

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health Board
held on 25th March 2021**

in the Millennium Room, Health Board HQ, Baglan and via Zoom

Present

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Andrew Jarrett	Associate Board Member
Christine Morrell	Interim Director of Therapies and Health Science
Christine Williams	Interim Director of Nursing and Patient Experience
Darren Griffiths	Interim Director of Finance
Kathryn Jones	Interim Director of Workforce and Organisational Development (OD)
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Mark Child	Independent Member
Martin Sollis	Independent Member
Martyn Waygood	Independent Member
Reena Owen	Independent Member
Richard Evans	Executive Medical Director
Siân Harrop-Griffiths	Director of Strategy
Tom Crick	Independent Member
Nuria Zolle	Independent Member

In Attendance:

Hannah Evans	Director of Transformation
Hugh Patrick	Community Health Council
Irfon Rees	Chief of Staff
Matt John	Director of Digital
Rab McEwan	Interim Chief Operating Officer
Pam Wenger	Director of Corporate Governance
Liz Stauber	Head of Corporate Governance
Gaynor Richards	Chief Executive for Neath Port Talbot Council of Voluntary Services (until minute 71/21)
Lee Ellery	Interim Chair of the West Glamorgan Co-Production Group (until minute 71/21)
Dorothy Edwards	Programme Lead for Vaccination (for minute 64/21)

Minute No.		Action
55/21	WELCOME AND APOLOGIES	

	<p>Emma Woollett welcomed everyone to the meeting, particularly Rab McEwan who had joined the organisation as Interim Chief Operating Officer and Christine Morrell as acting as Interim Director of Therapies.</p> <p>Apologies for absence were received from Chris White, Chief Operating Officer/Director of Primary Care and Mental Health/Director of Therapies and Health Science and Jackie Davies, Independent Member.</p>	
56/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
57/21	PATIENT STORY	
	<p>A patient story was received which set out the experience of a 10-year girl who, after being diagnosed with bone cancer, chose to have an above the knee amputation. As she was determined to continue her passion for athletics, she was referred to the artificial limb and appliance centre (ALAC) at Morriston Hospital where she was fitted for a prosthesis. While she regained her mobility for the majority of the activities she enjoyed, she was unable to run at the level she used to, so she and her family worked with the centre to find a solution. She trialed an adult sports prosthesis which made a significant impact to her and her family, physically and emotionally. Following this work a policy has been developed to enable such devices to be provided to other young patients.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Christine Williams stated that the story demonstrated how the holistic approach taken by the ALAC significantly benefitted not only this patient, but has led to a change in process which would help others in the future.</p> <p>Siân Harrop-Griffiths advised that the centre at Morriston Hospital was a specialist service and was only one of three in Wales. Historically there had been inequities in funding which meant access to the service for those in south-west Wales was reduced compared with the centres in Cardiff and north Wales. Work had been undertaken with the Welsh Health Specialised Services Committee (WHSSC) in this regard and the funding for 2021-22 would be more equitable.</p> <p>Martyn Waygood stated that the video had been originally shown at the WHSSC Quality and Safety Committee and had been produced by the patient herself as a thank you to the ALAC.</p>	

Resolved:	- The patient story was noted .	
58/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting held on 28 th January 2021 were received and confirmed as a true and accurate record.	
59/21	MATTERS ARISING	
	There were no matters arising not otherwise on the agenda.	
60/21	ACTION LOG	
	<p>The action log was received and noted with the following update:</p> <p>(i) <u>Action Point 33/21 – Linear Accelerator</u></p> <p>Siân Harrop-Griffiths advised that the revenue costs for the linear accelerator were higher due to the maintenance requirements. She added that work was being undertaken with the service group to determine how this could be reduced.</p>	
61/21	CHAIR'S REPORT	
	<p>A verbal report providing an update from the Chair was received.</p> <p>In introducing the report, Emma Woollett highlighted the following points:</p> <ul style="list-style-type: none"> - The success of the Covid-19 vaccination programme needed to be acknowledged but with an element of caution as positive cases continued to be identified; - She was honoured to take over as Chair of the Regional Partnership Board; - A ceremony had taken place in February 2021 to mark the start of the solar farm at Morriston Hospital which would reduce fuel costs and the carbon footprint of the health board. 	
Resolved	- The report be noted .	
62/21	CHIEF EXECUTIVE'S REPORT	

