

Swansea Bay University Health Board
Unconfirmed Minutes of a Meeting of the Health Board
held on 26th May 2022 at 11.45am via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Jarrett	Associate Board Member
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance
Debbie Eyitayo	Director of Workforce and OD
Judith Vincent	Associate Board Member (until minute 120/22)
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member

In Attendance:

Hazel Lloyd	Interim Director of Corporate Governance
Hazel Powell	Deputy Director of Nursing and Patient Experience
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Sue Evans	Community Health Council
Liz Stauber	Head of Corporate Governance

Minute No.		Action
106/22	WELCOME AND INTRODUCTIONS	
	<p>Emma Woollett welcomed everyone to the meeting, particularly Judith Vincent as an associate board member as part of her role of co-chair of the Health Professionals' Forum.</p> <p>Apologies had been received from Jackie Davies, Independent Member, Patricia Price, Independent Member, Nick Samuels, Interim Director of Communications, Gareth Howells, Interim Director of Nursing and Patient Experience and Nuria Zolle, Independent Member.</p>	
107/22	DECLARATIONS OF INTEREST	

	There were no declarations of interest.	
108/22	PATIENT STORY	
	<p>A patient story was received which set out the experience of a patient with small veins for whom staff had difficulty placing a cannula, with 28 inserted over five weeks as each one kept failing. It was a distressing time for the patient as not only was each experience painful, without a cannula, she was not receiving the medications she needed. On several occasions, an alternative in the form of a PICC (peripherally inserted central catheter) line was suggested, action was only taken after five weeks when a consultant came to check the patient's drains. The patient spoke of her anxiety when the team came to do the PICC line but the three ladies sat and answered all her questions and the actual procedure was over in minutes, with no pain. She felt patients should be offered alternatives much earlier in the process.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Hazel Powell commented that while placing cannulas was an everyday task for staff, it was not easy for patients on the receiving end, especially when insertion was challenging. She commented that alternatives should have been sought much earlier.</p> <p>Mark Hackett stated that cannulas and catheters were often placed on a patient's admission just in case they were needed later in the treatment, and for some, they were left in longer than required. These actions often led to bacteraemia and healthcare acquired infections. Hazel Powell concurred, adding that the pulmonary team was doing some good work to create standards and guidance to reduce unnecessary procedures.</p> <p>Richard Evans advised that it was an anxious time for the patient knowing that each cannula would fail so it was pleasing to know there was a team who could attend the bedside and offer an alternative.</p> <p>Andrew Jarrett queried the lessons learned from the story. Hazel Powell responded that it was used widely as part of training programmes as it should not have reached a 28th cannula before an alternative was sought for the patient. The pulmonary team was committed to ensuring more patients did not have a similar experience.</p> <p>Reena Owen queried whether staff could tell by looking at a patient whether a cannula would fail. Hazel Powell advised not by looking at a person and it was possible a more experienced member of staff would succeed where a junior staff member did not, so it was important the same person did not keep trying.</p>	

Resolved:	The patient story be noted .	
109/22	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 31 st March 2022 and 28 th April 2022 were received and approved as a true and accurate record.	
110/22	MATTERS ARISING	
	There were no matters arising.	
111/22	ACTION LOG	
	The action log was received and noted .	
112/22	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 submitted its draft three-year plan to Welsh Government at the end of March 2022, which was now being considered for approval; - Discussions were continuing with Welsh Government and the NHS Wales Financial Delivery Unit as to the health board's shortfall in population allocation; - The number of strategic items on the agenda demonstrated that the health board was already starting to deliver its plan; - Quality and culture were the top priorities for the health board in 2022-23 and a Board away day had taken place in April to discuss the approach; - Recruitment for the legal independent member was continuing; - The annual board to board with the community health council had promoted excellent discussion across a number of areas; - A population health needs assessment undertaken by the Regional Partnership Board would be received at its next meeting; 	

