

Swansea Bay University Health Board
Unconfirmed Minutes of a Meeting of the Health Board
 held on 26th January 2023 at 12.45pm, via Zoom (livestream via YouTube)

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 Eytayo	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
Judith Vincent	Associate Board Member
Maggie Berry	Independent Member
Nuria Zolle	Independent Member
Pat Price	Independent Member
Richard Evans	Executive Medical Director
Reena Owen	Independent Member

In Attendance:

Anne-Louise Ferguson	Board Advisor (legal)
Hazel Lloyd	Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Liz Stauber	Head of Corporate Governance
Karen Stapleton	Deputy Director of Strategy
Hazel Powell	Deputy Director of Nursing and Patient Experience (until minute 25/22)
Angharad Higgins	Head of Quality and Safety (until minute 25/22)

Minute No.		Action
16/23	WELCOME AND INTRODUCTIONS	
	The Chair welcomed everyone to the meeting. Apologies for absence had been received from Siân Harrop-Griffiths, Director of Strategy; Nick Samuels, Director of Communications; Tom Crick, Independent Member; Sue Evans, Community Health Council and Mwoyo Makuto, Community Health Council.	

17/23	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
18/23	PATIENT STORY	
	<p>Stories setting out the experience of a family and a staff member of the children’s community nursing service were received.</p> <p>Both stories focused on the care of Charlie, an eight-year old boy with nonketotic hyperglycinemia and needing 24/7 care. The parents explained that he could scream for up to 30 hours at a time and it was hard to help him as they did not know what was wrong. They reached out to their community nurse who arranged for carers to provide respite through the community nursing service. In the beginning, a high number of nurses were looking after Charlie which could mean a different one every night. This was challenging for him so was reduced to a maximum of 10 different carers. There was a carer who was not the right fit for the family and they were replaced. Mum and dad explained that they have to battle for everything they need for Charlie but the staff were wonderful. The purpose of the care package was to give parents a chance to rest so it was important the carers were people they felt comfortable would look after Charlie as they would.</p> <p>Claire, one of the staff nurses of the children’s community nursing service, explained how she had joined the team around 18 months ago, after the external review. It was a very broken team when she arrived, with some staff having already left and others in the process of leaving. Part of the work to address the concerns raised in the review entailed monthly visits to families to see how things were. One of her families was that of Charlie, whose parents did the vast majority of the care. They did have concerns over one of the carers, which they had not want to raise initially as they were worried it would mean that the care packages would be stopped. That particular carer no longer looks after Charlie and had undergone further training. The home environment was currently being fitted with a new hoist and Claire acknowledged that the family have had to fight for everything they need. Everyone in the team was focused on moving forward and this was reflected in the families’ feedback which recognised there had been a positive change.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Gareth Howells stated that it was important to recognise how far the service had come. This was a service which needed to forge strong,</p>	

	<p>long-term relationships with families but support was also needed for the staff as cases were complex and challenging.</p> <p>Andrew Jarrett commented that a significant time was spent at board meetings analysing figures so it was pleasing to see good outcomes with a change in culture having a positive impact on families and staff. Gareth Howells concurred, paying tribute to the head of the service, Vicki Burrige, who had completed some good work with the team.</p> <p>Mark Hackett stated that both were very poignant stories and queried any feedback had been sought from patients and families since the action plan had been implemented. Gareth Howells responded that all registered nurses had undergone training and around 50% of healthcare support workers had completed it. 'What's the Noise' feedback programme was in place for staff and a follow-up external review was to be undertaken within the next six months. Dedicated QR codes were in place for families to provide feedback easily and monthly phone calls were made as check-ins. Over-communication was not possible within the service and complaints rates had improved, with very few received. Work was also being undertaken with Cwm Taf Morgannwg University Health Board to learn from their maternity lead areas on which to focus as that service had also been subject to external scrutiny.</p>	
Resolved:	The patient story be noted .	
19/23	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting on 24 th November 2022 were received and approved as a true and accurate record.	
20/23	MATTERS ARISING	
	There were no matters arising.	
21/23	ACTION LOG	
	The action log was received and noted .	
22/23	CHAIR'S REPORT	
	A verbal update from the Chair on recent activities was received .	

