SBUHB Board Log

Meeting Date	Type of Meeting	Minute Ref	Agenda Item (Number & Title)	Narrative	Assigned to (individual)	Supporting (additional staff members)	Update	Status
28/05/2026	Public Board	067/26	1.4 Chief Executive's Report	NM asked about staff morale in the Emergency Department (ED) given that some time had elapsed since the Board had met with staff. AH, LR and JS reported ongoing focus, particularly on patient flow, successful recruitment, and positive staff feedback. JW proposed follow-up engagement with staff, as part of an ongoing programme of meetings with staff groups, as part of the priority communications plan.	Director of Insight, Communications and Engagement (RT)			Open
28/05/2026	Public Board	071/26	3.2 Strengthening the position of our Annual Plan and Financial Update	PP referred to the April variable pay level of £4.7m, this was lower than March 2026 but higher than Month 11 of 2025/26. The main reasons for this were (i) high levels of sickness in medical and nursing and (ii) the use of surge beds; these were the two key barriers. A reduction in sickness absence and addressing delayed discharges would have a significant effect on variable pay spend. There may be opportunities to learn from other organisations, including higher academic institutions, on how to drive down sickness absence. JW asked CR if she could explore approaches adopted in universities and provide feedback on any learning or improvement opportunities.	University IM (Charlotte Rees)			Open
28/05/2026	Public Board	075/26	4.3 Integrated Performance Report Performance Assurance Framework WG Oversight and Escalation update	LR referred to urgent referrals for patients who may be waiting; she suggested asking each specialty how they contacted patients on their waiting lists, agreeing to undertake this and report back as part of a wider cancer services report. This should form part of the referral to treatment (RTT) pathway.	Executive Director of Nursing and Patient Experience (LR)			Open
28/05/2026	Public Board	075/26	4.3 Integrated Performance Report Performance Assurance Framework WG Oversight and Escalation update	ALF referred to the report looking at culture and workforce-related performance, in addition to patient focused services. JW reflected on the depth and detail of the revised report and asked for further consideration of matters that should come to full Board, and those more appropriate for Committee level oversight.	Executive Director of Planning and Partnership (MD)	HL	29/07 - The updated Performance and Assurance Framework has now identified the lead committees for assurance against appropriate performance targets that now provide AAA reports to Board and only alert on issues requiring Board consideration. The Board Level report now provides assurance on areas of escalation, UHB breakthrough objectives, WG priorities and UHB-specified areas of focus.	Underway (with update)
28/05/2026	Public Board	068/26	1.5 Risk Report	On corporate risks, ALF asked whether the Strategic Risk Register should include actions arising out of the staff survey on culture and speaking up safely. JW extended her thanks to HL for the work undertaken on the Risk Registers; she emphasised the need for the Board to stay connected to front line issues and for Committees to continue strengthening the distinction between strategic and corporate risk scoring. AH and TR agreed to explore this, together with the issues raised in the discussion.	Executive Director of Workforce and OD (TR)	HL	28/07 TR - A new strategic risk on culture has been added and approved through the Workforce & OD Committee.	Underway (with update)
28/05/2026	Public Board	076/26	Finance Report	NZ compared progress against the savings plan and targets; it was important to distinguish between the two and she suggested possibly seeking behavioural psychology advice on how best to communicate the distinction. JW asked TR to consider this.	Executive Director of Workforce and OD (TR)		28/07 TR - This will be considered for future staff communication and engagement.	Underway (with update)
28/05/2026	Public Board	075/26	4.3 Integrated Performance Report Performance Assurance Framework WG Oversight and Escalation update	JC drew attention to the graph that demonstrated the measurement at the point of presentation; other health boards measured this post triage; she asked whether the statistical analysis was accurate. JS agreed to explore this further.	Delivery Unit Director (JS)		24/07 JS liaised with Andrew Nelson who confirmed that SBU is reporting in line with Welsh Government requirements and aligned with other Health Boards.	Underway (with update)

