

**Swansea Bay University Health Board**  
**Unconfirmed Minutes of a Meeting of the Health Board**  
**held on 31st March 2022 at 12.15pm 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 Eytayo	Director of Workforce and OD
Gareth Howells	Interim Director of Nursing and Patient Experience
Keith Lloyd	Independent Member
Maggie Berry	Independent Member
Mark Child	Independent Member
Nuria Zolle	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Tom Crick	Independent Member

**In Attendance:**

Hazel Lloyd	Interim Director of Corporate Governance
Inese Robotham	Chief Operating Officer
Matt John	Director of Digital
Mwoyo Makuto	Community Health Council
Nick Samuels	Interim Director of Communications
Liz Stauber	Head of Corporate Governance

Minute No.		Action
<b>57/22</b>	<b>WELCOME AND INTRODUCTIONS</b>	
	Emma Woollett welcomed everyone to the meeting, especially Karen Stapleton who was attending in the absence of Siân Harrop-Griffiths, Director of Strategy.  Apologies had been received from Siân Harrop-Griffiths, Director of Strategy; Hugh Patrick, Community Health Council; Patricia Price, Independent Member and Jackie Davies, Independent Member.	
<b>58/22</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	

59/22	<b>PATIENT STORY</b>	
	<p>A patient story was <b>received</b> which set out the experience of a number of women awaiting breast reconstruction following their cancer treatment. The length of time they were having to wait was impacting on their mental health and many felt as though their life was on hold. Self-confidence was low and the women were unable to wear the clothes they wanted. Personal relationships were affected and the women felt unable to move on from their cancer until they had had their reconstruction, as it was the final step.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Gareth Howells commented that the Board gave considerable focus to urgent and emergency care and ambulance waits given the ongoing pressures, but it was also important discussions took place as to what it was like for patients waiting for other services. Cancer journeys did not end until every procedure had been undertaken so for these patients, their journeys were still ongoing despite the treatment finishing.</p> <p>Emma Woollett stated that it was harrowing to hear these experiences, and it reinforced what anyone waiting at home for planned care was feeling.</p> <p>Nuria Zolle commented that there were still things the health board could be doing to support these patients, such as communicating better as to what to expect and when, so it was pleasing to see the communications strategy later in the agenda. Mark Child concurred, adding it was important to treat the person and not the illness, as often needing medical help was traumatic for patients.</p> <p>Mark Hackett stated that the stories shared by the women were distressing and while there were limits to what the health board could do currently for these patients, 'Changing for Future' did provide some opportunities. He advised that he had met with some of the patients awaiting breast reconstruction and given a commitment that he would look at a way to improve access to the procedure. Morriston Hospital was currently overburdened by Covid-19 and urgent and emergency care, so work was being undertaken to move some cases to Singleton Hospital ready for the theatre list to recommence in the summer. Consideration was also being given to weekend operating lists and additional theatre lists at Morriston Hospital to address the long-term backlog, as the waiting list had been significant even before the pandemic.</p>	
<b>Resolved:</b>	The patient story be <b>noted</b> .	

<b>60/22</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	<p>The minutes of the meetings held on 24<sup>th</sup> January and 28<sup>th</sup> February 2022 were <b>received</b> and <b>confirmed</b> as a true and accurate record except to note apologies had been received from Maggie Berry, Independent Member, for the meeting on 24<sup>th</sup> January 2022.</p>	
<b>61/22</b>	<b>MATTERS ARISING</b>	
	<p>There were no matters arising.</p>	
<b>62/22</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b> and <b>noted</b>.</p>	
<b>63/22</b>	<b>CHAIR'S REPORT</b>	
	<p>A verbal update from the Chair on recent activities was <b>received</b>.</p> <p>In introducing the update, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- As the end of the financial year approached, it was an opportunity to reflect on a second year dominated by Covid-19 but one in which progress had been made;</li> <li>- The executive team had transitioned from a number of interim appointments to a strong and permanent team, and there was also evidence of a unitary board becoming established providing greater scrutiny and challenge;</li> <li>- The recovery and sustainability plan later in agenda set out a clear pathway to sustainability and a testament of intent;</li> <li>- The recent tripartite meeting had confirmed the health board would retain its 'enhanced monitoring' escalation status;</li> <li>- The recruitment for a legal independent member had been unsuccessful and the post re-advertised;</li> <li>- The Regional Partnership Board had approved a number of schemes as part of the five-year fund;</li> <li>- The Chair had attended the royal visit to the Institute of Life Sciences building at Swansea University to celebrate the work of PhD students around facial reconstruction.</li> </ul>	