	<p>In introducing the update, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - The level of significant operational pressures was acknowledged but despite this, she continued to receive letters of praise for staff. Thanks were given on behalf of the board to staff for their continued efforts over recent months; - The centralisation of acute medical services at Morriston Hospital was making a difference with the urgent and emergency care performance; - Ministerial approval had been received for the successful local authority independent member candidate and interviews were being scheduled for the two other independent member roles that required replacing this year; - Replacements would soon be recruited for the Director of Strategy and Chief Operating Officer as the current postholders would be leaving the organisation; - The recruitment for new independent members and directors was an opportunity to consider the balance of skills, experience and personalities across the board; - As Chair of the Regional Partnership Board (RPB), she had attended a summit with Welsh Government looking at delayed discharges and the impact of domiciliary care and it was agreed to convene a meeting between the health board and social services looking at actions for a sustainable future; - A number of national meetings had taken place looking at substance misuse, at which the health board had been represented, to look at service changes to improve outcomes. 	
Resolved:	The report be noted .	
23/23	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"> - It was important to acknowledge the impact of the operational pressures and the resilience staff had shown – efforts to support staff to provide the care that they had trained to do needed to continue; - One of the main approaches to address urgent and emergency 	

care performance was to centralise the acute medical services at Morriston Hospital. Other actions included early supported discharge for patients with non-surgical fractures and continuing to expand the virtual wards and acute community teams;

- A taskforce reporting to the Chief Executive had been established to focus on releasing the temporary 120 additional beds at Singleton Hospital and was in the process of setting timescales to reduce the additional beds;
- Partnership working was taking place with Hywel Dda University Health Board to improve trained staff opportunities carry out certain activities to release the qualified nursing staff. In addition more medical gastroenterologists were being appointed. The emphasis was on a regional solution which would attract Welsh Government resources;
- Discussions were also taking place between the two health boards as to how to share more capacity, potentially through an independent provider, to bring waiting times down to eight weeks (this was already the position for urgent suspected cancer patients);
- Workforce remained the biggest challenge within health but the international recruitment efforts were paying dividends, with an intention to recruit 350 in 2022-23. A number recently arrived from India were working within theatres and wards. A further international recruitment process was planned for 2023-24 alongside a nursing expansion programme for non-registered staff.

In discussing the report, the following points were raised:

Nuria Zolle commented that cancer continued to be an area of concern, particularly gynaecology, and queried what could be expected from the action plan. Mark Hackett responded that the issues within gynaecology were at the front-end of the pathway, for example, seeing patients with post-menopausal bleeding quickly enough. If the capacity could be accurately sized, this would help with diagnosis and treatment. He added that while there were some workforce issues, the challenge was not referral demand, rather getting people promptly to diagnosis. This was being taken forward by reviewing role general gynaecologists had and using specialist gynaecologists for complex cases.

Mark Hackett advised that, in general, the cancer pathway was challenging as more people were presenting later due to Covid delays and this was making treatment more complex than it would have been if the cancer had been identified earlier. Richard Evans advised the board that the rapid diagnosis centre at Neath Port Talbot Hospital was to be

extended in 2023-24 to include those referred with suspected bowel cancer. They would be seen, diagnosed and if needed, give a treatment plan, within 48 hours of being seen.

Emma Woollett recognised the significant action being undertaken to address cancer waits but noted that, notwithstanding the efforts, only one specialism was currently meeting the 80% target. While it was recognised that this position was not unique to the health board, she suggested that a report be brought to the March 2023 board meeting setting out the action plan for cancer on a tumour site by tumour site basis. This was agreed.

ACTION – report be received at the March 2023 board meeting setting out the action plan for cancer on a tumour site by tumour site basis.

Nuria Zolle stated it was pleasing to see the action being taken around endoscopy but queried whether timely enough decisions were being made. Mark Hackett stated that a significant investment had been made to reduce the waiting time in endoscopy to eight weeks for urgent cancer referrals. The next step was to further reduce the non-cancer endoscopy waits. However, this could not be done in isolation by the health board and still deliver a high quality service due to demand and capacity constraints. A regional solution could also potentially help with gaining additional resources but a review was needed internally as to how use the current allocation for 2023-24.