	<ul style="list-style-type: none"> - The Minister for Health and Social Care had visited the clinical research unit at Morriston Hospital and renal services, both of which had been positive. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
113/22	CHIEF EXECUTIVE'S REPORT	
	<p>A report setting out an update from Chief Executive as to recent activities was received.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - The number of people attending the emergency department had decreased by 10% and work was ongoing around combined measures to redirect attendees to appropriate alternatives for those who do not need the department; - The acute medical services redesign programme would provide a transformative approach to seven-day working, improve staffing levels and provide more modern care; - Investment in community and mental health services was continuing, including a single point of access in mental health; - Progress to improve cancer performance was slow and consideration was being given as to how to deliver at pace, as some patients were waiting more than two months for a diagnosis for a common cancer; - It was important that clinical leaders were a part of the improvement programme for healthcare acquired infections and ensure standards were consistently applied. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett asked to what degree was infection control compliance reported, as assurance was needed that it was being monitored at every level. Richard Evans responded that information was available for every ward. The information held was to be put into a format for patients and public to see at the entrance to each ward. There were a number of areas which required compliance, such as bare below the elbows, hand hygiene and cleaning, so it was less about investigating every case and more about how the wards adhered to day-to-day basics.</p> <p>Reena Owen noted that not all GPs were using 'AskMyGP' and queried what ability the health board had to ensure all practices were using the same services. Richard Evans responded that an analysis was needed from the Primary, Community and Therapies Service Group as to the</p>	

	<p>provision/proportion of virtual/in person consultations and the process should a patient have a preference. Matt John added that there was a mixed opinion as to the effectiveness of virtual appointments – some worked well but in other cases, face-to-face was better. As there was a mixed range of opinions, it needed to be established what was the preferred option for the health board as there should not be a variation. This was currently under review by the Planned Care Board, recognising that the health board did not have full control as to how primary care services were provided. Emma Woollett advised that the Board needed to understand the current level of provision and access as well as determine why virtual services worked better in some areas than others.</p> <p>ACTION – evaluation be provided as to the current level of provision and access of virtual and in-person GP access as well as why virtual services worked better in some areas than others.</p>	IR/BO
Resolved:	<ul style="list-style-type: none"> - The report be noted. - Evaluation be provided as to the current level of provision and access of virtual and in-person GP access as well as why virtual services worked better in some areas than others. 	IR/BO
114/22	COVID NOSOCOMIAL REVIEW PLAN	
	<p>A report setting out the Covid nosocomial review plan was received.</p> <p>In introducing the report, Richard Evans and Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - One of the biggest challenges of Covid-19 was to prevent the spread of the infection between inpatients; - A nosocomial review group had been established to ensure compliance with guidance and implement measures to respond to outbreaks; - Despite these efforts, there were cases of hospital-acquired Covid, some of whom died; - A review had been undertaken of all these cases to establish if there were any which could reasonably have been prevented, and a was plan in place to contact families. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett (on behalf of Nuria Zolle) noted that the health board would be one of the first to communicate with families and had an advocacy programme in place with the community health council. She</p>	

	<p>queried if there would be any provision to learn lessons through the CHC as the process continued. Sue Evans advised that she had met with her team the previous day and in the first instance, the advocacy support would be provided by the local community health council. However, the national body would be approaching Welsh Government for funding for an advocacy position to support concerns across Wales. As the families would be contacted in groups of 10, this would enable the approach to be tailored in order for the community health council to support the health board in any way that it could.</p> <p>Reena Owen commented that this was a really important and sensitive piece of work and she was pleased and reassured by what had been said. This would be an ongoing issue on which people would need to continually reflect as feedback from families was taken on board.</p> <p>Emma Woollett stated that the health board would have regular updates on the process. This would need to be part of its regular business for the time being, noting that the Quality and Safety Committee would oversee progress, in order to take any assurance around learning. This would not be an easy time for families or the organisation and thanks was offered to all those involved.</p> <p>ACTION – the Covid nosocomial review be a standing Board agenda item for the remainder of the calendar year.</p>	HL
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The communication approach and principles be approved to take effect in June 2022. - Approve the Quality and Safety Committee to oversee and monitor progress with the programme of work; - The Covid nosocomial review be a standing Board agenda item for the remainder of the calendar year. 	HL
115/22	KEY ISSUES 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>Emma Woollett, on behalf of Jackie Davies, noted that a number of the referrals from GPs to the single point of access service for child and adolescent mental health services (CAMHS) had been returned and sought clarity as to the reason why. Siân Harrop-Griffiths advised that the service had commenced in September 2021 and the number of referrals</p>	