<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>64/22</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	
	<p>A report setting out an update from Chief Executive as to recent activities was <b>received</b>.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The executive team and service groups were working together to determine how to drive forward quality in the organisation;</li> <li>- Two workshops had taken place to agree the approach to quality and the outcomes would be shared at the board away day in April 2022;</li> <li>- The Board session would also look at the culture the organisation stood for and the steps which needed to be taken to achieve it;</li> <li>- Profound changes were being made across the organisation as it moved from pandemic to endemic as the national position to testing was changing.</li> </ul>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>65/22</b>	<b>HEALTH BOARD RISK REGISTER</b>	
	<p>A report setting out the health board risk register was <b>received</b>.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The risk register was continuing to evolve and was being reviewed by the executive team to make it more dynamic;</li> <li>- Risk statements were to be established for each of the principle risks, and the risk register for quarter one would be developed on this basis.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen noted that two of the risks had increasing scores, one of which was access to cancer services and this was a concern for the Performance and Finance Committee. While she was aware that much work was already ongoing in this area, she queried if there was anything else that could be done. Mark Hackett responded that the pace did need to increase to reduce number of people waiting for treatment. Although 2,500 cases had been removed in the last two quarters, there were still too many patients waiting more than 62 or 104 days for treatment. The</p>	

	<p>focus with the clinical leadership needed to be renewed to determine how to reduce the long waits through a comprehensive action plan. This would be shared with Performance and Finance Committee by the end of April 2022.</p> <p><b>ACTION – the comprehensive plan to reduce cancer waiting times be shared with Performance and Finance Committee by the end of April 2022.</b></p> <p>Nuria Zolle provided assurance that the Audit Committee reviewed the health board risk register in detail. She added it was critical that the top risks were addressed and it would be beneficial as the register evolved to include more on patient outcomes.</p> <p>Emma Woollett commented that the risk register had developed significantly in the last 12 to 18 months and now provided much more clarity on the areas of biggest concern for the health board, but there was still work to be done to embed it into everyday business.</p> <p>Mark Hackett stated that reviewing risks with a score of 20 or more would be part of the Management Board’s standard business to ensure leads were looking for solutions to reduce the risk.</p> <p>Gareth Howells commented that both the risk register and board assurance frameworks were ‘live’ documents and there was still a need to increase the extent to which they were routinely used on a day to day basis across the organisation. It was expected that the leads for areas of high risk should be able to give a view as to why they had such a score, as well as being able to outline the mitigating actions in place to manage it. This would be embedded through a regular review cycle.</p>	MH/IR
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The comprehensive plan to reduce cancer waiting times be shared with the Performance and Finance by the end of April 2022.</li> </ul>	MH/IR
<b>66/22</b>	<b>BOARD ASSURANCE FRAMEWORK</b>	
	<p>A report setting out the board assurance framework was <b>received</b>.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- She and the Director of Nursing and Patient Experience were to develop a set of principle objectives for the board assurance framework;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The board assurance framework, health board risk register and recovery and sustainability plan would need to work in alignment.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle advised that a detailed discussion on the board assurance framework had taken place at the recent Audit Committee meeting at which some helpful guidance had been received from internal audit around improvements for the operational performance entries. She added it was important the individual board committees owned the board assurance framework in order for improvements to be made. Gareth Howells concurred, adding that it needed to narrate the story of the health board's concerns and be the vehicle through which committees took assurance.</p> <p>Reena Owen noted that not all entries contained timescales therefore it was difficult to hold people to account for its delivery, as the committees needed the precision and detail to manage the risks.</p> <p>Darren Griffiths commented that the ultimate goal was for the board assurance framework and health board risk register to be an integral part of the planning process so annual/medium plans could be developed based on risks.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>67/22</b>	<b>QUALITY GOVERNANCE</b>	
	<p>A report setting out the work to develop a quality management system was <b>received</b>.</p> <p>In introducing the report, the following points were raised:</p> <ul style="list-style-type: none"> <li>- Two externally facilitated workshops had been held with the senior leadership team to identify gaps in quality management and ways in which to address these;</li> <li>- These would be supplemented by a Board away day in April on quality and culture;</li> <li>- A mechanism to provide assurance from floor to Board needed to be the end product to have a clear understanding of how services were working;</li> <li>- This would enable issues to be escalated in a timely enough way to address them before they became a significant concern.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Steve Spill advised that the Quality and Safety Committee continually discussed the need to have the tools to learn from and follow-up incidents and risks, as currently some were being missed. He stated that the work to date looked promising. The ambition needed to be for everyone to consider quality to be their responsibility and this was a good first step.</p> <p>Nuria Zolle commented that the Audit Committee had considered the Audit Wales quality governance review in detail and the auditors had emphasised it was one of the more challenging ones that had been undertaken in terms of findings. She added that Audit Wales had raised concern that a management response was yet to be received. Hazel Lloyd gave assurance that this had been submitted and Audit Wales were content with the response. This would be shared with the Audit Committee in May 2022 for completeness.</p> <p>Emma Woollett stated that the quality governance work would be one of the most important pieces of work the health board would complete this year. While the Quality and Safety Committee would monitor the delivery of the action plan, the Board would have a wider responsibility to support the development of the quality and culture agenda.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The arrangements for the review of the quality governance group and minimum standards for the service groups' quality committees be <b>approved</b>.</li> </ul>	
<p><b>68/22</b></p>	<p><b>KEY ISSUES FROM BOARD COMMITTEES</b></p>	
	<p>(i) <u>Charitable Funds Committee</u></p> <p>A report setting out the key discussions of the recent meeting of the Charitable Funds Committee was <b>received</b> and <b>noted</b>.</p> <p>(ii) <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 <b>received</b> and <b>noted</b>.</p> <p>Emma Woollett put on record her thanks to the Performance and Finance Committee for its continued scrutiny of the performance and finance position throughout what had been a challenging year.</p> <p>(iii) <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 <b>received</b> and <b>noted</b>.</p>	



