risks which could cause death or serious harm could not be accepted by the board but there may be actions to take which could improve the position.</p> <p>Emma Woollett suggested that the tolerance level for compliance be changed to 'open', recognising the implications this would have for the committees and the rest remained as proposed. She undertook to discuss the framework further with the Director of Corporate Governance to agree regularity and process for reporting. This was agreed.</p> <p>ACTION - Chair and Director of Corporate Governance to agree process and regularity of reporting against the risk appetite.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The risk appetite statement, subject to further review within one year, be endorsed with the caveat that that compliance be changed to 'open'; - Chair and Director of Corporate Governance to agree process and regularity of reporting against the risk appetite. 	-
251/22	KEY ISSUES REPORTS FROM BOARD COMMITTEES	
	<p>(i) <u>Performance and Finance Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Performance and Finance Committee was received and noted.</p> <p>Keith Reid advised that the ministerial priorities relating to public health had been set as obesity and smoking cessation and discussions were ongoing with Welsh Government as to funding to support recruitment. There were also internal challenges which were causing a delay to advertising the roles. Progress updates would continue to be provided to</p>	

	<p>the Performance and Finance Committee.</p> <p>(ii) <u>Quality and Safety Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Quality and Safety Committee was received and noted.</p> <p>(iii) <u>Workforce and OD Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was received and noted.</p> <p>(iv) <u>Audit Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Audit Committee was received and noted.</p> <p>(v) <u>Health and Safety Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Health and Safety Committee was received and noted.</p> <p>Darren Griffiths provided assurance that a number of the recommendations in the recent internal audit had now been addressed and remainder would be closed in the new year.</p> <p>Maggie Berry advised that the six facet review of backlog maintenance had now been completed and there would be significant costs to addressing the issues identified. The committee was to receive the prioritised action plan at its next meeting.</p> <p>(vi) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Charitable Funds Committee was received and noted.</p> <p>Nuria Zolle placed on record her thanks to the members of staff who recently supported 'Jiffy's' bike ride from Cardiff to Swansea in support of both the health board's charity and that of the Velindre Cancer Centre</p>	
Resolved:	- The reports be noted .	
252/22	WINTER PLAN	
	<p>A report setting out the winter plan was received.</p> <p>In introducing the plan, Inese Robotham highlighted the following points:</p> <ul style="list-style-type: none"> - The health board was working towards a long-term strategic change to create more capacity for patients when they need it; - A health board-wide change was needed, not just at Morriston Hospital, to create more capacity, and this was a key part of 	

