Minutes of the Meeting of the Health Board Partnership Forum held on 20th November 2025 at 2.30pm

Present: Abigail Harris, [redacted], [redacted], Darren Griffiths, Emma Owen, [redacted], Jackie Davies, [redacted], [redacted], [redacted], [redacted], Richard Thomas, Sharon Vickery (in the Chair), [redacted], [redacted], and [redacted]

In Attendance: [redacted] for item 99/25 and [redacted] and [redacted] for item 109/25

Agenda Item		Action
	PART 1: PRELIMINARY MATTERS	
	APOLOGIES FOR ABSENCE	
94/25	Apologies for absence were received from Tina Ricketts, Liz Rix, [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted]	
	MINUTES OF THE MEETING HELD ON 11th SEPTEMBER 2025	
95/25	The minutes of the meeting held on 11th September 2025 were confirmed as a correct record.	
	ACTION LOG	
96/25	The Clinical Services plan would be included in the agenda for the meeting in January 2026. Resolution to dispute in relation to bed contract will be shared when possible. An option appraisal in relation to the Guardian service or alternative provision is under development. All other actions were on the agenda or were complete.	
	MATTERS ARISING NOT ON THE AGENDA	
97/25	**CAR PARKING** [redacted] pointed out that the change to flexible visiting had had a significant impact on parking on the Morriston site. SV agreed to feed back to Morriston site management.	**SV**
	PART 2: ITEMS FOR INFORMATION	
98/25	**FINANCE UPDATE** DG gave a finance update. He reported that at month 7 the Health Board overspend was £4.1 million but because of the higher overspend in previous months, we are outside the plan. Over the next five months, we need to see substantial improvement on that overspend. The cumulative overspend to	

	date is £47.1m which is the highest in Wales, and we are £12.9m above where we planned to be. In addition, our savings plans are not delivering quickly enough. There remain challenges in the system e.g. in relation to mental health adult placements outside of our hospital beds because of demand driving a significant cost. Good progress is being made in some areas, but the savings are largely one off in nature and so are not a solution. Variable pay remains a challenge. There is some improvement in agency but generally our expenditure on total variable pay is not improving (this is being looked at in some detail). It is important that we have workforce model that is fit for purpose and is able to be agile, but we need to manage variable pay more closely. In terms of savings, we are not where we need to be with a savings gap of £15m from the total needed of £55.4m. This is the key issue in the delivery of the 2025/26 financial position. DG acknowledged the hard work of all the staff in trying to make and identify savings but still more is needed. Next year there could be a savings requirement of £100m if we don't address the savings gap this year and make it recurrent. Fundamentally, organisational redesign is essential. [redacted] enquired about the single largest expenditure and DG confirmed that around 60-70% of our budget goes on Workforce. But other factors were at play e.g. we have 190 clinically optimised patients in Swansea Bay beds- this is not the best place for them and is expensive. Also, if we were starting from scratch in setting up services we would not be running three District General Hospital's which is not optimal etc. [redacted] asked about the PFI arrangements in Neath Port Talbot Hospital as the mortgage should shortly be coming to an end. She enquired about the cost savings that will come about from that. DG confirmed that the mortgage would come to an end in May 2030 and work is underway to manage that and ensure that the premises are properly maintained. There will also be opportunities for us to provide services in a different and more cost-effective way.	
99/25	**EXIT INTERVIEWS** [redacted] attended the meeting to give an update on the work being undertaken in relation to Exit interviews. Currently every service group has an established exit interview process which staff are able to access through their HR business partners, their line manager or via ESR. Feedback received suggests that not everyone is able to access ESR and some staff may not feel comfortable accessing it via their line manager. The intention of [redacted]'s	