Nuria Zolle raised concern as to the potential ‘burn-out’ of staff and asked what was in place to prevent this. Pat Price concurred, adding that workforce was one of the biggest challenges in how services were delivered. Debbie Eytayo advised that the pressures and current working environments could not be underestimated, with staff working over and above. In addition, as the majority of the staff were also part of the local population, they were also affected by the high respiratory virus rates leading to sickness absences. The ‘Big Conversation’, a staff listening exercise, was currently underway, with phase one recently completed, for which the data was currently being analysed. A session was to be held for board members in March to share the detail. There were clear messages from staff as to what they needed, and work was ongoing with line managers to identify things which could be put in place quickly. Retention was a key issue which needed to be addressed and work was being undertaken on a national level by Health Education and Improvement Wales on how to better support workforce. Work had just started so a local retention group had also been established which had just provided turnover data to the Workforce and OD Committee to show where recruitment and retention needed to be a focus. Occupational health had been developed into a multi-disciplinary team which enabled it to provide a range of interventions. ‘TRiM’ trauma training was also in

IR

	<p>place and wellbeing support had been expanded. Finally, the ‘Big Conversation’ had identified that psychological support was critical and a team was also being put in place to help line managers work with staff on sick leave to support an earlier return with appropriate measures in place. Mark Hackett suggested, given the importance of workforce a quarterly report on what was being done to support resilience was brought to the board. This was agreed.</p> <p>ACTION – quarterly workforce report be brought to the board, starting in March 2023.</p> <p>Nuria Zolle sought more detail as to what the ‘Baywatch’ scheme entailed. Hazel Powell advised that patients were risk-assessed on admission for falls and any at high risk spoken to about any potential aids to support them. In addition, they were cohorted in the same bay with designated resources to provide support and help them avoid falls, for example being on hand to help them to the toilet. The idea had come from staff themselves and there was potential to use volunteers to support the schemes to release staff.</p>	<p>DE</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. - Report be received at the March 2023 board meeting setting out the action plan for cancer on a tumour site by tumour site basis; - Quarterly workforce report be brought to the board, starting in March 2023. 	<p>IR</p> <p>DE</p>
<p>24/23</p>	<p>HEALTH BOARD’S QUALITY STRATEGY</p>	
	<p>A report setting out the health board’s quality strategy was received. In introducing the report, Angharad Higgins highlighted the following points:</p> <ul style="list-style-type: none"> - The quality strategy covered 2023-28 and set out the health board’s commitment to quality; - Improving quality was the key priority; - A high level of engagement had taken place in developing the strategy to ensure it was aspirational enough and had the right structures and priorities; - Person-centred care was critical as was having an outlet through which staff could speak up alongside robust governance systems to deliver outcomes and sustainability; - The strategy had four ambitions, all of which had an 	

implementation plan:

- Delivering safe and reliable care;
 - An organisation that our communities, and patients are proud of;
 - Empowering staff;
 - High quality accessible services now and in the future.
- The health board's current quality priorities comprised end-of-life care, falls, suicide prevention, sepsis and infection control. These would continue into 2023-24 but additional ones were in the process of being agreed;
 - The implementation plan for the strategy would be agreed by end of February 2023 and the strategy itself launched on 2nd March 2023 supported by a communications plan;
 - Progress would be reported monthly to the Quality and Safety Committee and annually through the annual quality statement;
 - Work was continuing to establish a quality management system and how this would filter through the wards.

In discussing the report, the following points were raised:

Reena Owen stated that this was a really important document for the health board and queried how ownership of the strategy would be ensured, for example through key objectives to build and deliver the ambition. Angharad Higgins responded that making strategy 'live' within teams would be key as engagement would be the driver of success. Debbie Eytayo added that as the board set its own objectives, these would be cascaded through the organisation to drive a quality focus.

Anne-Louise Ferguson commented that the presentation was helpful in terms of setting out the milestones but queried how it would be known when they had been achieved. Darren Griffiths advised that a number of the improvement elements were aligned with the performance report and this was an opportunity to align the approaches and develop a quality performance report. Emma Woollett concurred, adding that this would help drive the Quality and Safety Committee agenda.

Steve Spill commented that significant progress had been made and the area which Quality and Safety Committee would want to focus on would be culture and ownership across the whole workforce. He added once a monitoring programme for outcome, experience and safety was in place in each division and directorate, this would provide opportunities to know how all services within hospital settings were working, but it would be more challenging to do this for community services, and this is what the committee would want to achieve.