	<p>AMSR, for which the 'go/no go' decision making process had concluded and it would progress as planned;</p> <ul style="list-style-type: none"> - The implementation of AMSR would happen in stages, starting on 5th December 2022 with the acute medical unit opening. It would be completed on 23rd January 2023 with the closing of the Singleton assessment unit, with service transferring to Morriston Hospital in the meantime; - The review of the ambulance call stack by paramedics was resulting in a 20% reduction in conveyances to hospital. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett advised the board that the health board's plan, along with that of the West Glamorgan regional partnership had been discussed at length at the recent Regional Partnership Board (RPB) and there was further work to be done on the granularity of capacity across community and social care services.</p> <p>Nuria Zolle noted the reference to 'resilience' in the appended regional plan and queried what this would look like. Inese Robotham responded that focus was being given to what was in the control of the health board and variance within the organisation. Use of resources was scrutinised on a weekly basis to determine if they could be used differently as this was a significant risk.</p> <p>Anne-Louise Ferguson queried the extent to which the local authorities were providing resources. Inese Robotham confirmed that there was good engagement on a multi-disciplinary team level but in terms of pace, this was not at the same level as the health board. There was a willingness to develop solutions but at a slower pace. Siân Harrop-Griffiths agreed but added that a lot of the work needed by local authorities was not within its gift as the majority of domiciliary care was commissioned from the independent sector, but one local authority was working to bring more in-house. However the current workforce models did make pace challenging for the local authorities. Mark Hackett suggested that the local authorities be invited to talk to the board about the system-wide plans from an information perspective rather than scrutiny. This was agreed.</p> <p>ACTION - local authorities be invited to talk to the board about the system-wide plans from an information perspective rather than scrutiny.</p> <p>Emma Woollett commented that the while the strategic plan and the operational work was good, it needed to be recognised that these may not deliver given the current challenges faced.</p>	<p>MH/SHG</p>
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	<p>Nuria Zolle reference the balance between planned care and urgent and emergency care given the concerns around quality. She stated that the next step was to deliver this effectively, taking all the necessary actions. Mark Hackett responded that there needed to be collective optimism that the actions being taken would make winter better as current predictions showed that there was unlikely to be a significant increase in demand. AMSR would be a 'game-changer' for urgent and emergency care, resulting in better patient experience and more flow for elective care. Inese Robotham added that there would still be capacity for patients within the emergency department but the demand would be significantly reducing, improving the 12-hour wait time, which was a key marker for quality. If the 'green' pathways could also be maintained this would help with planned care but out of hospital pathways would also be key to flow. Richard Evans stated that quality and patient experience was not as the health board would want it to be and it was recognised that there were waiting lists to deliver but there were also staff working longer hours than they should. The majority of the long waits in the emergency care department was due to the number of clinically optimised patients and the reduced ward capacity. There were also people attending the department and kept overnight who could have been treated in the community, so better service decisions were needed at the front door as this was also having a knock-on effect on planned care.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The following be endorsed: <ul style="list-style-type: none"> • The main principles applied to the winter planning; • That Chief Operating Officer holds the overall executive responsibility for planning and delivery of winter planning arrangements; • The main strategic changes and supporting initiatives underpinning the winter plan; • The main risks to delivery and associated mitigations. - Local authorities be invited to talk to the board about the system-wide plans from an information perspective rather than scrutiny 	MH/SHG
253/22	HEALTH BOARD'S APPROACH TO TAKING FORWARD EQUALITY	
	<p>A report setting out the health board's approach to taking forward equality was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Debbie Eyitayo advised that a workforce plan for the Anti-Racist Wales</p>	

	<p>programme had been developed with input from key stakeholders and had been signed-off by the Management Board and endorsed by the Workforce and OD Committee. Staff had been engaged to develop a comprehensive action plan to cover the next 12 months.</p> <p>Reena Owen stated that this was a really important area which the organisation needed to progress as a major employer and it needed to be embraced fully. It was important that equality impact assessments became embedded to understand the needs of the people the health board represented.</p> <p>Nuria Zolle commented that equality was the responsibility of everyone and the need for an integrated equality plan had been discussed by the Audit Committee with assurance provided that this would be the case. It was important that the board had learning in order to take action which impacts for people. Hazel Lloyd agreed, adding that equality training was being sought for the board.</p> <p>Keith Reid queried as to where the inequalities agenda would be considered as this was as critical as equality. Nick Samuels agreed, adding that there needed to be effective joint ways of working to support both equalities and inequalities. The first step would be to formalise the arrangements for equality impact assessments which had been undertaken in an ad hoc manner previously. Dedicated resources would now be in place with the insight, communications and engagement directorate and work with the public health team.</p> <p>Mark Hackett stated that a wider lens was needed as to how people accessed services or how service changes were implemented and this would be part of a wider discussion at the Management Board. Christine Morrell concurred, adding that service planning needed to be considered in the context of equalities, including women's health and access.</p> <p>Siân Harrop-Griffiths referenced the proposed membership of the quality group, commenting that it needed further review as some areas were underrepresented. This was agreed.</p> <p>Emma Woollett summarised that while the board was supportive of the approach, more work was needed to refine the detail, which needed to be discussed at the Management Board first. She suggested that an update be brought to the board in six months. This was agreed.</p> <p>ACTION - The establishment of an equality, diversity and inclusion group and integrated Anti-Racist Wales service provision/public action plan be debated more widely at the Management Board to refine the detail with an update provided to board in six months.</p>	NS
Resolved:	<ul style="list-style-type: none"> - The establishment of an equality, diversity and inclusion group and integrated Anti-Racist Wales service provision/public action 	