Maggie Berry referenced the low flu vaccination rates and queried if there was a plan in place to improve these. Debbie Eytayo responded that the flu vaccination campaign had been at the same time that the Covid-19 vaccine booster requirement was intensifying due to Omicron. All the focus had been given to the latter but the team was proactively planning for the 2022-23 campaign.

Mark Hackett stated that in terms of infection prevention and control, work was underway to ensure each service group had an improvement plan which covered each of its divisions and directorates. It was important that the Board was able to provide praise and recognition for areas of good practice, but also provide scrutiny and support areas which appeared to be challenged. Consideration was needed as to how to engage the Board in such a process. Emma Woollett responded that clinical leadership engagement was critical, as was visibility of performance and compliance with infection prevention and control guidelines by area to provide Quality and Safety Committee with more detail and assurance. Gareth Howells advised that this needed to be built into the monthly scrutiny panels which took place with himself and the Executive Medical Director. The information was there, but consideration was needed as to how develop this into a presentable format for the committee.

**ACTION – consideration be given as to how present the information considered at the monthly infection control scrutiny panels with the Quality and Safety Committee to provide assurance from the service groups.**

(iv) Workforce and OD Committee

A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was **received** and **noted**.

Maggie Berry noted the number of appraisals overdue by more than a year and queried if the extent of the issue was known. Debbie Eytayo responded that a report was on the agenda for the next meeting of the Workforce and OD Committee setting out the plans to reach the 85% target. There had been challenges over the last two years as staff had been focussed on delivering services and were tired however, the rates were improving.

(v) Audit Committee

A report setting out the key discussions of the recent meeting of the Audit Committee was **received** and **noted**.

Reena Owen commended the initiative to donate surplus beds to families in need as she had heard of many anecdotes within local communities of

GH/RE



	<p>people unable to sleep, especially children, as they either had to share a bed or sleep on a sofa.</p> <p>Emma Woollett stated that it was critical that responses to audit recommendations were received by the committee as well as timely updates as this was the only way to improve areas in which issues had been identified by the auditors.</p>	
<p><b>69/22</b></p>	<p><b>THREE-YEAR RECOVERY AND SUSTAINABILITY PLAN</b></p>	
	<p>A report setting out the health board’s three-year recovery and sustainability plan for approval for submission to Welsh Government was <b>received</b>.</p> <p>In introducing the report, the following points were raised:</p> <ul style="list-style-type: none"> <li>- A number of Board sessions had taken place over the last 12 months to support the development of the plan;</li> <li>- It set out clear strategic objectives, outcomes and deliverables, and built on the ‘Changing for the Future’ programme, which also reflected the clinical services plan;</li> <li>- There had been significant clinical engagement;</li> <li>- Priorities were triangulated with clinical risks and integrated service, workforce and finance plans;</li> <li>- The key risk to the plan was the ability to deliver it as it is ambitious, and workforce availability was a big component of this risk;</li> <li>- Availability of capital funding was also a risk. The 24% reduction in capital monies across Wales had made planning for the next three years challenging when trying to modernise the estates and innovative solutions would need to be considered;</li> <li>- The Management Board would be working to create a critical path and timeline for delivery to create a sustainable service provision;</li> <li>- A tiered approach to funding had been taken and it was clear what had been allocated monies and what had yet to be financed;</li> <li>- More work was needed with the primary care clusters to shift resources from secondary care;</li> <li>- Five workforce priorities had been agreed for inclusion in the plan;</li> <li>- The financial plan had been scrutinised in detail by the Performance and Finance Committee;</li> </ul>	