	<p>A report providing an update from the Chief Executive was received.</p> <p>In introducing the report, Mark Hackett highlighted the following points:</p> <ul style="list-style-type: none"> - £5.5m capital funding had been received from Welsh Government to improve cancer treatment and diagnostics within fluoroscopy and CT (computerised tomography) simulation; - He was close to having spent 100 days in post and was looking forward to engaging with partners on how joint issues could be overcome. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
63/21	COVID-19 UPDATE	
	<p>A report providing an update on Covid-19 was received.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - The health board continued to be in 'major response mode'; - Incidences were now above the World Health Organisation's (WHO) threshold of concern (50 cases per 100,000); - There had been an increase in testing requests and the rate of positive results had risen to 4%; - A small number of clusters was contributing the rise in cases but most of the increase related to community transmission as easements in restrictions were released; - Consideration now needed to turn to the transition from response to recovery. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle referenced the potential further easement of restrictions and queried if the message with partners would remain that behaviours could not change as guidance still needed to be followed. Keith Reid responded that this was an important point and it was critical that guards were not dropped. He added that the debrief of the second wave had shown that those living in the more disadvantaged areas were those most affected by the virus and it was important that all regional partner organisations worked together to address such health inequalities.</p> <p>Reena Owen commended the debrief, adding that it showed how the health board could rise to a challenge and work flexibly. She recognised that staff were tired but also had an 'energy' from having achieved so much and it was important that this was not lost.</p>	

Resolved:	- The report be noted .	
64/21	VACCINATION PROGRAMME	
	<p>A report setting out the vaccination programme for Covid-19 was received.</p> <p>In introducing the report, Dorothy Edwards highlighted the following points:</p> <ul style="list-style-type: none"> - 210,000 people had been vaccinated since the start of the programme; - Coverage was generally good for those aged over 70 years of age; - Progress against the vaccination plan was ahead of time; - Availability of first doses would be significantly less over the coming weeks due to a reduction in supplies as second doses would be prioritised; - Members of staff were acting as ambassadors for the black, Asian and minority ethnic (BAME) communities to increase the uptake of the vaccine; - Small scale community pharmacy pilots were due to take place by the end of March 2021. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood queried if there were any specific figures relating to the uptake in the BAME communities. Keith Reid stated that the gap was around 12% in most age groups except cohort six (those with high clinical risks) although the 'no-one is left behind campaign' was helping to redress the balance.</p> <p>Stephen Spill noted the use of the 'immbulance' to take the vaccine to harder to reach communities and queried whether consideration had been given to approaching large-scale companies to rebrand one of their vehicles to build up a fleet. Dorothy Edwards responded that the plan had been to test the model before considering whether to add an additional vehicle. In addition, other alternatives such as community pharmacies opening out-of-hours for those of working age and 'pop-up' clinics in remote areas were also being considered to increase access.</p> <p>Nuria Zolle commended the work to vaccinate the harder to reach communities, in particular the homeless.</p>	

Resolved:	<ul style="list-style-type: none"> - The report be noted; - The Chair's action to commission the PCCIS scheme for cohort six from general practice be ratified; - The high-level risks currently being managed through the programme and mitigating actions be approved. 	
65/21	HEALTH BOARD RISK REGISTER	
	<p>A report setting out the health board risk register was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - The Performance and Finance and Quality and Safety committees had reviewed the highest scored risks associated to them and identified a number of crossovers therefore a joint committee was to be arranged; - The Board was invited to consider and agree the proposed changes to risks put forward by executive directors – some related to scores, others were updated actions; - The Director of Nursing and Patient Experience would be the executive lead for risk as of 1st April 2021. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen, as chair of the Performance and Finance Committee, stated that the risk register had been a helpful addition to agenda planning sessions to determine into what topics to deep dive. Mark Hackett responded that a similar approach would be taken in terms of the annual plan to identify which goals and deliverables should be monitored by which committee.</p> <p>Martin Sollis advised that the board assurance framework would also be an integral element of the scrutiny framework as assurance would be needed from a number of avenues if the health board was to progress.</p> <p>Emma Woollett commented that if the risk register was to be used in the way in which it was designed, more information about actions being taken to mitigate risk and when those actions would bear fruit was needed.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The changes to the risks scores as outlined in this report be approved; - It be agreed that the executive team would ensure the delivery of the mitigating actions to reduce the risks on the risk register; 	

