

Swansea Bay University Health Board

**Unconfirmed Minutes of a Meeting of the Health Board**

**held on 30<sup>th</sup> March 2023 at 12pm, Millennium Room, HQ (livestream via YouTube)**

**Present**

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance and Performance
Debbie Eyitayo	Director of Workforce and OD
Gareth Howells	Director of Nursing and Patient Experience
Keith Lloyd	Independent Member
Keith Reid	Director of Public Health
Maggie Berry	Independent Member
Pat Price	Independent Member
Reena Owen	Independent Member
Nicola Matthews	Independent Member
Tom Crick	Independent Member
Andrew Griffiths	Associate Board Member

**In Attendance:**

Jean Puxley	Guest – Patient Story ( <b>minute 40/23</b> )
Prue Thimbleby	Story Lead ( <b>minute 40/23</b> )
Anne-Louise Ferguson	Board Advisor (legal)
Hazel Lloyd	Director of Corporate Governance
Deb Lewis	Chief Operating Officer
Matt John	Director of Digital
Raj Krishnan	Deputy Medical Director
Anne Beegan	Audit Wales
Julie Lloyd	Big Conversation Lead ( <b>minute 59/23 only</b> )
Paul Dunning	Head of Staff Health & Wellbeing ( <b>minute 58/23 only</b> )
Richard Thomas	Director of Insight, Communications & Engagement

Minute No.		Action
<b>38/23</b>	<b>WELCOME AND INTRODUCTIONS</b>	
	The chair welcomed everyone to the meeting. Apologies for absence had been received from Jackie Davies and Nuria Zolle, Independent Members and Richard Evans, Medical Director.	
<b>39/23</b>	<b>DECLARATIONS OF INTEREST</b>	

	There were no declarations of interest.	
<b>40/23</b>	<b>PATIENT STORY</b>	
	<p>The chair welcomed Jean Puxley and Prue Thimbleby, Story Lead to the board meeting to present the patient story.</p> <p>A story setting out the experience of Jean Puxley's husband, Terry Puxley was <b>received</b>.</p> <p>Terry Puxley received a diagnosis of cancer that had spread to other areas but it was not known where it had started. This is known as malignancy of unknown origin (MUO). Because cancer services are set up around tumour site groups e.g. lung or bowel, for a patient who has not got a definite starting site they can end up having no team who will take them on to investigate further. This was especially difficult when the patient was in primary care as they did not, at the time, have access to oncology and so were reliant on a site specific MDT team being willing to see the patient. In the case of Mr Puxley, this led to him (and his GP) trying to get someone in secondary care to see him and make a referral to oncology. What ended up happening was that each site team ruled out it was the type of cancer they investigated/treated and so Terry was passed on to another MDT/back to the GP. The MUO patient group are for the most part incurable at presentation, as they have cancer that has spread. They also have a much poorer survival than patients with spread from 'known' cancer types, often being more unwell and symptomatic and less fit enough to undergo treatment, in addition to potentially being less responsive. The fact that there have often been delays in getting to see an oncologist has also effected their outlook. Terry eventually saw an oncologist with an interest in MUO who was able to take him on and manage his end of life care. There was at the time a MDT for MUO but there was no direct access for primary care, or any clinic dedicated to MUO to see these patients. Only patients diagnosed with MUO as an inpatient (and seen by the acute oncology team) were discussed in MDT. This was a pragmatic decision made at the start of the MUO MDT (at that point the 1st of its kind in Wales) due to the funding and personnel available. The priority was to shorten the length of stay of inpatients with MUO and to avoid unnecessary investigations. It should be noted that it was very successful in this aim. The lack of a dedicated clinic was down to initial prioritisation of an inpatient model initially and lack of funding and personnel to develop an outpatient model.</p> <p>In discussing the patient story the following points were raised:</p> <p>Prue Thimbleby advised it was Dr Sarah Gwynne, Consultant Clinical Oncologist who led the changes to the MDT being available to patients</p>	