- It had been set in a challenging climate of a £42m underlying deficit within the core plan, compounded by extraordinary costs, such as an increase in utility bills, and continued Covid-19 expenditure;
- By combining the work already developed on our cost control targeted investments, significant savings plans and utilisation of the 2.8% uplift in 2022/23 the health board can reduce the £42m underlying deficit to £24m within the core plan;
- Welsh Government have now confirmed £19.9m additional funding for the extraordinary costs and advised that it should be assumed that the Covid-19 costs would be funded in-line with a set criteria. This would allow the health board to maintain the £24m deficit in 2022/23;
- The plan also sets out a three-year long term financial model which demonstrates how the health board will hold this £24m deficit position over time. This is therefore a sustainable financial plan but not a balanced financial plan;
- It was noted that the difference in the health board's allocation following the recent reassessment (which was used for marginal increases but not to the total allocation) would equate to an additional £24m if it was applied to the total allocation. This suggested that the health board was underfunded for the needs of the population, particularly in Neath Port Talbot;
- An accountable officer letter had been drafted to submit to Welsh Government with the plan, should it be approved by the board, requesting further discussions around the £24m deficit;
- An accountable officer had also been sent on 28<sup>th</sup> February 2022 advising that while the health board had a financial plan, it did not fulfil the requirement of an integrated medium term plan (IMTP) as it was not balanced and included assumptions for Welsh Government to consider – a response was yet to be received.

In discussing the report, the following points were raised:

Reena Owen commented that was an ambitious plan. She asked whether we were satisfied that it was realistic, particularly given that Covid-19 was still ongoing. Mark Hackett responded that all the planning guidance received to date had advised that NHS Wales organisations needed to plan to transition out of pandemic status. There was to be a very different future for health and social care, with money to be allocated across primary, community and mental health to provide more planned care services outside of hospital. By separating emergency and planned care, there was more confidence of delivery and resilience, however surges in cases would have an impact on workforce availability

and disrupt the ability to deliver services. A return to 'brilliant basics' needed to be achieved, with the health board doing things once and doing them well, creating minimum standards. The health board currently had too many beds when compared with others and this could be addressed by better control and performance levels. Inese Robotham added that the health board had been as ambitious and pragmatic as it could be, and, while the biggest risk to delivery was workforce given the unprecedented times, the plans would need to be adjusted as needed. Nuria Zolle advised any contingency plans would be challenged by the independent members appropriately.

Reena Owen commended the plan for including the concept of health and wellbeing across the spectrum, encompassing population health as well as urgent and emergency care and planned care. It was also impressive that a focus had been given to sustainability and decarbonisation given the health board was a major employer.

Richard Evans stated that within the plan were things the health board would need to do even if Covid-19 did not exist. The pandemic simply accelerates the speed and urgency at which the work was being undertaken, providing short, medium and long-term benefits. He advised that the clinicians had been engaged throughout the process.

Reena Owen queried the confidence level as to whether the health board would be able to recruit the staff needed to deliver the plan. Debbie Eyitayo responded that the workforce priorities were fundamental to the health board being a quality employer and to delivering the 'Changing for the Future' programme. She added that work was ongoing with the service groups to ensure all the workforce risks had been considered and recruitment and retainment plans were on the agenda for the April 2022 Workforce and OD Committee. New ways had been created to advertise and publicise vacancies which was resulting in an increase in applications, particularly within nursing.

Mark Hackett advised that in areas with difficulties recruiting particular grades, consideration was being given as to how to differ the skill-mix and create alternative roles. Gareth Howells commented that it was important that the recruitment processes were as robust as possible as there were challenges in attracting people to apply. A framework had been developed for healthcare assistants to work at a band four level on the same competency level as colleagues in England as part of a new programme with Swansea University to address the deficit of registered nurses. There was also a good apprenticeship scheme within the organisation which provided people with the experience needed to apply for band two healthcare support worker posts.