	work is not to replace current arrangements but to complement what is already in place in an innovative way, making best use of digital solutions. It is proposed that a quantitative Microsoft Form is made available to staff on the intranet. The data will be fed into the business information System so that a digital dashboard is created to which HRBPS and trade unions have access. This is in effect a digital heat map so that it is possible to highlight trends. Data will not be identifiable but will highlight themes and areas. The introduction of this system will bring the Health Board into line with other Health Boards who have a digital approach. On the form staff will be asked to indicate their service group, staff group, band, and length of service so it will be a broad picture of why staff are leaving rather than details of individuals. Some staff may want to have a more detailed conversation with their manager, and they will still be able to do that if they wish. The quantitative detail on the form is aligned with our People Strategy e.g. values, being a high-quality organisation, flexible working and speaking up safely. [redacted] pointed out that the accessible dashboard was an innovative approach and she was hopeful that it would lead to collaborative partnership working in identifying and considering any trends that emerge. [redacted] agreed to share the link to the form, which is currently with digital in preparation for launch in January. [redacted] and [redacted] felt this was an excellent piece of work, but [redacted] asked what would happen if a matter of concern was reported that really needed to be followed up. [redacted] pointed out that this could not really happen with the form as there is no free text box within it, so no narrative response was possible. However, the form does signpost staff to Trade unions or HRBPs if they need to raise a matter of concern. SV agreed this was useful data to triangulate other available information as an indicator of good practice or a marker of areas of concern that can be examined in more detail.	[redacted]
100/25	**ORGANISED FOR SUCCESS** An update was received on Organised for Success.SV pointed out that Abi Harries and Tina Ricketts were talking about the plans in a number of different meetings. As DG pointed out, this will provide us with an opportunity to do things differently for the benefit of patients and this restructure gives the opportunity to shape our services, and the organisation in the best possible way to ensure efficient and effective services for patients. The process is still at an early stage, and no firm decisions have yet been taken. Any changes will be subject to the normal OCP and change management processes.	

	There are three phases, and we are coming to the end of the first phase which was reviewing executive portfolios and those of the deputies reporting to the executives, including working with our strategic partners. The second phase is more complex and is looking at how our clinical services are structured within our service groups. Currently there are four service groups, and the proposed plan is to move to six care groups. This is still an ongoing conversation and is not yet set in stone. These care groups would be medical services, surgical services, mental health/LD, Primary care (renamed Neighbourhood services). Two new groups would be created- Women and Child Health and a clinical and diagnostics care group. It is hoped that by the end of the financial year that there will have been a consultation and engagement process to develop the plans in terms of leadership teams, before deciding where each service sits. Phase three of the process is looking at the wrap around services including corporate, to ensure those care groups have adequate and appropriate support for our staff and patients. Those in management roles from band 7 and above, including our medical management, will be in scope of this reorganisation. This will not include ward managers. However, it is important to note that there will be no compulsory redundancies as part of this programme. The purpose of the reorganisation is to de-layer the management to bring the Board and Ward closer together, which is an important measure in terms of our ability to be flexible and agile, and listen to our patients and staff. However, we will achieve savings via natural wastage over a number of years. Those who are displaced may be deployed into a different role within the new structure, but they would be fully supported in terms training etc. It is recognised that this is a big piece of work which is likely to happen over the next two years, but it is important to ensure our services are structured in a way that provides the best and most efficient services possible. [redacted] pointed out that some staff currently working in management roles may need to revert to clinical roles but will have been out of clinical practice for some time, so they will need support in terms of refreshing their skills and because they are likely to be anxious. SV recognised that this was something that needed to be factored in. Tina Ricketts is clear that there will be wrap around support for these individuals. In the early stages there will be opportunities for these individuals to use their skills in a productive way whilst we go through this change and we need to develop a more agile workforce. SV acknowledged that this is not going to be easy, but Tina is committed to supporting staff throughout this process.	