	<p>outside of the hospitals so that GPs could refer patients into a clinic, which comprised of four oncologists and a specialist nurse.</p> <p>Prue Thimbleby read a quote from a brief by Dr Sarah Quin, 'It cannot be underestimated how much better the service now is; it has become an exemplar to other health boards in Wales who have used our model as the basis for their services'</p> <p>Jean Puxley felt that primary care had a responsibility, and noted the importance of having somewhere the GPs could refer patients. The journey started at the GP and more care should have been considered at that stage. Jean Puxley was proud that some good was coming out of Terry's story, and gave praise to the nurses, doctors and oncologist involved in his care, but it was too late in Terry's case. From a previous conversation with Gareth Howells, Jean was made aware that patients and families now have an input into the MDT which she felt was important.</p> <p>In terms of the service, Mark Hackett asked if there was a known number of patients seen through the clinic compared to those diagnosed in hospitals. Prue Thimbleby advised that the clinic started in November 2020 and 45 new patients had been seen.</p> <p>Christine Morrell reflected on what could be done differently at the diagnostic journey at the very beginning in terms of the rapid diagnostics and placing patients into the right pathway. Mark Hackett offered Jean Puxley the opportunity to visit the rapid diagnostic centre in Neath Port Talbot, and Jean Puxley was thankful that this centre was in place.</p> <p>Raj Krishnan thanked Jean for the powerful story.</p>	
<b>Resolved:</b>	- The patient story be <b>noted</b> .	
<b>41/23</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the meeting on 26 <sup>th</sup> January 2023 was <b>received</b> and <b>approved</b> as a true and accurate record.	
<b>42/23</b>	<b>MATTERS ARISING</b>	
	There were no matters arising.	
<b>43/23</b>	<b>ACTION LOG</b>	

	The action log was <b>received</b> and <b>noted</b> .	
<b>44/23</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>- The strategic paper, on the recovery and sustainability plan to be received later in the meeting was an important document. It sets out how the health board would meet the Ministerial Priorities and how the health board would continue to transform services in line with the 'Changing for the Future programme', providing more care outside hospitals and closer to peoples home as well as clarifying the roles of the three acute sites to better separate emergency care from routine care, maternity and cancer services. As discussed in previous meetings, board members would be aware that the health board was unable to put forward a financial plan that would break even this year, which remains of great concern to the board;</li> <li>- Thanks was given to the Director of Finance and Performance and Director of Strategy for their enormous effort in triangulating the plan to reflect the finances, workforce and performance;</li> <li>- The scale of the financial gap was experienced at a national level, and work was underway across all NHS organisations in conjunction with Welsh Government and NHS Wales to identify national actions to return NHS Wales to financial balance across the medium term. These actions wouldn't be easy and would require some difficult decisions.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>45/23</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	
	<p>A report setting out an update 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 health and social care system remains under considerable pressure. Some of which is easing in and out of hospital care. A rise in covid-19 inpatients had peaked and quality levels remained at levels not wished for our patients. However, it was important to double efforts to move forward with the 'Changing for the Future</li> </ul>	

	<p>programme' and make the vision a reality;</p> <ul style="list-style-type: none"> <li>- In terms of the Acute Service Redesign an independent third party evaluation had been carried out which pointed out many positives which have been addressed as part of the implementation but also raised areas for further improvement;</li> <li>- The safer programme in the medical wards was making good progress particularly on medical wards in Morriston hospital, which has helped raise awareness of systems for preparing patients for discharge;</li> <li>- There was agreement to a further extension of the virtual wards which would form part of the arrangement for further changes to the balance of resources in inpatient beds particularly at Singleton;</li> <li>- Ring fenced orthopaedic beds in Morriston had been reinstated;</li> <li>- The enhanced care units in Neath Port Talbot hospital and Singleton hospital would be opening imminently;</li> <li>- Waiting lists reductions were seen, with a credit given to a team effort across the health board;</li> <li>- Capital investment had seen a major refurbishment of the power supplies in Morriston hospital to reflect the growing nature of the hospital. Further money had been sought for the solar farm extension.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>46/23</b>	<b>BOARD ASSURANCE FRAMEWORK</b>	
	<p>The board assurance framework was <b>received</b>.</p> <p>In introducing the framework, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The document was actively used by members, in recent months the document had been used to restructure committees and form part of the discussion when building committee agendas.</li> </ul> <p>In discussing the framework, the following points were raised:</p> <p>Keith Lloyd asked for an update on the trends and assurance ratings for urgent and emergency care and mental health and learning disabilities as it wasn't showing within the document. Hazel Lloyd advised that both areas were slightly improving and the assurance ratings were amber</p>	