Mark Hackett stated that new initiatives, such as the orthopaedic centre at Neath Port Talbot Hospital, would be attractive to recruits as it would

ring-fence the area in which they worked rather than having to move to meet demand. Christine Morrell added that significant work was undertaken to ensure students enjoyed positive placements within the health board to encourage them to stay for their substantive careers.

Matt John commented that new digital products were being rolled-out which helped to release time for nurses to care for patients, such as the Welsh nursing care record. These were saving significant time on the wards, and this was also encouraging people to apply for roles.

Nuria Zolle reflected that it was brave to state that planned care targets would not be achieved and queried whether Welsh Government was aware. Darren Griffiths responded that test and challenge sessions around the planned care targets were continuing and modelling was still being developed. Cancer also was not where it needed to be and the response plans were in the process of being developed. Inese Robotham added that there was more confidence that the £26m recovery monies would be spent in 2022-23 to address the planned care targets. There had been an underspend in 2021-22 due to non-delivery of some of the independent sector contracts. In addition, more schemes were in place to provide a contingency. Welsh Government had been advised that the health board could achieve more if further non-recurrent funding was received. However there were some risks to the delivery of the plan due to domiciliary care and care home capacity.

Nuria Zolle queried the timings for the reduction in bed numbers. Darren Griffiths advised that the ambition had been to start the programme in 2021-22 but this had not been possible due to the delay in the acute medical services redesign programme. Alternative savings opportunities had been found in place of these, so any bed savings would now be an additional benefit.

Mark Child stated that it was clear the health board could not call its plan an IMTP and sought assurance that the reasons for this had been outlined to Welsh Government, including the recurring £24m deficit due to underfunding. Mark Hackett responded that there had been a number of interactions with various officials who had welcomed some of the discussions around the assumptions which would enable it to move to an IMTP. The health board's recovery plan was a strong one, and it was the only health board in Wales to have delivered its financial plan in 2021-22 and fully achieved it planned savings. Darren Griffiths added that the structure of the 2022-23 financial plan had been discussed with Welsh Government and the NHS Wales Financial Delivery Unit, and it had been used as an example for others to follow. The meetings had been well received and had reflected the ambition of the health board, articulating its journey to date and the way forward. Any feedback received during these meetings had been incorporated into the drafts as part of an open

	<p>and transparent process to explain the reduction from a £42m deficit opening position and the savings ambition.</p> <p>Karen Stapleton advised that the health board had worked closely with Welsh Government to develop the plan and the latter was clear on certain elements it expected to see, such as the critical path, regional partnership work and delivery of core elements through primary care clusters and Regional Partnership Boards. The recent joint executive team meeting with Welsh Government had focussed on delivery of the annual plan 2021-22 in quarter four as well as a forward look at this plan and there was real support for the objectives to move more care to the community.</p> <p>Karen Stapleton provided assurance that work was ongoing with the communications team to create a readable format of the plan to explain to the public and staff what it means for them.</p> <p>Emma Woollett placed on record the Board's thanks to all those involved in developing the plan. She noted that members had been fully apprised that the financial plan was a sustainable one, albeit not balanced, and that Welsh Government had been fully engaged throughout the development.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The final draft health board recovery and sustainability plan be <b>approved</b> ahead formal submission to Welsh Government;</li> <li>- The submission of an accountability letter which requests ongoing discussions regarding the deficit be <b>supported</b>.</li> </ul>	
<p><b>70/22</b></p>	<p><b>PROGRESS REPORT FOR THE 2021-22 ANNUAL PLAN DELIVERY FOR QUARTER THREE</b></p>	
	<p>The quarter three delivery progress report for the 2021-22 annual plan was <b>received</b>.</p> <p>In introducing the report, Karen Stapleton highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The majority of actions had either been delivered or were on track, despite Covid-19;</li> <li>- Plans were in place to deliver the actions currently off-track;</li> <li>- A dashboard had been established to monitor progress of the workstreams.</li> </ul>	