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28/05/2026	Public Board	078/26	4.6 Perinatal Services Perinatal Committee Report	On the number of mothers who birthed at the Birthing Unit, AH confirmed that the dashboard had identified 12 in the last month (April 2026). LR commented on the 24/7 basis staffing for the Birthing Unit and the need to ensure maintenance of midwifery skills through sufficient access to delivering babies. She suggested that QSC should consider a report.	General IM (Jean Church)	LR	Added to the QSC Work Programme for October	Underway (with update)
28/05/2026	Public Board	075/26	4.3 Integrated Performance Report Performance Assurance Framework WG Oversight and Escalation update	PP raised concerns on stroke metrics, citing the fact that PFC had raised repeated concerns about this; the March position had seen a further deterioration. JW asked about the plans in place to improve the position, MD proposed providing a detailed report for a Board meeting in the Autumn, to respond to the points raised.	Executive Director of Planning and Partnership (MD)	RK	Presentation on stroke included in the Integrated Performance Report to Board - July 2026.	Underway (with update)
28/05/2026	Public Board	077/26	4.5 Quality and Safety Committee Key Issues Report	JC asked about possible digital dashboard opportunities to support effective management. The different data sources and perspectives often meant that there was no single understanding of the figures or how to best manage the process. She asked whether a digital programme could assist in sense checking the validity of information.	Executive Director of Planning and Partnership (MD)		24/07 MJ moved this action to MD after discussions with her and Lee Morgan on how the BI Team can take this forward.	Underway (with update)
28/05/2026	Public Board	079/26	Dental Update	JW asked the Population Health Committee (PHC) to consider the issue of equity and access and the risk of widening inequity for dental services, and PFC to consider the financial modelling implications.	Finance IM (Pat Price)	COL	On the Agenda for P&FC - October 2026 and September PHC Committee.	Underway (with update)
28/05/2026	Public Board	067/26	1.4 Chief Executive's Report	JW asked JS to produce a report for the Audit Committee (AC) on the DU structure, priorities, and contribution to grip and control, alongside improved outcomes.	Delivery Unit Director (JS)		On the Agenda for the September Meeting of the Audit Committee.	Underway (with update)
28/05/2026	Public Board	070/26	3.1 Planning and Partnerships Report	JW acknowledged the breadth of planning work in the papers provided and summarised the discussion and the actions underway. The Executive agreed to review the resources available to the team, particularly in respect of CHC. Action: AH/Executive team.	Chief Executive Officer (AH)		16/07 AO - Capacity review of the centralised commissioning function is underway, incorporating Deloitte review recommendations. Priority is recruitment to the vacant Contract Manager post, alongside assessment of Direct Payment resource requirements and anticipated efficiencies from the new CHC/Complex Care Digital Case Management System. Target date- December	Underway (with update)
28/05/2026	Public Board	076/26	Finance Report	NM asked about communication of the financial position and the consequences for budget holders who did not stay within their allocation. CO-L set out the different means of communication and information cascades; she also summarised the learning made available to budget holders. Some had not yet signed their accountability letters and this was under review. JW asked RO, as chair of WODCOM, if the Committee could explore the reasons for reluctance to sign the letters and the barriers that may require some organisational development support.	Community IM (Reena Owen)	TR	Scheduled for WOD Committee in August	Underway (with update)

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28/05/2026	Public Board	077/26	4.5 Quality and Safety Committee Key Issues Report	Twice-weekly data updates informed meetings held between SBUHB and both local authority partners, facilitated by the RPB. JS emphasised the need for SBUHB to optimise all opportunities to improve flow; addressing health related delays for clinically optimised patients formed a key part of that. Addressing delays waiting for therapist input or nursing assessment should drive these times down and this would allow a focused discussion with local authority colleagues on other reasons for delays. Work undertaken on reassessments tended to build in extended lengths of stay that may be unnecessary and inappropriate. JS and LR agreed to provide a further report to the July Board meeting, including both quantitative and qualitative data analysis.	Executive Director of Nursing and Patient Experience (LR)	JS	Report is on the July Agenda of P&FC.	Underway (with update)