	<ul style="list-style-type: none"> - It be agreed that the maintaining the risk appetite of 20 with a review every three months. 	
66/21	KEY ISSUES REPORTS	
	<p>(i) <u>Quality and Safety Committee</u></p> <p>A report setting out the discussions of the Quality and Safety Committee was received and noted.</p> <p>(ii) <u>Performance and Finance Committee</u></p> <p>A report setting out the discussions of the Performance and Finance Committee was received.</p> <p>(iii) <u>Audit Committee</u></p> <p>A report setting out the discussions of the Audit Committee was received and noted.</p> <p>(iv) <u>Workforce and OD Committee</u></p> <p>A report setting out the discussions of the Workforce and OD Committee was received and noted, with the following discussion undertaken:</p> <p>Tom Crick advised that the long-lasting effect of the pandemic on staff was a key focus for the committee, particularly, its uneven distribution, and supporting the workforce was a high priority. Emma Woollett stated that it was pleasing to see that it had been recognised that 'not all sizes fit all' in terms of the support offered and that a wider scope of measures was available.</p> <p>(v) <u>Charitable Funds Committee</u></p> <p>A report setting out the discussions of the Charitable Funds Committee was received and noted, with the following discussion undertaken::</p> <p>Martyn Waygood advised that the balance of trustees global fund now stood at £5.8m which meant it had recovered to the levels seen prior to Covid-19.</p> <p>(vi) <u>Mental Health Legislation Committee</u></p> <p>A report setting out the discussions of the Mental Health Legislation Committee was received and noted.</p>	
67/21	ANNUAL PLAN DEVELOPMENT 2021-22	
	<p>A report providing an update on the development of the annual plan 2021-22 was received.</p>	

In introducing the report, the following points were highlighted:

(i) General Introduction

- National funding allocations were still to be determined;
- The requirement was now for organisations to submit their plans in draft, by a date which was yet to be determined, and then finalise them in quarter one of 2021-22;
- Welsh Government had delegated the choice of whether boards should agree the plans for submission in public or private to the organisations themselves;
- The health board would agree its plan at in-committee board meeting on 30th March 2021 and ratify it in public at a later date;
- The Performance and Finance Committee had received a comprehensive presentation of the financial approach, similar to that of the Quality and Safety Committee with the quality priorities;
- The plan had been built on the most likely scenario for Covid-19 but could be flexed as the position changed;
- It included a level of ambition that could be delivered by the health board itself as well as a level that could be achieved with additional resources;
- Drivers of the plan had been broken down into goals, methods and outcomes;
- A population health strategy would be developed in 2021-22 but priorities had also been included in the plan;
- Investment needed to be given to providing more services closer to home so service users only accessed hospitals when necessary and had shorter lengths of stay. These included hospital to home and the acute community teams;
- It was expected that more elective work would be provided by Singleton and Neath Port Talbot hospitals to enable Morriston Hospital to manage urgent and specialist care;

(ii) Population Health

- There were two strands associated with population health – what members of the community could do for themselves, for example smoking, weight management and physical exercise, and what could be done more strategically with regional partners to develop more equitable access to services;