	<p>Reena Owen commented that the document was very useful and she was actively using it to form discussions at the committee's agenda planning sessions.</p> <p>Hazel Lloyd confirmed that the framework would be presented to the board three times a year.</p>	
<b>Resolved:</b>	- The framework be <b>noted</b> .	
<b>47/23</b>	<b>RISK REGISTER</b>	
	<p>The risk register was <b>received</b>.</p> <p>In discussing the risk register, the following points were raised:</p> <p>Maggie Berry queried the work being done to mitigate the low nurse staffing levels in the prison setting. Gareth Howells advised that the low nurse staffing levels was due to capacity, and the high number of in-mates in prison. Gareth advised that the prison was set up for 130 in-mates, where as there were currently 250 in-mates. Following the HIW review, there was an action plan developed which was being overseen by primary care. Gareth Howells highlighted that funding continued to be an ongoing challenge, but discussions were ongoing between the health board and Welsh Government.</p> <p>Mark Hackett advised that a balance of the risk was required with the prison versus other parts of the health board and given the constrained resource environment the health board must look at priorities around investments in primary and community services to see whether resources should be allocated differently. A small allocation was set aside in the financial plan to improve absence cover for the nurses in the prison, as historically the health board hasn't been funded in that area, but that was part of further work to be carried out by primary care. Mark Hackett suggested reflection was required given the recent confirmation of the financial plan and the actions the health board was looking to take to mitigate some of the risk, and therefore the score moving forward.</p> <p>Emma Woollett asked whether the health board was commissioned for a certain number, to which Mark Hackett confirmed it was half the number and there was a commissioning aspect linked to this. Emma Woollett noted from the boards perspective the health board requires commissioning to provide a high quality service.</p> <p>Pat Price highlighted the workforce risks, and noted the importance of detailed work between workforce and finance to review and confirm robust budgets. This linked to the workforce and OD committee highlight report and was also referenced in the midwifery workforce paper. Pat</p>	

	<p>Price therefore sought assurance of the level of maturity of the workforce planning across the health board.</p> <p>Mark Hackett raised the fact that the risk level for Unscheduled Care performance had remained at 25 for some time and suggested an action plan for reducing this be brought to the May board.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- The risk register be <b>noted</b>.</li> <li>- The risk management policy be <b>approved</b>.</li> </ul> <p><b>Action</b> – An action plan reducing the risk of Unscheduled Care to be brought to the May 2023 board.</p>	<b>DL</b>
<b>48/23</b>	<b>CANCER IMPROVEMENT PLAN</b>	
	<p>A progress report on the cancer improvement plan was <b>received</b>.</p> <p>In introducing the improvement plan, Deb Lewis highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The current performance remained at the 50% mark. It was important to note that cancer performance on an all Wales basis was only covered quarterly, and quarter three reported 52%. So while this wasn't where the health board wanted to be, the health board wasn't an outlier from a performance perspective;</li> <li>- The proposed trajectories for 2023-24 show a step change against what was submitted last year from a backlog perspective. Last year's trajectories were very confident as to where the health board aspired to be, whereas this year's trajectory is a more realistic position, reflecting our significantly improved modelling;</li> <li>- Of concern is gynaecology, the only tumour site which hasn't seen improvement when compared to other tumour sites.</li> </ul> <p>In discussing the improvement plan, the following points were raised:</p> <p>Pat Price recognised there was a huge amount of energy and work ongoing to reach an improving picture, but noted that the single cancer pathway hasn't seen a trend of improvement over the last year.</p> <p>Reena Owen noted that discussions were ongoing at the Performance and Finance committee and previous discussions recognised that the performance was linked to the workforce position. The committee would continue to scrutinise the position. Reena Owen was hopeful an improving picture would be seen moving into the next quarter, based on the detailed information presented at Performance and Finance Committee.</p>	