25/06/2026	Special Public Board	107/26	4.1 Annual Plan 2026-27	Responding, TR reminded the Board of staff engagement as a key breakthrough objective for 2026/27, with a set of actions focused on the intelligence derived from the Staff Survey. The Performance and Accountability Framework (PAF) and operating arrangements provided clarity on roles and responsibilities, with clear processes to drive a high-performance culture; the Board would consider the Intentional Culture Change programme at the August 2026 Board Development session.	Executive Director of Workforce and OD (TR)	HL	Scheduled for IM Weekly session on 24 August	Underway (with update)
25/06/2026	Special Public Board	107/26	4.1 Annual Plan 2026-27	PP reflected on the challenging nature of the £181m three-year requirement; delivering on Years 2 and 3 called for radical and complex strategic change involving both WG and regional partners; planning for this needed to commence in-year. AH confirmed the need for planning and preparation to begin in-year, using the DU and revised Recovery and Sustainability Board mechanisms to drive the work. The Strategic Clinical Services Plan was fundamental and would need to align with Community by Design, to deliver a joined up and integrated primary and secondary care model that provided care close to home. JW asked for a specific Board Development Session in the Autumn on the three-year trajectory back to balance.	Executive Director of Finance (Interim COL)	HL	Included on the agenda of the October Board Development day.	Underway (with update)
25/06/2026	Special Public Board	108/26	5.1 Stakeholder Feedback Report	AH welcomed the report and the many positive findings. She acknowledged the need to strengthen some aspects of engagement, building on the provisions already in place to increase Board and Executive level visibility. The Executive would consider the recommendations, produce an action plan and report back to the Board through the planning and partnerships report.	Chief Executive Officer (AH)	MD	16/07 AO - This will be discussed at the next Executive timeout in October and that resultant actions would feed into a Board Effectiveness Action Plan overseen through Audit Committee.	Underway (with update)
26/03/2026	Public Board	044/26	4.2 Integrated Performance Report	JW asked CW to assure the Board that all clinically optimised patients who required NHS interventions were not experiencing a delay. CW advised that daily ward rounds identified any ongoing diagnostic or clinical issues, supplemented by random bed audits to capture and investigate any outstanding action. He was confident that SBUHB was not contributing to delays. JC and LR confirmed the intention to conduct a 'deep dive' at the next QSC meeting; LR proposed the use of case studies to inform the exercise. Members supported this approach. Action: LR (JC / CW)	Executive Director of Nursing and Patient Experience (LR)		On the agenda for the June Q&SC meeting.	Underway (with update)
26/03/2026	Public Board	048/26	4.6 Perinatal Services	RO asked how the Birthing Centre was developing and the percentage of births that took place there. LR advised that in the first year of opening the Birthing Centre had 197 births and supported 75 home births. Year two to date had seen 85 births with 35 home births supported. AH advised that the Dashboard provided this information; she sought assurance over the maintenance of staff skills, given that, for most weeks, the number of weekly births was in single digits, running at approximately 14 per month. Numbers had never reached the level expected when the Board approved the reintroduction of the service. LR confirmed that she would commission a report for the Perinatal Committee and then to QSC. Action: LR	Executive Director of Nursing and Patient Experience (LR)		Report is on the Q&SC agenda for the August meeting.	Underway (with update)

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26/03/2026	Public Board	044/26	4.2 Integrated Performance Report	RK updated the Board on a recent workshop with clinicians to explore a systems wide approach to cancer, from prevention through to treatment. This had identified system priorities, with a 90-day plan underway, focused on improved delivery. PP then highlighted the impact of losing additional funding to support waiting times delivery. Q1 could see a deterioration without that funding. AH agreed and asked PFC to look back at 2025/26 and identify performance against core funding, without additionally; it would help to review four specialties. Action: PP/DL/CW	Finance IM (Pat Price)		21/05 PP - will look at this as part of the action coming out of annual plan discussions to improve cancer performance and will raise at PFC.	Underway (with update)