	<p>plan be debated more widely at the Management Board to refine the detail with an update provided to board in six months.</p>	NS
254/22	<p>MANAGEMENT MODEL FOR A MID AND SOUTH WALES REGIONAL CENTRE OF EXCELLENCE FOR PATHOLOGY</p>	
	<p>A management model for a mid and south Wales regional centre of excellence for pathology was received.</p> <p>In introducing the report, Christine Morrell highlighted the following points:</p> <ul style="list-style-type: none"> - The report was also being received by the board at Hywel Dda University Health Board that day; - A commissioning board was to be developed to progress the work needed, including the establishment of a memorandum of understanding. Any vacancies would be appointed into the regional structure. <p>In discussing the model, the following points were raised:</p> <p>Reena Owen stated that there were significant challenges around recruitment and retention and queried if a regional model would prove more attractive to potential applications. Christine Morrell responded that this was a UK-wide issue but the regional plan for purpose built facilities was already attracting potential recruits. As both health boards were consolidating resources this would help address the inequalities and inefficiencies in what was a 24/7 delivered by a critical mass of staff.</p> <p>Keith Lloyd commented that the proposals had the potential to create a centre for excellence. He queried if there was scope to include potential training and research to further genomic medicine. Christine Morrell confirmed that once the management model was agreed, work would commence on the service model of which this would be an integral part and joint posts were already attracting applications.</p> <p>Mark Hackett advised that taking into account both health boards involved, the service delivery of each had different resource levels. Swansea Bay's service was accredited and had no issues with recruiting, but this was less true for Hywel Dda University Health Board. Preliminary discussions had taken place between the two health boards to address the deficit and any clinical risk associated. He added that there were also reputational risks to consider as delays to providing services such as histopathology could have severe impacts on patients and these issues needed to look at this in its role as commissioners of the service.</p> <p>Emma Woollett recognised the concerns of the board and queried at what point the health board was committee to progressing with a regional</p>	

	<p>model. Mark Hackett responded that it was at the point the memorandum of understanding was signed. Emma Woollett stated that before that could happen the board would need to be clear on all risks and associated mitigations. Christine Morrell concurred, adding more work was needed to develop the regional service model first before an outline business could be drafted, which would be the next step.</p>	
Resolved:	<ul style="list-style-type: none"> - The proposal to take forward development of an operational delivery network (ODN) management model to manage a regional pathology service be approved; - It be agreed to create a south west Wales pathology network board to establish the ODN; - The health board's future responsibilities based on the ODN by quarter one-two 2023-4 (indicative) be agreed; - It be agreed to work with Hywel Dda University Health Board to develop the future arrangements for blood sciences management by quarter two/three 2023-4 (indicative); - It be agreed to develop an implementation plan that sets-out the process that will be undertaken to achieve the regional model along with the indicative timeline. 	
255/22	<p>VOLUNTARY SECTOR RECOMMISSIONING PROCESS AND RECOMMENDED REVISION TO THE TIMESCALES</p>	
	<p>A report providing an update on the voluntary sector recommissioning process and setting recommended revision to the timescales agreed in 2021 was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - A significant piece of work had been undertaken to make the commissioning arrangements with the voluntary sector more sustainable; - A light-touch approach had been adopted and additional support provided to the voluntary sector organisations during the application process, including extended deadline; - The revised timescales set out in the report would enable a robust service specification to be developed. <p>In discussing the report, the following points were raised:</p> <p>Darren Griffiths advised that from a financial perspective, there was an ambition to provide more funding to the voluntary sector in the future but</p>	