<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The mitigations against actions which are off-track be <b>approved</b>;</li> <li>- The key risks to delivery be <b>approved</b>.</li> </ul>	
<p><b>71/22</b></p>	<p><b>DISCRETIONARY CAPITAL PLAN FOR 2022-23</b></p>	
	<p>A report setting out the discretionary capital plan for 2022-23 was <b>received</b>.</p> <ul style="list-style-type: none"> <li>- Capital allocations across Wales had been reduced by 24% which had moved the health board’s budget from £11m to £8.5m;</li> <li>- Slippage received at the end of 2021-22 had enabled some of the work in 2022-23 to be brought forward to relieve the pressure;</li> <li>- The remainder of the plan was balanced through placing on hold a number of schemes unless additional funding was received.</li> </ul> <p>In discussing the report, Keith Lloyd queried what contingencies were in place to address cost pressures and inflation. Darren Griffiths responded that £135,000 was set aside currently and there was a high degree of risk in this area.</p> <p>Nuria Zolle sought further detail around the digital implications for transformation. Darren Griffiths responded that a significant level of ‘tech refresh’ had been undertaken in this financial year due to slippage and a modest amount had been included in next year’s plan. However, there would also be national provisions for digital programmes for which the health board could apply. Matt John added that this would be one of the more challenging years for the health board in terms of capital but some of this had been mitigated through last minute slippage received in 2021-22. An external company had been commissioned to help produce a strategy for rolling-out new devices in the future.</p> <p>Reena Owen queried whether the monies received for disposal of estates was kept by the health board or returned to Welsh Government. Darren Griffiths advised that anything received over £50,000 had to be returned to Welsh Government, but discussions were underway to explore whether the health board could start to keep the proceeds to support its capital programme.</p> <p>Steve Spill queried the level of confidence as to whether there would be enough slippage to deliver the schemes currently placed on hold. Darren Griffiths responded that there was yet to be a level of confidence that all the schemes could be recovered. He added that should slippage become available, priorities would need to be worked through, as there</p>	



	was no use in buying medical equipment if the failing boiler was not replaced.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The 2022-23 discretionary capital plan be <b>approved</b> which will form part of the submission in the health board's integrated medium-term plan (IMTP).</li> </ul>	
<b>72/22</b>	<b>BUDGET ALLOCATIONS FOR 2022-23</b>	
	<p>A report setting out the budget allocations for 2022-23 was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- This was the first time budgets were being discussed at Board level and the approach had been endorsed by the Performance and Finance Committee;</li> <li>- Where service groups, divisions/departments make savings, they would receive a proportion of the monies back to reinvest;</li> <li>- Each service group would have a delivery plan for which they would be held to account.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- CIP principles and recurrent/non recurrent actions be <b>agreed</b>, which will need to be presented by service units to see expenditure plans consistent with 4% CIP reduction each month from April 2022.</li> </ul>	
<b>73/22</b>	<b>2022-23 LONG TERM AGREEMENTS (LTAS) AND SERVICE LEVEL AGREEMENTS (SLAS)</b>	
	<p>A report setting out the long term agreements (LTAs) and service level agreements (SLAs) for 2022-23 was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- There were some nuances around the increase in ring-fenced monies which did not always equate to 2.8%;</li> <li>- Some SLAs with Cwm Taf Morgannwg University Health Board following the Bridgend boundary change remained extant and work was ongoing to disaggregate these;</li> <li>- Contracts had been frozen for the last two years due to Covid-19 and would go 'semi-live' in 2022-23;</li> </ul>	