	Steve Spill was keen to see what the situation was beyond the 62-day targets, Deb Lewis agreed to include the long wait targets in future reporting.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The improvement plan be <b>noted</b> and;</li> <li>- Members <b>approved</b> the suggested backlog removal trajectory.</li> </ul>	
<b>49/23</b>	<b>KEY ISSUES REPORTS</b>	
	<p>Key issues reports from board committees were <b>received</b>.</p> <p>In introducing the reports, the applicable committee chairs highlighted the following points:</p> <p><i>i. Performance and Finance Committee</i></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>Reena Owen highlighted the concern about the gaps in the Morriston service group, the run rate position and the lack of traction in terms of reducing the run rate over the last quarter. She advised that committee members had asked for the risk rating to be re-considered.</p> <p>Concern from members about the money set aside for the public health strategy and need for greater assurance of how this will be spent.</p> <p><i>ii. Quality and Safety Committee</i></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> <p>Steve Spill highlighted the positive achievement of the quality strategy launch and noted the quality framework was work in progress but definitely moving in the right direction.</p> <p>Concern from members about the declining performance in infection, prevention and control, with the most recent report showing a number of areas where the trajectories were worsening and highlighting Morriston hospital as outlier in Wales. Steve Spill acknowledged that a huge amount of work was going into improving the situation.</p> <p>Gareth Howells recognised that there were real challenges, but advised that every case was reviewed to identify where the focus was required and which cases were avoidable.</p> <p>Raj Krishnan advised that antibiotic prescribing in primary care was reducing which was positive</p> <p>Mark Hackett made members aware that Management Board were due to consider a review of the Morriston infection, prevention and control delivery at next week's meeting.</p>	



	<p><i>iii. Workforce and OD Committee</i></p> <p>A report setting out the key discussions of the recent meeting of the Workforce and OD Committee was <b>received</b> and <b>noted</b>.</p> <p><i>iv. Mental Health Legislation Committee</i></p> <p>A report setting out the key discussions of the recent meeting of the Mental Health Legislation Committee was <b>received</b> and <b>noted</b>.</p> <p>Board members recognised the ongoing challenges of recruiting to Best Interest Assessors and preparedness for the Liberty Protection Safeguards and it was important for the committee to plan forward.</p> <p>Gareth Howells advised that a task and finish group had been established to look at the work of Liberty Protection Safeguards, and would provide an update to the May Mental Health Legislation Committee.</p> <p><i>v. Audit Committee</i></p> <p>A report setting out the key discussions of the recent meeting of the Audit Committee was <b>received</b> and <b>noted</b>.</p> <p>Darren Griffiths noted that at the most recent Audit Committee, a detailed discussion around the closure of accounts and was pleased to confirm that following negotiations with Audit Wales the closure of accounts would come forward by five weeks, which was a great help to the team.</p> <p><i>vi. Health and Safety Committee</i></p> <p>A report setting out the key discussions of the recent meeting of the Health and Safety Committee was <b>received</b> and <b>noted</b>.</p> <p>Mark Hackett queried in light of the estates review, it was important to give thought to the wider conversations with Welsh Government as to the health and safety risks linked to the inability to maintain the estates given its deterioration.</p> <p>Darren Griffiths noted a task and finish group had been established and members of the group had started to challenge prioritisation. A risk assessment had been discussed to appreciate the risks emerging within the estate.</p>	
<b>Resolved:</b>	<p>- The reports be <b>noted</b>.</p> <p><b>Action</b> – Director of Nursing and Patient Experience would provide a verbal update on the position of recruitment of Best Interest Assessors and the position of Liberty Protection Safeguards.</p>	<b>GH</b>
<b>50/23</b>	<b>DRAFT RECOVERY AND SUSTAINABILITY PLAN 2023/2024</b>	

The draft recovery and sustainability plan 2023/2024 was **received**.

In introducing the strategy elements of the plan, Sian Harrop-Griffiths highlighted the following points:

- Board approval was required of the final draft Health Board Recovery & Sustainability (R&S) Plan for formal submission to Welsh Government for further assessment and discussion. It would not be eligible for Welsh Government approval as the health board was not delivering its statutory responsibility;
- As the Health Board was unable to produce a balanced financial 3 Year plan, the Financial Plan included was only for 2023/24 and was aligned to the position reported through the Board Briefing session held on 22nd March;
- The plan was built on the approved 2022-23 IMTP which had been a huge achievement and continued to progress the strategic change agenda which was set out in the Changing for the Future the public engagement document;
- The clinical prioritisations of the plan had been strengthened from last year, to ensure the health board was focusing on priorities against the highest risks in the plan;
- Regular requests were received from Health Boards in Wales to use the SBUHB plan as a basis for developing their plans and Welsh Government uses the plan as its exemplar across Wales.