	<p>being returned was reducing as work had been undertaken through the health board's primary care teams to help GPs started to understand the system more.</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>Reena Owen queried the health and wellbeing initiatives in place to support staff to return to work now that the health board was moving out of the Covid response. Debbie Eytayo responded that significant investment had been made to support staff health and wellbeing. She advised that from June 2022, the shielding guidance would no longer be in place and staff would be returning to work, and a focus was needed on how to support these returning staff. New risk assessment requirements would be received from Welsh Government to guide how to support staff to return to work. There were also hotspots where sickness absence rates were high in general and support was being provided to managers in relation to health and wellbeing offerings as part of an overall approach to reducing sickness absence.</p> <p>(iv) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Mental Health Legislation 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>	
116/22	BI-ANNUAL NURSE STAFFING LEVELS REPORT	
	<p>The bi-annual nurse staffing levels report was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett queried if the increasing number of CAMHS patients on health board wards was due to limited capacity within the specialist inpatient unit (Ty Llidiard) in Bridgend. Siân Harrop-Griffiths responded that this was not the only contributing factor as not all patients required support at that high a level, but there was no provision below this. She and the Director of Nursing and Patient Experience had met with the Welsh Health Specialised Services Committee (WHSSC) as commissioners of the service, who recognised the issue, and it had been</p>	

	<p>a constructive meeting. A report had been shared with the Regional Partnership Board by Welsh Government regarding accommodation for children with complex needs as these had been lost in the pandemic and the pathways would need to be reviewed.</p> <p>Emma Woollett, on behalf of Jackie Davies, highlighted the number of pressure sores being identified on patients after they had been transferred to a ward from another area. There was a requirement to assess these patients within two hours and she queried why it was not an immediate requirement. Hazel Powell responded that the standard was within two hours but should be completed as soon as possible.</p>	
Resolved:	- The report be noted .	
117/22	PERFORMANCE MANAGEMENT ARRANGEMENTS FOR 2022-23	
	<p>A report setting out the performance management arrangements for 2022-23 was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett, on behalf of Nuria Zolle, stated that too much focus on performance targets could result in adverse implications and instead, a whole system approach would be more effective. Darren Griffiths responded that the performance management framework sought to drive the accountability lines within the organisation and where areas were escalated, focus was given to a system-wide response, with all the teams with the potential to impact on the position included in the meetings. All too often focus was given to just improving the performance rather than addressing the cause, which the performance management framework was designed achieve.</p> <p>Reena Owen advised that the Quality and Safety Committee was focusing on how to give more focus to patient experience as part of outcome measures and she and the chair of the committee were supportive of performance scorecards. She queried if these would give a full view of how patients felt the services performed, not just whether targets were delivered. Darren Griffiths responded the integrated performance report had been developed to provide more of a quality aspect to the Quality and Safety Committee and he provided this on a monthly basis, including patient experience indicators. The performance management framework had a different objective in that it held people to account based on whether they delivered what they said they would.</p>	

Resolved:	<ul style="list-style-type: none"> - It be agreed that the scope of the measures to be included in the balance scorecard was as defined in section 2.3; - The proposed escalation triggers using the options presented be agreed; - The performance management framework for implementation 2022-23 be approved; - The request to develop service group level recovery trajectories for measures not disclosed in the draft three-year recovery and sustainability plan be supported. 	
118/22	EXTENSION TO THE TRANSITIONAL CARE HOME BEDS SCHEME	
	<p>A report seeking an approval for an extension to the transitional care home beds scheme was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett, on behalf of Nuria Zolle, queried who bore the financial responsibility should a service user remain in a transitional care home bed past the six weeks. Darren Griffiths responded that the first phase of the scheme had been funded through Regional Partnership Board monies in totality. The extension would be funded by the health board for up to six weeks for each service user, after this, responsibility would transfer to the social care sector. He undertook to confirm this was set out in the contract.</p> <p>ACTION – confirmation be sought that the transitional care home bed contract set out that financial responsibility for a service user that remained longer than six weeks would transfer to social care.</p> <p>Emma Woollett, on behalf of Nuria Zolle, sought assurance that equality impact assessments had been undertaken to ensure that the programme was not preventing potential permanent care home residents accessing the beds of their choice. Mark Hackett confirmed that they had and the health board was able to commission the beds as there was significant capacity within the sector.</p>	DG
Resolved:	<ul style="list-style-type: none"> - The continuation of the scheme up until 30th November 2022 within the financial allocation of £2m providing 58 beds fully occupied be approved; - Confirmation be sought that the transitional care home bed contract set out that financial responsibility for a service user that remained longer than six weeks would transfer to social care. 	DG