26/03/2026	Public Board	043/26	4.1 Performance and Finance Committee Key Issues Report	JW asked JC and LR to scope the basis of a review format making use of anonymised patient case studies and engaging with WAST counterparts to conduct a joint learning exercise. Action: JC/LR/RK	General IM (Jean Church)		25/06 - Angharad Higgins (AH) has developed draft terms for the review by our SBUHB Stroke team. As yet, WAST have not confirmed their engagement in this work, albeit further chasing action has been undertaken. As soon as a contact from WAST is identified, we can agree terms and timescales for the review. Regular updates from AH are received. 23/04 - CJC requested advice from COO on 23/4/26 regarding appropriate WAST contact. ER now following through to ascertain relevant contact details.	Underway (with update)
26/03/2026	Public Board	041/26	3.4 Planning and Partnerships Report	AH referred to the Joint Commissioning Committee (JCC) and its ambition to become a centre of excellence for commissioning; this was evident for some national work. She also referred to the 2026/27 JCC Plan that could impact adversely on the SBUHB Annual Plan, as it had a financial gap. JW and AH agreed to invite the JCC Chair and Interim Chief Commissioner to a future Board meeting. Action: HL	Director of Corporate Governance (HL)		JCC attending July Board meeting. This has now been re arranged at the request of JCC to September Board.	Underway (with update)
29/01/2026	Public Board	005/26	1.5 RISK REPORT	JC reflected on the number of dashboard-related developments underway, many required at a national level; she suggested asking the Digital, Data, Research and Innovation Committee (DDRIC) to produce an organisation-wide reference map, setting out the strategic requirements underpinning each. Board members supported this and JW and remitted the matter to DDRIC. Action: AG/MJ	Director of Digital (MJ)		25/05 - JC has had no further updates as yet. MJ and JC have had a detailed follow up conversation. The requirement is for an Infographic that provides a representation of the dashboards that are available at a local, regional and national level and categorised by themes e.g. by service group. A mock-up is being developed and will be discussed further with JC by Mid April for endorsement.	Underway (with update)
29/01/2026	Public Board	008/26	3.2 PLANNING AND PARTNERSHIPS REPORT	ALF queried whether any other UK nations had effective Direct Payments systems from which to learn. MD confirmed that such models were available and that SBUHB was working locally with LA colleagues to look at advice from England and develop an integrated approach from the start. She confirmed that the Board would receive and consider a report on the proposed operational systems and processes at its March 2026 meeting. Action: MD	Executive Director of Planning and Partnership (MD)		18/02 Hannah Roan to update the action plan and is now aware of the ask to bring Direct Payments back to Board in March	Underway (with update)
29/01/2026	Public Board	011/26	4.3 INTEGRATED PERFORMANCE REPORT	JC expressed concern at the lack of traction in improving some services, citing endoscopy as an example. When performance did not improve in the way intended, she asked about 'outside the box' thinking. One example concerned the water ingress in Ty Meddwl. DG outlined discussions with the landlord and the need for a roof replacement. Following on from JCs point, NZ asked about providing alternative premises for the mental health teams, rather than reducing outpatient activity, until the end of April. DL agreed to explore this. Action: DL	Chief Operating Officer (DL)		24/07 Dermot Nolan - We put alternative temporary accommodation measures in place so the service continued to function (these included Garngoch, children centre at NPTH etc). These couldn't be sustained long term, so we worked with capital planning leads and have now secured a new premises in Swansea for CAMHs which is less cost for the lease than Ty Meddwl. Capital estates leads are taking this through the HB process for approval, and they have served notice to the landlord of Ty Meddwl who has not engaged through the escalation.	Underway (with update)
25/09/2025	Public Board	165/25	4.7 COMMUNITY PHARMACY	SBUHB did not hold information on the translation facilities at individual community pharmacy level, but all pharmacies could access language line translation services JW asked SM to review the ways in which SBUHB could improve its records on language options available in community pharmacy settings.	Chief Operating Officer (DL)	Sharon Miller, Associate Service Group Director	19/11 SM In discussion with community pharmacy Wales (CPW) we are planning to undertake a baseline assessment of community pharmacies against the recently issued all Wales communication standards. This is expected to take place, following discussion in the new year.	Underway (with update)