In terms of the financial elements Darren Griffiths highlighted the following points:

- As per the Planning Guidance issued in December 2022, an Accountable Officer Letter, was submitted on 28th February 2023 to Welsh Government, based on the assessed cost, risk, quality, safety and funding assumptions;
- The conclusion of this was that the Health Board could not see a position where a safe and sustainable service model could be contained within a balanced financial plan for 2023/24. As a consequence of this, the plan presented to the Board at the Briefing session on the 22nd March reported a deficit Annual Plan for 2023/24 of £65.8m. Following further analysis, the current planned deficit has increased to £69.9m;
- This was recognised by the Board along with the need for further work outside of the formal planning process to highlight to Welsh Government possible mitigating actions to reduce the deficit, which would need to be led at a national level to ensure equity in service provision for patients across Wales;

- Whilst a balanced plan for capital was presented, balance was only deliverable by significantly reducing the allocations for the refresh of digital and cyber, medical equipment and estates capital requirements. The Health Board's risk register would be updated to reflect the increased risk in this area.

In terms of the Workforce elements Debbie Eyitayo highlighted the following points:

- In developing the plan for the next financial year, the workforce priorities were strengthened to take into account the continued pressure on staff;
- Retaining and developing the workforce was linked to ambitions in developing new roles;
- Effective use of workforce systems and processes and the ambitions to reduce agency spend were integral;
- Focus on creating work environment and culture which promotes equality, diversity and inclusion was featured throughout.

In discussing the plan, the following points were raised:

Emma Woollett gave thanks to all teams involved in developing a robust plan. While she recognised it wasn't the plan the health board would want because there was a lot more the health board would still like to do whilst achieving a balance position, it did provide a clear way forward towards greater sustainability.

Maggie Berry complimented the great clarity of the chart which highlighted the link between the health board, regional partnership board and the NPT/SB public service board.

Pat Price praised the plan, and its approach to development, the structure and the clarity of the format and objectives. Pat Price noted the track record of the delivery of SBUHB was excellent, but it was important to continue engagement with Welsh Government about the risks not only for SBUHB but for NHS Wales around the level of savings. Mark Hackett agreed and said it was important to look at the risks as a collective and work out how the risk would be managed and monitored throughout the year. Mark Hackett suggested a quarterly outlook on the view of the risks.

Steve Spill noted that it should be a requirement that the plan was brought to the board on a regular basis. He also noted the need for the planned deficit to be dealt with to ensure the health board doesn't run out of money. Mark Hackett agreed with Steve Spill and thought it would be appropriate to do this every quarter, with a rigorous review of the

	progress against the workforce, and would look to the risks identified by the service groups for the next quarter.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The plan was <b>approved</b> for onward submission to Welsh Government.</li> </ul> <p><b>Action</b> – A report would be brought to the board to articulate how the financial gap would be bridged and a timeframe would be agreed with the Director of Finance and Performance.</p> <p><b>Action</b> – Proactive updates on the delivery against the current plan would be reported to the board on a quarterly basis.</p>	
<b>51/23</b>	<b>POPULATION HEALTH STRATEGY</b>	
	<p>The population health strategy was <b>received</b>.</p> <p>In introducing the strategy, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> <li>- It was important to recognise the strategy should be adopted as a health board wide strategy, and given the strong focus of inequity it was a strategy for everyone in Swansea Bay including our communities.</li> </ul> <p>In discussing the strategy, the following points were raised:</p> <p>Mark Hackett recognised the importance of developing the population health strategy which enables the health board to fulfil one of the three core duties as a body, to have a population health approach to our work which should be celebrated.</p> <p>Reena Owen endorsed Mark Hackett's comments, and noted it was the start of meeting the population health needs. In terms of governance, Reena Owen would be keen to receive assurance of the governance arrangements and how they would be embedded throughout the health board.</p> <p>Pat Price noted it was a regional plan and the effectiveness of the strategy would hinge on effective relationships with partners. Keith Reid assured the board that there was early engagement with partners which would be continued. The challenge would be to ensure existing approaches to drive forward the interest rather than building layers in addition to what was already in place.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The strategy was <b>approved</b>.</li> </ul>	
<b>52/23</b>	<b>SERVICE LEVEL AGREEMENTS FOR 2023-24</b>	