119/22	CLINICAL SERVICES PLAN STRATEGIC PORTFOLIO CASE	
	<p>A report setting out the clinical services plan strategic portfolio case was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The Board had approved its clinical services plan in 2017; - In 2020, Welsh Government recommended a strategic portfolio business case be developed to set out the approach to investment as there was no single capital case, such as a new hospital. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill referenced the breakdown of capital costs noting that of the three years, the middle was higher than the first and third. He queried the reasons and the likelihood the cases would be funded. Siân Harrop-Griffiths responded that the Welsh Government capital fund was limited and any cases submitted by the health board would be reviewed in-line with those of other organisations. Feedback and assurance was yet to be received as to whether all cases would be approved and any decisions would influence the timescales to deliver the plan. Consideration was being given to other potential external funding schemes with strategic partners and discussions ongoing as to how these could be achieved. Mark Hackett added that the health board was also reviewing the land disposal process to determine whether this programme could provide a stream of funding but there needed to be a Wales-wide discussion around capital resourcing.</p> <p>Emma Woollett supported the assertion in the report to calculate the resource needed to develop the cases in order to submit a bid for financial support to Welsh Government. She added the effort needed to develop one significant case was in parallel with that to develop numerous smaller cases and any additional support would critical.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The draft strategic portfolio case be approved for submission to Welsh Government 31st May 2022. 	
120/22	DECOMMISSIONING OF THE FIELD HOSPITAL	
	<p>A report seeking approval for the decommissioning of the field hospital was received.</p>	

	<p>In discussing the report, the following points were raised:</p> <p>Reena Owen commented that members of the public appreciated not having to access health board sites for blood tests and endorsed the need to find alternative arrangements for these. Darren Griffiths responded that a four-site plan was being developed for phlebotomy – one in Port Talbot, another in Gorseinon and two in city centre locations – in order for blood tests to be more accessible. Some of the footfall may be redirected to hospitals but a bridging solution while the replacements were being established was being considered. Discussions had taken place with staff in-line with the organisational change policy, and immediate and long-term strategies developed to ensure the optimum model was put in place.</p> <p>Emma Woollett commended the contribution of the staff who had worked tirelessly at the facility, some of whom had been deployed from their substantive roles to support the response to Covid-19, as well as those who had established it in a very short space of time.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The decision to decommission Bay Studios as a facility when the lease expires on 31st July 2022 be approved; - The decision to negotiate with the landlord a mutually agreeable decommissioning plan be supported. 	
121/22	STRATEGIC CASE FOR SINGLETON HOSPITAL THEATRES	
	<p>A report setting out the strategic case for Singleton Hospital theatres was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Keith Lloyd stated that some people would need a higher level of care post-operatively, noting that a post-anaesthetic care unit (PACU) was to be established separately. He queried if this would impact on the plans. Darren Griffiths responded that the £2m funding for the PACU had already been received and the design would be nuanced around the service model for Singleton Hospital following the centralisation of acute medical services at Morriston Hospital. The clinical model still needed to be established but the workforce required would be less as there would already be some staff in post.</p> <p>Reena Owen commented that more assurance was needed around the workforce plans especially as there would also be additional theatres for Neath Port Talbot Hospital for the orthopaedic centre. Debbie Eyitayo advised that there were a number of strands around a robust workforce.</p>	

Aside from recruitment, there was also improving sickness absence rates and work to develop the culture. An extensive local and international recruitment programme was ongoing which was being managed centrally to accelerate progress to address vacancies generally. Once the service model and costs were finalised, a detailed workforce plan could be established for the additional theatres at both sites, supported by a recruitment plan. It was important to think innovatively when designing these as some of the more traditional roles were harder to recruit and an alternative skill-mix may work better. Theatres were an area of high sickness rates, ranging between 3% and 8%, both short and long-term, and it was important that the causes were addressed to increase the numbers of staff in work by improving the culture within the service.

Reena Owen raised concern that the existing theatre capacity was not yet being maximised, with figures showing that lists were still starting late and/or finishing early. She sought assurance that the additional theatres would not detract from addressing the issues round theatre efficiencies. Mark Hackett responded that the Deputy Chief Operating Officer was reviewing the issues of theatre efficiency at the moment with external experts. The challenge at Morriston Hospital was due to the operational pressures and more routine elective lists were being transferred to Singleton and Neath Port Talbot hospitals, where a more reliable service could be offered to patient. While this would improve productivity, it would not help to reduce the size of the lists.

Keith Reid stated that while life was moving on from Covid-19, it was still a contributing factor to how services were run and theatres was no exception. The virus was still around, and of a list of 25 people due to be operated on the previous week at Neath Port Talbot Hospital, five had cancelled as they had tested positive for Covid-19. Richard Evans concurred, adding that evidence had shown that Covid could have a detrimental impact on patients who have a general anaesthetic, so current guidance was to wait for seven/eight weeks post Covid before operating. This created an additional challenge for elective waiting lists. Darren Griffiths advised that once the opportunity was given to treat patients with a shorter interval, the recovery plan could be accelerated. Once each speciality was back on trajectory, a decision could be made as to whether to stand-down the additional theatres or use them to support the modernisation of the main theatres.