	A question was raised as to whether we should be holding vacancies now to allow staff that are displaced to move into them.SV pointed out that the vacancy control process will become even more stringent by the end of the year that will have that effect. She also confirmed that VER is a possibility, and this may be something that becomes more prevalent during this process, although there is no guarantee that all applications would be accepted.	
101/25	**WORKFORCE METRICS** A paper was received on the workforce metrics which are now being reported in terms of progress against the elements of the People Strategy. This will allow us to monitor progress more effectively. EO welcomed any comments from staff side as to the format and content. EO confirmed that her team were looking at how to build the ER information into the metrics dashboard. In terms of the detail, the sickness absence metric had increased very slightly since this report was prepared.	
102/25	**BEST PRACTICE REVIEW** [redacted] gave an update on the work of the Best Practice working group which was established in 2023 to look at a range of issues including the length of time processes were taking and how they could be more person centred and feel less punitive. It appeared that sometimes the wrong policy was being applied, and it felt stressful and confusing for staff. [redacted] recognised that this was a journey to improvement, but she hoped that some of the changes being made are having some impact**.** In terms of ER caseloads, it is clear that there has been a spike in cases in the last 6 months. There has been an increase of almost double in disciplinary cases in the last year and a significant increase in respect and resolution cases. The timelines in terms of resolving these cases have been fairly consistent throughout, but there has been a significant increase in the number of disciplinary cases resolved informally, which is really positive. [redacted]reported that the management review has helped to ensure much earlier conversations are taking place, and this approach is now being adopted on an AW basis as part of the revised Disciplinary process. All ER cases are being reported using one system which feeds into the dashboard. Some of the common themes that are emerging are safeguarding concerns, inappropriate behaviour towards staff, fraud, misrepresentation, deception. The highest number of cases in Morriston, Neath and Singleton**.** The investigation team are under considerable pressure to deal with this increase in cases and there is also a requirement for more trained Disciplining Officers. It appears that many of the cases are taking the formal	

	route where they may more appropriately be dealt with via the informal route and this is being challenged when necessary and the informal route advised. It is recognised that our processes take too long to resolve and the potential this has to cause harm to the individual going through the process, so the management review is intended to ensure that the process is conducted fairly and in a timely manner. There are a number of barriers to success in improving the ER position which are being looked at by the best practice review, specifically in relation to case escalation i.e. using formal routes rather than informal. The timeliness of the process relies heavily on the following: the availability and capacity of those involved in the process e.g. Disciplining Officers, Staff reps, HR staff, the information available, whether there are criminal proceedings or safeguarding processes underway. In terms of respect and resolution cases, clarification of responsibilities in relation to communicating with the staff involved is crucial and this is being looked at by the review as an area for improvement Other work that has been introduced via this best practice review is: • Suspension guidance for employees and managers on what to expect. • Stand-alone training module for sickness absence and development of “how to” guides. • Training for the HR team on Fixed Term contracts and redeployment. • Introduction of reflective practice within the HR teams to discuss Opportunities for improvement. • Established links with carers Wales. • Disciplinary officer training. • Regional working to share training materials. • Respect and resolution formal guidance for leaders. Having taken stock of progress, it has been agreed that the Best Practice review now needs to focus on disciplinaries, respect and resolution, managing attendance and flexible working. In order to address the number of cases some temporary changes will be made within HR to bring in the Assistant HRBPs into the operational team as additional capacity to deal with the case load. SV acknowledged that there was concern about the significant increase in cases and this is something that is being closely looked at. [redacted] made the point that this is a concern from a well-being perspective for the member of staff but also for those also supporting the process. EO confirmed that her team actively encourage informal processes where they are appropriate as this is	