<b>Resolved:</b>	- The agreements were <b>approved</b> .	
<b>53/23</b>	<b>NVCC STRATEGIC AND ECONOMIC CASES</b>	
	NVCC strategic and economic cases were <b>received</b> .	
<b>Resolved:</b>	- The cases were <b>approved</b> .	
<b>54/23</b>	<b>PUBLIC SERVICES BOARD WELLBEING PLANS</b>	
	<p>The public services board wellbeing plans were <b>received</b>.</p> <p>In introducing the plans, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The intention was to bring a paper with the opportunities and implications of the plan to the first meeting of the Partnerships, Planning and Population Health committees in April 2023.</li> </ul> <p>In discussing the plans the following points were raised:</p> <p>Mark Hackett noted the need for synergy between the Wellbeing plans and our own plans, and highlighted that where the Neath Port Talbot plan concentrates on children, the Swansea Bay plan focuses on all stages of life. Given the overall pressures across all health and social care sector he wondered whether dialogue was required with colleagues. Keith Reid advised that the Neath objectives were chosen to align with the Neath Port Talbot council objectives because of the emergent from covid-19 and the change in council regime political administration. There was a sense that alignment with the local authority objectives was a good stepping off point, but there was a view to undertake a review of the objectives in two years.</p> <p>Emma Woollett asked whether board members were content that it aligns sufficiently with what the health board was trying to do particularly around older people. Sian Harrop-Griffiths felt it wasn't as explicit as the Swansea Bay plan and it was difficult to measure. Sian Harrop-Griffiths advised that she had raised the issue of the alignment of the work taking place in the RPB, PSP at a recent Neath Port Talbot PSB and it was agreed it needed to be addressed collectively.</p> <p>Reena Owen asked whether there should be goal, methods and outcomes in terms of the wellbeing objectives, Sian Harrop-Griffiths</p>	

	<p>advised that was part of the work detailed in the action plans. Emma Woollett advised that part of the work of the Partnerships, Planning and Population Health committee would be to start to gain assurance from those from our health board involved at all levels of the partnership boards, to ensure expectations are met. Keith Reid reminded board members that the health board is a statutory members of the PSB, and the PSB exists only through the activity of the partners. It was important to reflect on what was being done through the PSB space and how it is done. Sian Harrop-Griffiths added there isn't money flowing through PSB, so it was dependent on all organisations on how to support and deliver the plans collectively.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The wellbeing plans were <b>approved</b>.</li> </ul>	
<b>55/23</b>	<b>WEST GLAMORGAN AREA PLAN</b>	
	<p>The West Glamorgan area plan was <b>received</b>.</p> <p>In introducing the plan, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A lot of direction had been received from Welsh Government on a much stronger link to the six goals of emergency care and the health board and RPB would work through in detail to set the alignment across those areas;</li> <li>- It was important to recognise that the RPB wasn't an organisation in its own right but a partnership between the health board, local authorities and third sector and other partners and this was the health boards plan as much as the RPBs;</li> <li>- The plan was high level which would be supported with a very detailed action plan based on the health board GMO structure which was in the process of being developed. The expectations of the level of granularity, visibility of whether the outcomes were being delivered and how alignment of the funding through the RPB aligns to the actions and outcomes were all important features of the forthcoming action plan.</li> </ul> <p>In discussing the plan, the following points were raised:</p> <p>Reena Owen noted the importance of assurance that the money was being used effectively, and at the moment she didn't have that level of assurance but would await to see the detailed action plan.</p> <p>Deb Lewis wondered whether more could be done in the space of the visibility of data collection and reporting to gain broader assurance.</p>	

	Emma Woollett advised there was some data in the Regional Integrated Escalation Framework (RIEF) but agreed that there wasn't enough information to be able to hold each other to account as partners.	
<b>Resolved:</b>	- The plan was <b>approved</b> .	
<b>56/23</b>	<b>DEVELOPMENT OF THE RESEARCH AND DEVELOPMENT STRATEGY</b>	
<b>Resolved:</b>	- The presentation be <b>noted</b> .	
<b>57/23</b>	<b>OVERSEAS NURSING PROGRAMME AND DELIVERY</b>	
	<p>A progress report on the overseas nursing programme and its delivery was <b>received</b>.</p> <p>In introducing the progress report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The final cohort for this year arrive today (30/03/2023);</li> <li>- A training facility has been developed at Swansea Bay headquarters, and the Chief Nursing Officer will be attending on 12<sup>th</sup> April 2023 to open the facility. A request was received from the BBC one show to interview our staff.</li> </ul> <p>In discussing the progress report, the following points were raised:</p> <p>Steve Spill asked if the health board pay the staff from the day they land in the UK. Gareth Howells advised that the nurses receive a £500 welcome fee, and then they are enrolled into their standard salaries.</p> <p>Reena Owen raised her support of the programme, however bearing in mind the Wellbeing and Future Generations Act, she asked if the health board should be doing more to encourage training in our own population. Gareth Howells agreed, and confirmed it was the health boards aim to do it all, but there was a lot of work to do to making the NHS a desirable vocation. Christine Morrell commented that the reality of where the NHS was now, there was much more work to be done in terms of local recruitment, in schools and colleges.</p> <p>Debbie Eyitayo provided assurance that SBUHB were a pro-active player in the national nursing workforce planning process which was ongoing, with phase one of the work just completed looking at recruitment and retention.</p>	