Steve Spill commented that a significant amount of theatre down-time was due to cleaning and queried whether this if this would continue once all Covid measures had been stopped. Richard Evans responded that the revised guidance around Covid measures had been received that week but did not contain any specifics around theatre cleaning so he would raise that the meetings this week to discuss the changes. The main focus of the new guidance was to focus on standard infection

	<p>control cleaning where appropriate. Keith Reid added that life after Covid-19 would need to be a new reality and while it would be tempting just to revert back to old ways of working, this would not be relevant for all areas, and consideration would be needed as to what new measures would be needed for the future.</p> <p>Action – confirmation be sought from national meetings as to the expected cleaning methods for theatres post-Covid.</p> <p>Mark Hackett explained that the report was looking for support to start the procurement process for the modular theatres, subject to Welsh Government approval. The business case itself would be developed to include the clinical and workforce models as well as the expected outcomes. There was confidence that the workforce could be recruited, as a number of staff would transfer from Morriston Hospital along with the waiting lists, but the order for the units once the procurement process was completed would not be placed until the Board had seen the final workforce, performance and revenue plans.</p> <p>Emma Woollett summarised that there was a lot of support for the strategic direction for Singleton Hospital theatres but there was still assurance needed around the mitigation of risks. She iterated that this was not the business case, this would come in due course, but the Board was happy to proceed with the direction of travel as outlined.</p>	RE
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The establishment of the additional three theatres at Singleton Hospital to expand capacity to deliver waiting times reductions be approved; - Confirmation be sought from national meetings as to the expected cleaning methods for theatres post-Covid. 	RE
122/22	CORPORATE GOVERNANCE RPEORT	
	A report setting out corporate governance issues for consideration was received and noted , with the 2021-22 annual report for Board committees approved .	
123/22	PERFORMANCE REPORT	
	<p>The month one 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 position had improved to 73% but this was still below the target; - The backlog of cancer cases had reduced to 455 and this was predominantly made up of five tumour sites; - The red ambulance release position had increased to 55% but this was under the national requirement; - The number of clinically optimised patients stood at 286. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted; 	
124/22	FINANCE REPORT	
	<p>The month one finance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The month one reported position was an overspend of £2.24m, which was £200k over the target, so there was no undue concern; - The original forecast deficit for the last few financial years had been £42m reduced to £24m. In previous years, the gap had been closed by additional funding from Welsh Government but the health board had achieved this itself for 2022-23, demonstrating financial integrity; <p>In discussing the report, the following points were raised:</p> <p>Mark Hackett sought further detail on the actions services groups would be taking in quarter two in relation to savings. Darren Griffiths responded that service groups were working with their business and finance managers to go through the balance sheets to identify genuine, recurrent savings rather than one-off schemes, and the programme management office was also developing ideas. Diligence was needed in terms of delivery of service models and further discussions would take place over the summer. A focus was also needed on out-of-hospital alternatives to care to support the admission avoidance work and enable costs to be redesigned.</p> <p>Mark Hackett commented that the variable pay expenditure was one of the biggest risks to the financial position. The balance of more permanent staff was needed rather than a reliance on bank/agency, and the Director of Workforce and OD and Director of Nursing and Patient Experience were looking at whether the international nurse recruitment programme could be extended. Not only would this address the variable pay spend but permanent staff had a positive impact on the quality and</p>	

	safety of services, as well as staff health and wellbeing. Emma Woollett added that it would also address the culture of bullying.	
Resolved:	- The report be noted .	
125/22	QUARTER FOUR PROGRESS REPORT FOR THE ANNUAL PLAN 2021-22	
	<p>A reporting setting out progress against the annual plan 2021-22 in quarter four was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The majority of the actions within the annual plan had been delivered; - The small number of outstanding actions were in areas such as maternity, urgent and emergency care and quality and safety and these would transfer to the Recovery and Sustainability Plan to be delivered. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The enabling actions against actions which were off-track and the revised timescales be approved; - The key risks to delivery and mitigations be approved. 	
126/22	NHS PARTNERSHIPS	
	A report providing a summary of the work with NHS partnerships was received and noted .	
127/22	EXTERNAL PARTNERSHIPS	
	A report providing a summary of the work with external partnerships was received and noted .	
128/22	HEALTH BOARD'S ADVISORY GROUPS SUMMARY REPORTS	
	A report providing the summary reports from the health board's advisory groups was received and noted .	



129/22	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
130/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 8 th June 2022 (annual accounts).	

Meeting closed: 4pm