	<p>Richard Evans stated that there were a number of varying themes and definitions as to what quality was and this was a key part of the ‘Big Conversation’ discussions to find out from staff what quality meant to them and how to develop a common understanding.</p> <p>Mark Hackett advised that it was important to set realistic goals in year one and a carefully considered execution mechanism in order to become a learning organisation focusing on improvement, including for staff, with ways to cascade the work throughout the organisation. Effective planning and governance arrangements would be established to ensure the implementation was taking place across all the areas within the health board’s remit. For services with a national or independent contract an alternative implementation plan would be needed. He added that the work to create a quality management system was progressing well and it was hoped that the task and finish group in place to support the work would be stood-down in March 2023 and the work become mainstream.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted; - The draft strategy and timescales for development of a supporting implementation plan be approved; - It be approved that the Director of Nursing and Patient Experience be the executive lead for quality and take forward the implementation of the strategy within the health board. 	<p>-</p>
<p>25/23</p>	<p>PROGRESS REPORT ON THE ACTION PLAN IN RESPONSE TO THE CHILDREN’S COMMUNITY NURSING SERVICE REVIEW</p>	<p>-</p>
	<p>A progress report on the action plan in response to the children’s community nursing service review was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The report followed on from the patient story; - Regular updates on progress were provided to the Management Board and Quality and Safety Committee and significant progress was being made; - It had been agreed a follow-up review would be undertaken and all families had sent letters advising them of this; - Management Board and Quality and Safety Committee would continue to receive updates as it was not yet at a point to step-down the monitoring of progress. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies noted that while 100% of registered nurses had completed</p>	

	<p>the training, the number of healthcare support workers was considerably fewer. She added that timescales were in place to achieve 75% for this staff group and queried when it would be 100% given that they work in isolation and as such, were vulnerable workers. Gareth Howells responded that it was recognised that the service was predominantly made up of healthcare support workers but there had been a lot of turnover within the workforce, which was why the training compliance was lower. 100% would be achieved by end of quarter four.</p> <p>Mark Hackett commented that the mechanisms in place for capturing families' experiences were creative and consideration was needed as to how expand these more widely to improve outcomes. He thanked Gareth Howells for his work as the executive lead in this area as it was a significantly different service from where it was 18 months ago. The effective leadership in place for the service was resulting in different attitudes and behaviours across the team. Emma Woollett concurred, adding that there had been two services in the last 18 months for which external reviews had raised concerns – the children's community nursing team and cardiac surgery. It was important to learn the lessons from these and apply the good practice now in place universally. She stated that she had visited the children's community nursing team when the review initially was published and undertook to have a follow-up visit.</p> <p>ACTION – visit be arranged for the Chair to the children's community nursing team.</p>	GH
Resolved	<ul style="list-style-type: none"> - The report be noted; - Visit be arranged for the Chair to the children's community nursing team. 	GH
26/23	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>(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>Steve Spill advised that at the meeting earlier that week (24th January 2023), members had heard that the maximum annual target for infection control cases had already been breached by quarter three. Significant effort was being undertaken to reduce the numbers, and this would</p>	

	<p>remain an area of close surveillance for the committee.</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>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>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>(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>	
27/23	BURNS CRITICAL CARE BUSINESS CASE	
	<p>A business case setting out burns critical care was received.</p> <p>In introducing the business case, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The business case had been shared informally at an independent members' briefing to explain the detail; - The health board's burns critical care unit was located away from the general intensive care unit, which was different to the other three centres across the UK; - This made it difficult to recruit and retain the required levels of anaesthetists and in October 2021, the unit closed to patients temporarily; - An independent review by the operational development network for the burns service recommended integrating the two intensive care services. This would need to be completed in a number of stages which would cost up to £40m in capital investment; - A call to arms had been answered by the general intensive care consultants to temporarily support the service while arrangements were made to co-locate the services in the general intensive care unit; 	