(iii) Quality of Services

	<ul style="list-style-type: none"> - Five quality priorities on which to focus had been selected (suicide prevention, falls, infection prevention and control, sepsis and end-of-life care) and these had been discussed in depth with the Quality and Safety Committee; - The decision had been made to focus on five to ensure clear progress and improvement was achieved and the specific priorities had been chosen through engagement with a wide range of clinical stakeholders; - The quality priorities would span both primary and secondary care; - Quality outcomes had also been set for high risk areas such as transcatheter aortic valve insertion (TAVI) and fractured neck of femur; <p>(iv) <u>Workforce</u></p> <ul style="list-style-type: none"> - It had been a challenging year for staff and focus needed to be given to recovery and resilience; - Priorities for 2021-22 included staff health and wellbeing, recruitment and retention, workforce efficiency and staff experience; - There would be further work to develop a specific people's strategy which would drive the work forward; <p>(v) <u>Finance</u></p> <ul style="list-style-type: none"> - The allocation letter from Welsh Government had been received outlining a 2% increase based on population needs; - Cost pressures for 2021-22 would need to be kept to a minimum and there also needed to be a comprehensive savings plan in order to deliver the necessary service change within a credible financial plan; - Confirmation had been received of the Covid-19 monies for the first six months of the year so it was clear what would be funded nationally and what needed to be covered locally; - A baseline had been established based on 2019-20 outturns for each unit. This would need to be managed with discipline as the same approach to expenditure could not be taken next year as it had been in this; <p>(vi) <u>Conclusion</u></p> <ul style="list-style-type: none"> - A significant amount of work had been undertaken to develop the draft annual plan and consideration now needed to turn to implementation; 	
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	<ul style="list-style-type: none"> - The key risks associated with the plan were Covid-19, workforce ability to deliver, securing efficiencies for the capacity needed and delivery of savings plans; - The Board agreed in December 2020 to refresh its wellbeing objectives and revised ones had been proposed for inclusion in the plan; - The executive team was to have a dedicated session to focus on how the plan would be executed. <p>In discussing the report, the following points were raised:</p> <p>Mark Hackett stated that the main focus for 2021-22 would be what was important for the public and patients, such as low levels of infection, appropriate end-of-life-care, a joined-up, responsive emergency medicine service and shorter hospital stays, for example. In addition, they would also expect staff to be supported, particularly in light of the sacrifices they had made. This would be a significant challenge for the health board, especially in the context of the Wellbeing of Future Generations Act and Welsh Government's 'Healthier Wales' strategy. Fundamentally, the approach being taken was one generated with, and to be executed by, the clinical teams, and engagement was key to demonstrate how this would make working practices and services for patients better.</p> <p>Emma Woollett commented that this was a much holistic ambition than had been set previously and when the health board had been in its targeted intervention escalation status, the focus had very much been on secondary care. Now that population health was being taken into account, this was a step in the right direction.</p> <p>Reena Owen stated that it was pleasing to see the environment and nature included in the wellbeing objectives as they had a significant impact on physical and mental health for staff and patients. She added that she endorsed having a small number of quality priorities on which to focus and while it was good to have an ambitious plan, there also needed to be some element of realism as to what could be achieved as Covid-19 was ongoing. Therefore the plan needed to be in the context of a longer term, three to five year plan.</p> <p>Emma Woollett summarised that challenge of the plan was correct and realistic milestones needed to be set as it was important that progress was evident.</p> <p>ACTION – realistic milestones for delivery of the annual plan 2021-22 to be developed and presented to the board.</p>	SHG
Resolved:	<ul style="list-style-type: none"> - The report noted; 	

	<ul style="list-style-type: none"> - The further work currently underway to finalise the plan was agreed; - The refreshed wellbeing objectives for publication in the annual plan 2021-22 be approved. - Realistic milestones for delivery of the annual plan 2021-22 to be developed and presented to the board. 	SHG
68/21	DISPOSAL OF TREHAFOD AT CEFN COED	
	<p>A report seeking approval for the disposal of Trehafod at Cefn Coed was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry commented that the new approach being taken for the disposal of surplus accommodation was making a significant difference to the local communities.</p> <p>Reena Owen sought assurances that the child and adolescent mental health services (CAMHS) which were based at Trehafod had been consulted on the need to relocate the service. Siân Harrop-Griffiths advised that full engagement had been taken with the staff and service users and the process to vacate the building had taken longer than expected in order to ensure the consultation had been completed appropriately.</p> <p>Emma Woollett asked for confirmation that the disposal of Trehafod would not limit the scope for Cefn Coed Hospital. Siân Harrop-Griffiths confirmed that it was part of the master plan for the site.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - It be approved that Trehafod be declared surplus to requirements and available for disposal; - It be approved that the property may be disposed on the open market via the same marketing strategy that was implemented on the sale of a previous health board property 'Fairfield' which was recently sold in line with the Wellbeing of Future Generations (Wales) Act 2015; - It be agreed that the same criteria would be applied to all future disposals on the open market. 	
69/21	SERVICE LEVEL AND LONG-TERM AGREEMENTS	