	<p>Keith Lloyd noted he has executive responsibility for this work at Swansea Bay University, and it was his understanding that it was the first time a drop in nursing applications had been seen. However he highlighted this was less of a problem for Swansea Bay compared to other regions in Wales. Keith Lloyd went on to query whether the health board has any concerns in depleting the nursing workforce in Kerala. Gareth Howells advised that the health board were working with a company in terms of ethical recruitment, who were working very closely with local services in Kerala and the situation was closely monitored. Debbie Eyitayo made the point that Welsh Government had a specific agreement with the Kerala Government around Welsh nurse recruitment.</p>	
<b>Resolved:</b>	<p>- The progress report be <b>noted</b>.</p>	
<b>58/23</b>	<b>QUARTERLY REPORT ON WORKFORCE RESILIENCE</b>	
	<p>Board members welcomed Paul Dunning, Head of Staff Health &amp; Wellbeing to the meeting.</p> <p>A quarterly report and presentation on workforce resilience was <b>received</b>.</p> <p>In discussing the presentation, the following points were raised:</p> <p>Sian Harrop-Griffiths asked about the data, noting it was her understanding that musculoskeletal was part of the top five absence reasons. Debbie Eyitayo advised that the data provided in the PowerPoint presentation was for December 2023, when a covid-19 spike was seen.</p> <p>Christine Morrell noted that the work linked closely with the organisational development and the big conversation, in terms of developing better workplaces and careers and highlighted that the big conversation raised that staff on long term sick were on our waiting lists, and whether more could be explored in expediting those staff. Emma Woollett noted that there were risks associated with this.</p> <p>Tom Crick advised that resilience was a key priority of the Workforce and OD Committee.</p>	
<b>Resolved:</b>	<p>- The report be <b>noted</b>.</p>	
<b>59/23</b>	<b>PHASE ONE FINDINGS OF 'OUR BIG CONVERSATION'</b>	

Board members welcomed Julie Lloyd, Our Big Conversation Lead to the meeting.

A presentation on the phase one findings of 'Our Big Conversation' was **received**.

In introducing the findings, Julie Lloyd highlighted the following points:

- The journey started on 31<sup>st</sup> October 2022, a difficult time to be engaging with staff, students and volunteers as the organisation moved into winter pressures and industrial action. However, 1,274 participants took part;
- To ensure inclusivity and widened access, the pulse survey was carried out as well as 32 face to face virtual focus groups and open walk in galleries were introduced. This allowed a rich range of data to inform the key actions required;
- Of the 162 pulse surveys providing open comments, the most common themes were identified and a deep dive on the themes was undertaken. The top five themes were culture and behaviors, quality and improvement, patient and safety user experience, leadership and management.

Mark Hackett added the following points:

- Great engagement had been seen throughout the organisation;
- There was a clear mandate from staff and patients;
- What are the leadership and culture behaviors we want to see in the organisation, and how do we develop the focus around the patients – the debates had begun and it was clear that staff and staff organisations want to see change too, but the nature of the change and what it looks like for the organisation was required;
- A re-instatement of the behaviors, responsibilities linked to our values was needed as the values had become disconnected from the behaviors and responsibilities;
- the Deputy Medical Director was leading on the work around how to build clinical outcomes and experience into patient and staff experience insights. In turn using this to measure success rather than delivering targets.