	<ul style="list-style-type: none"> - The work for this would be in two phases and this was the business justification for phase one which would create a temporary co-located solution; - The subsequent phases of the burns capital strategy would be developed as specific business cases to come to the board. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The strategic and capital investment of £7.3m to be funded by Welsh Government be agreed for stage one of the rejuvenation of the burns service. - The business justification case and subsequent submission to Welsh Government for consideration against the all-Wales capital programme be approved. 	
28/23	PORTFOLIO BUSINESS CASE FOR THE SOUTH-WEST WALES CANCER CENTRE	
	<p>A portfolio business case for the south-west Wales cancer centre was received.</p> <p>In introducing the business case, Karen Stapleton highlighted the following points:</p> <ul style="list-style-type: none"> - The centre had been successfully appointed by WHSSC (Welsh Health Specialised Services Committee) to provide hyper-fractionated treatment for breast and prostate cancers; - An additional linear accelerator would be needed in the next three years, in line with the Welsh Government replacement programme and this would be addressed in partnership with Hywel Dda University Health Board to locate in a place which would benefit its population; - A 10 year replacement plan was in place for the linear accelerators and additional CT capacity was required alongside this. The revenue case for these was being worked through; - There were a number of tumour sites with a high volume of outpatients and a sustainable workforce model was needed, maximising the full multi-disciplinary team; - The regional plan would be shared with Welsh Government. <p>In discussing the business case, the following points were raised:</p> <p>Mark Hackett stated that it was important that both Swansea Bay and Hywel Dda university health boards involved in the case identified the</p>	

	<p>right level of baseline funding to take it forward. A longer-term plan was needed for the development of Singleton Hospital to support the provision of non-surgical oncology and the development of surgical oncology at Singleton Hospital which the Management Board was considering.</p> <p>Nuria Zolle queried if an equalities impact assessment had been completed to determine the impact of the proposals on those with protected characteristics. Mark Hackett responded the insight, communications and engagement team was to work with the strategy team on the engagement needed with the public around the proposals. Karen Stapleton added that discussions had already taken place with the community health council and equality impact assessments would be the next phase.</p> <p>ACTION - communications and engagement team to work with the strategy team on the engagement needed with the public around the proposals for the south west Wales cancer centre strategic programme case.</p>	NS
Resolved:	<ul style="list-style-type: none"> - The south west Wales cancer centre strategic programme case for onward submission to Welsh Government be approved - subject to equivalent approval by Hywel Dda University Health Board on 26th January 2023; - It be agreed that work on long term affordability and demand and capacity analysis of the proposed models be undertaken in the forthcoming months; - It be agreed that the estates/ infrastructure impact to the Singleton Hospital site be worked through and included in the ongoing development of the health board estates strategy; - Communications and engagement team to work with the strategy team on the engagement needed with the public around the proposals for the south west Wales cancer centre strategic programme case. 	NS
29/23	DEVELOPMENT OF THE IMTP 2023-26	
	<p>A report on the development of the IMTP 2023-26 was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Darren Griffiths advised that the financial allocation for 2023-24 was in the process of being worked through. A 1.5% uplift core uplift which was around £11m but inflationary pressures were around 8%. Confirmation had been received that the wage award would be funded. The financial outlook for next year was extremely challenging and a realistic starting</p>	

target was needed with choices to be made in order for the plan to be delivered.

Pat Price stated that it was pleasing to see the work being undertaken around clinical prioritisation but acknowledged there would be too many tier one targets to address. She queried how the executive team would prioritise based on high risk and low performance. Darren Griffiths agreed that a targeted approach was needed, especially as there were elements of inefficiencies across the health board and these increased costs further. There was still more work to do to review pathways, service models and other areas such as continuing healthcare to reduce expenditure.

Pat Price expressed concern that the allocation for 2023-24 appeared to be underfunded by between £50m and £100m and increased savings requirement on the service groups to address this would be too challenging to deliver. Darren Griffiths responded that if the allocation was looked at in isolation it was challenging, but there was potentially more money in the system which could become available as the year progressed, for example funding of the wage award, £15m for planned care, £19m. There were also other areas the health board could target internally as part of its ambitions. Work was continuing with Morriston Hospital to reduce its run-rate and the learning from this would then be used across the other service groups to look for similar opportunities. The finance team was continuing to look for all opportunities to bridge the gaps in the allocation.

Reena Owen provided assurance that the Performance and Finance Committee had reviewed the financial allocation for 2023-24 in detail and this had provided an understanding of the health board's position in comparison with others.