	better for the individual, and every effort is being made to increase capacity in terms of disciplining officers etc. [redacted] expressed concern that sometime managers use the wrong policy to address issues, in particular around suspensions. EO asked [redacted] to contact her direct to discuss the particular cases she was referring to but assured the meeting that suspension is very much a last resort after careful consideration and where it does occur it is regularly reviewed. [redacted] made the point that sometimes it is better to keep the individual in work but in a different role, but this needs to be handled carefully or otherwise it can be a difficult experience for the employee if it is widely known. EO asked all staff reps to contact her or her team directly to discuss any concerns about individual cases. SV agreed that a number of very important points had been raised, and this is an area that needs further consideration.	
103/25	**STUDENT NURSE EMPLOYMENT OPPORTUNITIES** This item was deferred to the next meeting.	
104/25	**CEO UPDATE** AH gave a brief update on activity .In relation to the maternity and neonatal perinatal services which have been under scrutiny, AH recognised that the independent oversight report was very difficult reading in terms of the experience of some of our women and families, but as a result the HB committed to holding a learning event , which had taken place the previous day in Swansea Stadium. Around 250 people attended from across Wales, all health boards were represented, and it was a very informative day centred around stories of some of our patients. They very bravely shared with us their experience, to feel that they were not listened to and were abandoned. It was very difficult to hear but it was important to allow us to learn from their experience and improve. AH thanked the Comms team who worked closely with the Oversight team to bring it together and it was a good moment for Swansea Bay Health Board in terms of acknowledging that the service did not get it right for some people but is committed to making improvements. AH reported that the HB had a number of nominations in the NHS Wales and we won two of the categories. The Whole Health Care system award relating to Falls Response: Reducing Harm by empowering Domiciliary and care home staff. We have been working very closely with our local authorities to make sure that we reduce avoidable attendances and admissions at our front door and that we get patients discharged back home as soon as possible. We also won the NHS Wales Team Culture Award relating to Perinatal Excellence. This is a national project led by Swansea Bay which also won the overall Outstanding Contribution award.	

	AH acknowledged how challenging it was for staff working within the service at the moment, with cost of living a concern for many and the significant financial constraints under which we are working. SB is the most financially challenged of any of the health boards and the furthest from where we need to be in terms of finance and the pressure to make improvements is difficult when most of our money is spent on workforce. This is why we are working hard to ensure the right size and shape of our workforce to provide the best services we can for our patients. We are having extensive conversations with colleagues about what is needed and bench marking against other HBs to see what we can learn, e.g. are we being as efficient and effective as we can be with the resources that are available to us? AH took the opportunity to thank everyone for their efforts increasing our flu vaccination rates. We are further ahead than last year but we still need to encourage staff to come forward to be vaccinated. [redacted] expressed her concern that matrons are feeling disempowered by the tight central control on the use of bank /agency staff which is leading to late decision making in relation to filling shifts which is not good for patients or staff. AH acknowledged this and agreed that flat management structures are essential, which is one of the drivers for Organised for Success as we should be empowering and enabling people to make decisions but at the moment we are not getting enough traction in improving our variable pay so we really need to look at that very closely and understand why we are spending outside of our budgets and support our managers to stay within budget. [redacted] raised her concern about the student nurses who we cannot accommodate via streamlining and the impact on the development of our staff within the service. AH reported that there would be much more detail on this coming to the next meeting. AH recognised that there are lessons to be learned in terms of WF planning and there were conversations going on with HEIW. Situations change all the time, e.g. with changes to immigration rules etc, and it is important that our WF planning is robust. She reported that this is a difficulty being faced in England as well as across Wales. LR is working very hard to ensure we are more strategic in the way we commission and plan. [redacted] enquired about coding and what improvements were planned in relation to coding patients AH confirmed that Matt John was looking at this, in relation to the use of AI and also in terms of ensuring the banding of our coders is correct.	
105/25	**BAND 2/3 UPDATE**	