	<ul style="list-style-type: none"> <li>- Contract delivery tolerance was 90%.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill referenced the income from WHSSC to commission specialised services and queried if the health board was aware from where the monies came. Darren Griffiths responded that the contributions of each health board was known and Swansea Bay put less monies in than it received due to the nature of the specialist services it provided. He added that the financial plan accounted for the provisions and any variance was monitored. The aim was to work at the run rate to reduce the risk of non-delivery.</p> <p>Mark Hackett commented that it would be useful to have a Board briefing to discuss the intended changes in planning for the SLAs over the course of the year as the starting position would not be where the health board finished based on its recovery ambitions. It would be useful for the Board to understand the work being undertaken.</p> <p><b>ACTION – Board briefing be arranged to discuss the intended changes in planning for the SLAs over the course of the year.</b></p>	HL/DG
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The LTAs and SLAs set out in this report in line with WHC 2021/034 and the health board’s standing orders be <b>approved</b>;</li> <li>- Board briefing be arranged to discuss the intended changes in planning for the SLAs over the course of the year.</li> </ul>	HL/DG
<b>74/22</b>	<b>SOUTH WALES REGIONAL PATHOLOGY UNIT NEW BUILD LOCATION</b>	
	<p>A report setting out the proposed options for the new build location for the south Wales regional pathology unit was <b>received</b>.</p> <p>In introducing the report, Christine Morrell highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The strategic outline case for the regional pathology project had been approved by Welsh Government in 2020;</li> <li>- During the interim period, locations had been considered for the pathology unit and it had been agreed this would be at Morriston Hospital, with two potential sites proposed;</li> <li>- A supply chain partner would now be appointed to identify which site was more preferable.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Mark Hackett advised that the proposals were in-line with the direction of travel for the clinical academic centre at Morriston Hospital, and locating it off a core site could be detrimental.</p> <p>Mwoyo Makuto queried whether the plans would affect patients. Christine Morrell confirmed that these were not patient facing services. Karen Stapleton added a meeting had taken place with the community health council the previous day at which the plans had been discussed and a further briefing would take place as progress was made. She confirmed Hywel Dda University Health Board was also involved given that it was a regional programme.</p> <p>Keith Lloyd stated that the opportunity to bring academic science services to a site would be hugely beneficial.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The proposed location of the new build be <b>agreed</b> as Morriston Hospital;</li> <li>- It be <b>agreed</b> that Director of Strategy and senior responsible officer will continue to request Welsh Government funding release and the development of the outline business case.</li> </ul>	
<p><b>75/22</b></p>	<p><b>STRATEGY FOR ADDING VALUE TO COMMUNICATIONS AND ENGAGEMENT</b></p>	
	<p>A report setting out the strategy for adding value to communications and engagement was <b>received</b>.</p> <p>In introducing the report, Nick Samuels highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The strategy had been developed following discussions at the Board away day in September 2022;</li> <li>- Roll-out was intended to start in April 2022 against five recommendations.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett advised that this would be a key enabler in the health board's long-term plans as it was critical it could communicate with staff, patients and the public. Mark Child concurred, adding that having good communications was a critical requirement for the health board, whether it was on a one-to-one basis or the public as a whole. Building on the current platform would support the creation of a coherent organisation and a robust population health tool.</p>	

Nuria Zolle stated that while she was fully supportive of the direction of travel, she did have concerns around the proposed arrangements for the fundraising team. She noted that the suggestion was for the function to move into the directorate of insight, communications and engagement, adding that it was important the charity remained independent given it was its own entity. Nick Samuels provided assurance that discussions in this regard were being undertaken internally. The proposal intended to bring together the skills of fundraising, communications and engagement into one unit to benefit and complement each other. This would not impact on the independence or governance of the charity. In particular, the Director of Corporate Governance would have a key role in ensuring the charity adhered to governance requirements. Emma Woollett suggested that the structure highlight the direct line between the charity and the Director of Corporate Governance in this regard and this was agreed.

**ACTION – direct reporting line in the structure be included to show the role of the Director of Corporate Governance in ensuring the charity adhered to governance requirements.**

Reena Owen commented that this was the right approach as the health board did need to improve its approach to communications, particularly the day-to-day basics. She added she was hesitant to agree to support more heads of department and queried the availability of finances to create the structures. Nick Samuels responded that a review had been undertaken to determine what could be achieved using current resources and the only new post would be the Director of Insight, Communications and Engagement, which was already funded through a former post. Expansion of the teams would require funding and comparisons had shown that the level of investment into communications in Swansea Bay was lower than other health boards. Some additional resources had been allocated to commence the roll-out, but the creation of the function would be phased over several years.

Reena Owen sought further detail as to how the insight function would be used to support wellbeing outcomes. Nick Samuels advised that the communications team was one of the few with an ‘access all areas’ pass and was able to really get to the heart of what people were saying inside and outside of the organisation. The insight role would gather all the information available to identify themes and report back to the management teams where action was required as well as how to develop and improve services. Mark Hackett added that the work would provide the architecture to triangulate experiences and create a holistic view of the culture. It was important that staff viewed the organisation as a great place to work as this would have an impact on outcomes and safety indicators.