Mark Hackett recognised that the board was asking the executive team to focus on the areas of the run-rate which were within its control. He stated that the Finance Improvement Director commissioned to work with Morriston Hospital had identified a number of opportunities to focus on. The need to make the health board more efficient further emphasised the need identified in 'Changing for the Future' to innovate and transform services through digital investment and new workforce models to create sustainability. Professional guidance and judgement was needed for use of bank and agency staff as well as changes to service models for primary and community services to provide more out of hospital care and facilitate more discharges to reduce the number of clinically optimised patients. Reliance should not be placed on historic systems for financial improvement as they no longer worked as they should and services were not at their optimal. More pan-Wales solutions were needed and closer partnership working with consistent approaches as the scale of financial improvement were too many for health boards to manage on an

	<p>individual basis. Investment in central areas was needed for quality and safety of patient services.</p> <p>Steve Spill commented that the purpose of an integrated medium term plan was to breakeven at the end of three years, so queried if there was potential for one of the years to be a deficit as long as it was recovered. Mark Hackett responded that there would be an expectation that if the health board finished a year in a deficit position then it would recover by the end of three years.</p> <p>Karen Stapleton advised that over the coming weeks, the executive team would be considering the absolute priorities for the plan and work was ongoing with primary care clusters to develop integrated plans and ensure priorities were aligned.</p> <p>Emma Woollett stressed the importance of the health board delivering what it committed to delivery in its plan. She also emphasised the need to focus on what was within its control. There was a need for realism, particularly in terms of the challenging financial outlook and frank aspirations were needed. Bravery was needed in terms of allocating resources and the organisation needed to be explicit when making choices, ensuring equality and quality implications were taken into account.</p>	
Resolved:	The report be noted .	
30/23	SUMMARY REPORTS FROM THE HEALTH BOARD'S ADVISORY GROUPS	
	A report setting out summaries of the recent meetings of the health board's advisory groups was received and noted .	
31/23	CORPORATE GOVERNANCE ISSUES	
	A report on corporate governance issues was received and approved .	
32/23	PERFORMANCE REPORT	
	<p>The performance report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - There were currently 171 Covid cases recorded; - A 0.2% improvement had been evident in staff absences; 	

	<ul style="list-style-type: none"> - The eight minute red ambulance release target had improved to 55%; - Ambulance handover delays were at 388 for the current month with potential to reach 500 but an improvement was starting to be seen due to the acute medical services redesign programme; - A step-change had been seen in the four-hour emergency waits to 73%; - The cancer backlog had now improved to 535 cases. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
33/23	FINANCE REPORT	
	<p>The 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 deficit position for the year to date was £4m; - Bank and agency expenditure continued to be a challenge but thanks to overseas recruitment, there were now 232 additional nurses in the system to date, with 350 targeted, so premium agency spend could be addressed; - The capital position was anticipated to breakeven and more detailed breakdown had been shared with the Performance and Finance Committee. £4m slippage monies had been received which had funded digital solutions and an area above the new acute medical unit at Morriston Hospital for complex orthopaedic surgical patients; - The promised cash allocation had now been received and it was anticipated that this position could now be managed; - A balanced out-turn forecast was still being reported for year-end and the majority of the risks had been addressed, as these had around Covid monies, which had since been agreed. <p>In discussing the report, the following points were raised:</p> <p>Mark Hackett queried the level of confidence that Morriston Hospital would achieve its target run-rate. Darren Griffiths responded that there had been significant changes in the last two weeks supported by a strong financial analysis to identify opportunities. At a meeting with the site's senior team, there had been a willingness to deliver the improvement plan. There was still work to do but there was greater assurance that the service group was working in better alignment with</p>	

	<p>the improvement plan. Alternative reporting arrangements were now being put in place to hold the team to account more frequently. Reena Owen advised that the Performance and Finance Committee had undertaken a detailed discussion around the run-rate of Morriston Hospital and challenged whether the risk score was sufficient at 16. Members had agreed for it to remain as it was but would review again when the risk register was next received by the committee.</p> <p>Mark Hackett provided assurance that the £8m gap in the savings target due to non-recurrent schemes would be addressed as this could not create a cost pressure for 2023-24. This would need to be achieved in 2022-23.</p> <p>Emma Woollett stated that having a robust financial plan in place was good but its delivery would depend on staff at all levels, so it was important to get a grip on finances across all areas.</p>	
Resolved:	The report be noted .	
34/23	MEETINGS WITH NHS PARTNERSHIPS	
	A summary report of meetings with NHS partnerships was received and noted .	
35/23	MEETINGS WITH EXTERNAL PARTNERSHIPS	
	A summary report of meetings with external partnerships was received and noted .	
36/23	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
37/23	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as Thursday 30 th March 2023.	

Meeting closed: 3.45pm