	<p>A report seeking approval of the service level and long-term agreements for 2021-22 was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The service level and long-term agreements with Cwm Taf Morgannwg University Health Board were moderated based on the integration with Neath Port Talbot Hospital; - Long-term agreements had been 'frozen' as part of an all-Wales agreement to enable funds to flow in 2020-21 and there was an expectation this would be the case at least in quarter one of 2021-22, after which a different model may be adopted. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The service level and long-term agreements values be approved as base from which discussions will take place in 2021-22. 	
70/21	ADOPTION OF THE CO-PRODUCTION FRAMEWORK, TOOLKIT AND CHARTER	
	<p>A report setting out the co-production framework, toolkit and charter for approval was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The co-production work had been in train for a while but Covid-19 had delayed its delivery; - The framework, toolkit and charter had been agreed by the West Glamorgan Regional Partnership Board at its most recent meeting; - A plan would be developed both internally and regionally for its implementation; - An asset-based approach had been taken to consider what impact changes would have on people; - Co-production would not be applicable to every situation; - The documents would help support the delivery of the annual plan and clinical services plan as service change was implemented. <p>In discussing the report, the following points were raised:</p> <p>Lee Ellery stated that the West Glamorgan Co-Production Group did not just want this piece of work ratified today and then pushed to one side – it wanted it to be adopted and incorporated into every aspect of the</p>	

	<p>Board's work. Change needed to be seen and this was just the start of the work. Emma Woollett concurred, adding that it was the health board's challenge to determine how to implement it.</p> <p>Nuria Zolle commented that it was important that the Board understood that co-production work would have an impact on the way in which it did business and would encourage it to think about its services in the way that mattered to those who used them and if the changes proposed were of benefit.</p> <p>Reena Owen noted the objective to have an action plan in place by July 2021 and queried if this was something which should be approved by the Board. Mark Hackett responded that members of the Board, Senior Leadership Team and voluntary sector needed to be included in the preparation of the action plan through a working group to ensure good engagement. Gaynor Richards endorsed this, adding that the West Glamorgan Co-Production Group would support the health board in any way that it could.</p> <p>ACTION – a task and finish working group be established to develop the action plan to implement the co-production work and the final version be submitted to the Board in July 2021.</p> <p>ACTION – independent members wishing to be a part of the action plan process to email Siân Harrop-Griffiths.</p> <p>Keith Reid queried to what extent co-production would be seen as an integrated process and whether there was a risk it would create barriers to engaging with other members of the public. Gaynor Richards responded that there was still work to be completed on the process but it was vital that it did not exclude any one from being engaged.</p> <p>Emma Woollett stated that checkpoints would be important to monitor progress and while it was important to be realistic as to what could be achieved given the current circumstances, it was important that the process moved forward. On behalf of the board, she thanked Lee Ellery and Gaynor Richards for their work to date.</p>	<p>SHG</p> <p>IMs</p>
Resolved:	<ul style="list-style-type: none"> - The adoption of the co-production framework be approved; - The adoption of the co-production toolkit be approved; - The adoption of the co-production charter be approved; - The next steps and timescales to ensure that co-production is embedded in the health board's work be agreed. - A task and finish working group be established to develop the action plan to implement the co-production work and the final version be submitted to the Board in July 2021; 	<p>SHG</p> <p>IMs</p>

	<ul style="list-style-type: none"> - Independent members wishing to be a part of the action plan process to email Siân Harrop-Griffiths. 	
71/21	INFLATIONARY UPLIFT FOR FUNDED NURSING CARE	
	<p>A report seeking approval of the inflationary uplift for funded nursing care was received.</p> <p>In discussing the report, Martin Sollis sought assurance that all NHS Wales organisations had signed up to the same methodology as the purpose of the process was not to differentiate. Darren Griffiths confirmed that all would be following the same process.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The need for health boards to review the methodology be agreed; - The recommendation of health board professional and finance leads, lead executive directors and CEOs that the inflationary uplift mechanism be retained for 2021-22 with a commitment to review when the policy position was updated be agreed; - Retaining the inflationary uplift mechanism as the recommended option for 2021-22, with a commitment to review the methodology when the policy position was available be approved. 	
72/21	TRANSFER OF THE LLANSAMLET LAUNDRY	
	<p>A report seeking approval for the transfer of the Llansamlet laundry was received.</p> <p>In discussing the report, Emma Woollett sought assurance that the transfer would not affect the health board's financial position. Darren Griffiths advised that there were still some details to sort through in terms of tolerance to protect the position but it would not affect it overall.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The transfer of all identified constituent parts in relation to finance, workforce and logistics to allow NWSSP to continue the running of the Llansamlet laundry until the conclusion of the all-Wales laundry programme and transformation towards the new facility as outlined within the programme business case be approved; - The transfer of appropriate assets and liabilities to NWSSP on 1st April 2021 be approved; 	