NS

	<p>Mwoyo Makuto commented that this was an extremely important part of the health board's work at a time of a significant change agenda and ambitious recovery plan. It was important that the public and stakeholders were taken on the journey with the health board as well as be given the opportunity to share ideas and insight.</p> <p>Gareth Howells advised that the while the word 'communications' described the function, it meant different things to different people and language would need to be clear.</p> <p>Emma Woollett summarised that the Board was enthusiastic for the proposals but would benefit from seeing a timeline of what to expect and when. She suggested this be shared at the next Board meeting and this was agreed.</p> <p><b>ACTION - timeline for the roll-out of the strategy be received at the next meeting.</b></p>	NS
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- The insight, communications and engagement strategy and its recommendations be <b>endorsed</b>;</li> <li>- Timeline for the roll-out of the strategy be received at the next meeting.</li> <li>- Direct reporting line in the structure be included to show the role of the Director of Corporate Governance in ensuring the charity adhered to governance requirements.</li> </ul>	NS NS
<p><b>76/22</b></p>	<p><b>CORPORATE GOVERNANCE RPEORT</b></p>	
	<p>A report setting out corporate governance issues for consideration was <b>received</b> and <b>noted</b>.</p>	
<p><b>77/22</b></p>	<p><b>PERFORMANCE REPORT</b></p>	
	<p>The month 11 performance report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Performance was below trajectory in March for urgent and emergency care due to operational pressures;</li> <li>- Work was ongoing with the cancer services team to reenergise the improvement plans for five key tumour sites;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The planned care system appeared to have stabilised following increased activity through theatres;</li> <li>- The demand and capacity work currently being completed would further support improvements in planned care;</li> <li>- Therapy waiting times were starting to reduce; however they were increasing in diagnostics, particularly for cardiac imaging and endoscopy;</li> <li>- Sickness absence was currently at 9% which was impacting on the delivery of care;</li> <li>- Improvements in child and adolescent mental health services (CAMHS) performance were becoming evident.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> </ul>	
<b>78/22</b>	<b>FINANCE REPORT</b>	
	<p>The month 11 performance report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The month nine reported position was an overspend of £1.7m, with a cumulative overspend of £21m, which was in-line with the end-of-year forecast position of a £24.4m deficit;</li> <li>- £132m of Covid funding was expected for the year;</li> <li>- The finance team would be working out-of-hours to deliver the end-of-year accounts;</li> <li>- The savings transactions were in the process of being calculated to give a baseline for 2022-23.</li> </ul> <p>In discussing the report, Emma Woollett commented that it was likely that the health board would deliver its financial plan for 2021-22 and commended all those involved.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>79/22</b>	<b>CHECKLIST IN RESPONSE THE AUDIT WALES ‘TAKING CARE OF CARERS’ REVIEW</b>	
	<p>A report setting out the health board’s checklist in response the Audit Wales ‘Taking Care of Carers’ review was <b>received</b>.</p>	

	<p>In introducing the report, Debbie Eytayo advised that the Workforce and OD Committee had been supportive of a business case to continue the current funding for the health and wellbeing team to maintain support for staff.</p> <p>In discussing the report, Tom Crick emphasised the Workforce and OD Committee's support for the work, especially its importance during such a challenging time for staff.</p> <p>Reena Owen noted that given the level of sickness, the checklist could not be completely rolled-out, and queried if there was a role for independent members as part of the site visits. Debbie Eytayo welcomed the input of independent members as the executive team would be showing its support for staff as part of their walkarounds and meeting staff, and independent members could also participate in this. She added that there would also be face-to-face recognition events to which independent members would be invited. There were significantly more options to support staff now that funding had been agreed, including REACT training to help staff recognise trauma in others. This was a course that independent members would be welcome to undertake.</p> <p><b>ACTION – REACT training session for independent members be arranged.</b></p>	DE
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- REACT training session for independent members be arranged.</li> </ul>	DE
<b>80/22</b>	<b>ANNUAL EQUALITY REPORT 2020-21</b>	
	The annual equality report 2020-21 was <b>received</b> and <b>endorsed</b> for publication on Swansea Bay's external website.	
<b>81/22</b>	<b>ANY OTHER BUSINESS</b>	
	<p>(i) <u>Independent Member Farewell</u></p> <p>Emma Woollett advised the Board that this was the last scheduled meeting for Mark Child who would be standing down as a councillor for Swansea and also therefore his role as the local authority independent member. She thanked him for his hard work and commitment during his term of office during which he had displayed the ability to not only contribute objectively as a local authority representative but also to scrutinise and challenge in other areas as well. She wished him well in his future endeavours. Mark Child responded that it had been a long</p>	

	journey, but a pleasurable one. He stated that the health board had a positive future ahead of it and he was glad of the contribution he had been able to play.	
	There was no further business and the meeting was closed.	
<b>82/22</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 31 <sup>st</sup> March 2022.	

Meeting closed: 4.10pm