In discussing the findings, the following points were raised:

Debbie Eyitayo explained that a 'compact' was developed from the session held with staff side and trade union colleagues, who were keen to develop a people/staff promise, whereby the organisation committed to do something in terms of behaviours as a board and management,

	<p>with a matching commitment from staff. This would ensure a collaborated approach.</p> <p>Gareth Howells reflected on the positive engagement by staff, which highlighted the sense that our staff were open to change.</p> <p>Debbie Eyitayo echoed Gareth Howells' comments and suggested that the board needed to follow up on what has been raised by staff members, as a priority. Richard Thomas advised that feedback should be a priority, even on the elements which haven't been addressed.</p> <p>Emma Woollett recognised the need for a plan over a number of years, which would be discussed in more detail at the April board away day.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The findings be <b>noted</b>.</li> </ul>	
<b>60/23</b>	<b>REVISED ARRANGEMENTS FOR BOARD COMMITTEES</b>	
	<p>Revised arrangements for board committees were <b>received</b>.</p> <p>In discussing the revised arrangements, the following points were raised:</p> <p>Matt John raised that the move of digital to Workforce and OD committee was the right move, with the focus of the need to help the organisation transform the digital enablement and would be keen to see that digital be reflected in the committee name.</p> <p>Emma Woollett advised that some of the digital business cases would run through the Performance and Finance Committee but it was the digital implementation of the workforce.</p> <p>Emma Woollett noted that the changes made would be observed on an ongoing basis, with a chance to reflect and adjust as necessary in due course.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The revised arrangements were <b>approved</b> and;</li> <li>- <b>Noted</b> the arrangements to establish in addition to formal Board and Committee meetings to support the Board in fulfilling its responsibilities.</li> </ul>	
<b>61/23</b>	<b>AUDIT WALES STRUCTURED ASSESSMENT AND ANNUAL REPORT FOR 2022</b>	
	<p>Board members welcomed Anne Beegan from Audit Wales to the meeting.</p>	

	<p>The Audit Wales structured assessment and annual report for 2022 was <b>received</b>.</p> <p>In discussing the report the following points were raised:</p> <p>Emma Woollett noted that the report had been through the Audit Committee and progress was underway already.</p> <p>Thanks were given by Audit Wales and the Health Board.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>62/23</b>	<p><b>SUMMARY REPORTS FROM THE HEALTH BOARD'S ADVISORY GROUPS</b></p>	
	<p>Summary reports from the health board's advisory groups were <b>received</b>.</p> <p>In discussing the summary reports the following points were raised:</p> <p>As the co-chair of the health board professional forum Andrew Griffiths added that, to re-gather momentum in the forum a firmer approach with the members had been taken going into this financial year. Andrew Griffiths noted that the work of the IMTP, wellbeing plans, RSP plans should form the programme of work for forum moving forward.</p> <p>Christine Morrell added that where there were difficulties in attendance this was due to pressures elsewhere in the system and advised that a discussion would be held with the work carried out in primary care around the professional collaborative which are very well attended as to whether a blended approach could be taken.</p> <p>Emma Woollett wondered if this work was linked to the big conversation, because it was about giving our health professionals the opportunity to have their say which was a direct influence on the board. Christine Morrell agreed.</p> <p>Darren Griffiths offered the finance teams support to talk with colleagues.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The summary reports be <b>noted</b>.</li> </ul>	
<b>63/23</b>	<p><b>CORPORATE GOVERNANCE ISSUES</b></p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The corporate governance issues were <b>received</b> and <b>approved</b>.</li> </ul>	

<b>64/23</b>	<b>PERFORMANCE REPORT</b>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>65/23</b>	<b>FINANCE REPORT</b>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>66/23</b>	<b>QUARTER THREE PROGRESS REPORT FOR THE IMTP YEAR 2022-23</b>	
	<p>The quarter three progress report for the IMTP year 2022-23 were <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Matt John updated board members that the signal programme was live across the organisations with a successful launch last week, there were small issues which had been dealt with at the time.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>67/23</b>	<b>ANY OTHER BUSINESS</b>	
	<p>Emma Woollett recognised that it was Sian Harrop-Griffiths' final board meeting, and gave thanks to Sian as a core member of the executive team and her huge contributions to the health board.</p> <p>Emma Woollett recognised that it was Maggie Berry's final public board, and formal thanks would be given to Maggie Berry at the board development session in April.</p>	
<b>68/23</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as <b>Thursday 25<sup>th</sup> May 2023</b> .	

Meeting closed: 4:20pm