	<p>the intention for now was to not increase the budget nor decrease it as part of the savings targets.</p> <p>Reena Owen commented that some voluntary organisations were more fragile than others and sought assurance that the timescales for applications had been sufficient enough to give them time to plan and complete as many would be reliant on the funding. Siân Harrop-Griffiths advised that the timeframes had been extended.</p> <p>Emma Woollett queried whether there were any monies which could be allocated at risk small enough to be outside of the procurement process to move at pace. Siân Harrop-Griffiths responded that there was a small grants fund in place through the Charitable Funds Committee which was the extent to which funds could be allocated outside of the procurement process.</p> <p>Andrew Griffiths noted that the current commissioning process had been 'rolled over' in the interim and queried if the voluntary organisations had taken the opportunity to renegotiate what they provided for the funds they were given. If not, this was a risk for the health board as the provision could change part-way through delivery if costs continued to increase. Emma Woollett concurred, adding that it was not for the health board to specify how people delivered their contracts as long as they delivered the agreed outcomes. Darren Griffiths responded that the budget for voluntary sectors had not changed but as there had been an underspend, this had provided enough slippage to allow an uplift of 3%/4% to the value of the contracts but agreed that some services may still have to change their provision dependent on what was affordable.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The revised process proposed for the programme be approved; - The revised timescales proposed for the programme be approved; - The approach to funding outlined for the programme be approved. 	
256/22	SUMMARY REPORTS FROM THE HEALTH BOARD'S ADVISORY GROUPS	
	<p>A report setting out summary reports from the health board's advisory groups were received.</p> <p>In discussing the report, the following points were raised:</p>	

	<p>Nuria Zolle advised that she was currently acting as chair for the Stakeholder Reference Group in the short-term, which was in-line with the terms of reference in the absence of a substantive chair/vice-chair. Work was ongoing to revamp the meetings to make them shorter and more focused on having an impact on recovery and sustainability.</p> <p>Andrew Griffiths stated that the Healthcare Professionals Forum was working to align its programme with the board priorities and contribute to the debates using the skills and expertise of the members. Equality, diversity and inclusion would be a key area in which the forum could become more active.</p>	
Resolved:	- The report be noted .	
257/22	CORPORATE GOVERNANCE ISSUES	
	A report on corporate governance issues was received and noted .	
258/22	PERFORMANCE REPORT	
	The performance report was received and noted .	
259/22	FINANCE REPORT	
	<p>The month seven finance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The cumulative month seven position was a deficit of £3.7m; - The all-Wales capital position had been deliberated nationally and some slippage identified; - The delegated budgets had a deficit of £13m offset by opportunities in the balance sheet of £9.4m and this now needed to be recovered by the service groups and corporate functions; - The current position and plan had been endorsed by Welsh Government and the NHS Wales Financial Delivery Unit; - The Director of Finance and Chief Executive were to meet with the finance improvement director supporting Morriston Hospital to look at opportunities for variable pay and consumables; 	

	<ul style="list-style-type: none"> - £34.1m savings were required for 2022-23 and £32m had been confirmed as identified, 27m of which were recurrent, with the target being £31m. <p>In discussing the report, the following points were raised:</p> <p>Pat Price recognised the work being undertaken to identify the level of savings needed, adding that it would be of benefit to look at the longer – term for 2023-24 and what would impact on the integrated medium term plan. Darren Griffiths agreed, adding that the detail of this would be discussed by the board at its next development session as decisions would need to be made as to what to prioritise in the context of cost pressures and service improvements. Areas which had already been funded would also need to be reviewed and decision made as to whether to continue them. Emma Woollett concurred, adding that Welsh Government had been clear that inflationary monies would not be available and while the health board had desires to be radical in its changes, this was nothing if plans were not delivered. This was a positive opportunity for innovation.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
260/22	PROGRESS REPORT FOR THE INTEGRATED MEDIUM-TERM PLAN (QUARTER TWO)	
	<p>The quarter two progress report for the integrated medium term plan (IMTP) was received.</p> <p>In discussing the report, Emma Woollett advised that it would be of benefit if the board undertook a mid-year review of its progress against the IMTP. Mark Hackett concurred, adding that assumptions could change throughout the year but the level to which areas were off track was much improved compared with last year and the board should have confidence that the plan would be delivered.</p> <p>ACTION – mid-year board review be undertaken as to the delivery of the IMTP.</p>	SHG
Resolved:	<ul style="list-style-type: none"> - The report be noted; - Mid-year board review be undertaken as to the delivery of the IMTP. 	SHG
261/22	ANY OTHER BUSINESS	

	There was no further business and the meeting was closed.	
262/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as Thursday 26 th January 2023.	

Meeting closed: 3.30pm