	SV gave an update on the Band2/3 issue and confirmed that the Health Board had revisited the decision to pause payment and have now given a commitment to make the necessary payment to staff in December's pay. There is a significant amount of work underway now to ensure we are fully prepared to pay the recognition payment to the majority of staff who were in post on or before the 1st of January 2025 and the corrective(back)pay for those staff undertaking band 3 duties between 1st January – 30th November 2025,The assimilation date is the official date the new Band 3 position begins and for this process, the assimilation date is 1st December 2025.There will be a few small groups that we will need to deal with in January but they are plans in place to address these. There has been communications issued around this on the intranet and through the FAQ. SV reported that the Welsh Partnership Forum has taken the decision to sign off version 14 B of the framework the only difference between version 14 which Swansea Bay are implementing and 14 B is around some of the deadlines as other HBs need a little more time to prepare.	
	PART 3. ITEMS FOR CONSULTATION	
106/25	**WORKFORCE POLICY UPDATE INCLUDING OCPs RECEIVED** The report was as taken as read. There were no comments.	
	PART 4. ITEMS FOR DISCUSSION	
107/25	**JOB EVALUATION** [redacted] expressed concern that job evaluations appeared to being blocked. Staff are reporting that their managers are not allowing them to submit re-evaluation applications, or where they are submitted it seems they are rejected at senior management level based on the current financial constraints. This is not acceptable as staff have the right to apply for a reevaluation if they feel their job has changed, and if approved it must be funded as this is a basic principle of fair pay. [redacted]suggested that this was something that needed to be discussed in more detail offline to identify the issues and work through them as it was very concerning to hear that this was happening. [redacted] confirmed that [redacted] does lots of training on JE and she would always give advice to staff or managers about this. [redacted]also pointed out that staff side reps are not being allowed time for JE work and are expected to take it from normal facilities time.	

	EO confirmed that rebandings are part of the enhanced controls process and they do need to be signed off by the service group management to ensure they are seen as part of the overall picture as a rebanding can have a wider impact with other roles across the service group. EO is not aware of any that have been refused on the basis of cost. Occasionally rebandings are not agreed between the manager and employee in terms of what the role involves, but it is important to look at each example to see the context and what factors are at play.	
108/25	**FLEXIBLE WORKING** [redacted] raised a concern that there appears to be some resistance to flexible working requests and also she is aware of a situation where all previously agreed flexible working arrangements were withdrawn without notice which has caused an enormous amount of upset and it is difficult to understand how that can be justified.. She is also aware that in one Service group flexible working arrangements are reviewed after only 3 months which is very uncertain for staff and creates anxiety. [redacted] conceded that some of this may be being driven by concerns about the financial position and avoiding the need to use bank/agency etc. Flexible working is very important to staff well-being, and the organisation has done a lot to promote it, but it appears to have become a victim of its own success and managers are becoming reluctant to agree them. EO acknowledged the issue and suggested that this really needs to be fed into the FW working group where it can be looked at more closely so that we can understand what is driving this. Although it is accepted that flexible working arrangements do need to be subject to review to ensure fairness to all staff, there is certainly not a directive that they must be reviewed at three months, and a year or perhaps in some circumstances 6 months should be sufficient.	
109/25	**AUDIT ARRANGEMENTS** A question was raised by staff side in relation to the introduction of unannounced audits by the Governance team in Outpatient areas. AH and [redacted] attended to set out the background to this work. They reported that pre-COVID there was a well-established programme of multidisciplinary unannounced assurance audits in patient areas where we speak to staff and patients and confirm record keeping arrangements, infection control and look at elements of safe care and practice. This came to a halt during Covid but was reinstated in 2021. Changes have been made to the audit tool, and the team have started going into unscheduled care areas because obviously not all of our patients are on	

	our wards at all. The tool has been adapted to be used within outpatient areas in order to get assurance around the quality of care or to identify areas where we need improvement. Often, issues that arise are related to estates, and a member of the estates team accompany the audit team so that there is immediate action. They also work closely with [redacted] if staff experience issues come up. Service Directors are being asked to ensure that they have a programme of routine monthly assurance audits on their areas. Work is underway to ensure we are able to get the right level of assurance in our Primary Care and therapy areas. In these areas it is possible we are looking at single handed clinicians in a clinic area so it would not be sensible or appropriate to turn up with a large team and take that clinician away from their time with their patients. So work is underway to develop a tool to use in larger areas (rather than single-handed clinicians) e.g. the Resource Centre or perhaps to schedule the audit over a week rather than one morning to minimise disruption. It is important to get a flavour of patient experience across a broad area. These audits are not intended to be a stressful experience for staff and AH wanted to reassure the meeting that they are working closely with Primary Care and therapies to develop something appropriate for those areas.	
110/25	**DATE OF NEXT MEETING**	
	Next meeting: Thursday 22nd January 2026 2.30pm	