	<ul style="list-style-type: none"> - The continuation of the underpinning support services such as IT, externally provided maintenance, or any other service provided to the laundry by the health board or 3rd party until suitable transfer, novation, migration activities be scheduled be endorsed. 	
73/21	PEFORMANCE REPORT	
	<p>The integrated 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 unscheduled care wait had improved from 72% to 76%, with an associated reduction in the 12-hour waits also; - Access to planned care was still not as the health board would want it to be and a strong ambition to address this would be included in the annual plan; - Performance against the single cancer pathway was 60% against a target of 70%. <p>In discussing the report, Emma Woollett highlighted the recommendation to approve the amendment of the current performance framework and sought further details as to the requirement. Darren Griffiths responded that historically the report had been mainly retrospective and this was an opportunity to redesign it to focus on critical skill factors to give a sense of the future and to reflect the ambition of the board. Emma Woollett suggested that the chairs of the Performance and Finance and Quality and Safety committees be included in the discussions. This was agreed.</p> <p>ACTION - chairs of the Performance and Finance and Quality and Safety committees be included in the discussions relating to the revised performance framework.</p>	DG
Resolved:	<ul style="list-style-type: none"> - The report be noted; - A revision of the performance report for quarter one 2021-22 be endorsed in order to provide a focused report to the Board using a suite of key measures that are aligned with the 2021/22 annual plan; - Amending the current performance reporting framework for the health board and its sub-committees be approved to streamline reporting and ensure that only key issues are escalated to Board level; 	

	<ul style="list-style-type: none"> - It be agreed that performance trajectories linked to the annual plan be included in the health board performance reports for 2021-22; - It be agreed that the 2021-22 health board performance report to include actions being undertaken to address recovery of performance for priority areas. - Chairs of the Performance and Finance and Quality and Safety committees be included in the discussions relating to the revised performance framework. 	DG
74/21	FINANCIAL REPORT	
	<p>A report setting out the financial position for month 11 was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The in-month position was an overspend of £1.75m leading to a cumulative of £22.33m after the application of the additional Welsh Government funding for Covid-19 expenditure; - The position was on target to meet the £24.4m deficit forecast at the start of the year. 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
75/21	CORPORATE GOVERNANCE ISSUES	
	<p>A report setting out corporate governance matters was received.</p> <p>In introducing the report, Pam Wenger advised that the Board had agreed temporary changes to its standing orders at the start of the pandemic in-line with Welsh Government guidance. These were only applicable until March 2021 therefore approval was sought to return the documents to their original versions. This was agreed.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted; - The changes to the committee arrangements be approved and it be agreed that these will be reviewed monthly by the Chair, Chief Executive and Director of Corporate Governance; - The return of standing orders to the arrangements for appointments and the AGM in place prior to Covid-19 be approved. 	

76/21	JOINT NHS PARTNERSHIP AND COMMISSIONING	
	A report providing an update on the joint NHS partnerships and commissioning arrangements was received and noted .	
77/21	PROGRESS TRACKER FOR THE QUARTER THREE/FOUR OPERATIONAL DELIVERY PLAN	
	A report setting out the progress against the quarter three/four operational delivery plan was received and noted .	
78/21	UPDATE ON EXTERNAL PARTNERSHIPS	
	A report providing an update on external partnership arrangements was received and noted .	
79/21	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
80/21	DATE OF NEXT BOARD MEETING	
	The date of the next meeting was confirmed as 27 th May 2021.	