

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Workforce and Organisational Development Committee
held on 13th December 2022 at 09.30am
Microsoft Teams**

Present:

Tom Crick Independent Member (in the Chair)
Nuria Zolle Independent Member

In Attendance

Debbie Eyitayo Director of Workforce and Organisational Development (OD)
Richard Evans Executive Medical Director (from minute 149/22)
Julian Quirk Assistant Director of Workforce and OD
Sharon Vickery Assistant Director of Workforce and OD
Lesley Jenkins Unit Nurse Director Singleton (from minute 146/22)
Jo Williams Divisional Manager, Women's Health & Ophthalmology (from minute 146/22)
Catherine Harris Deputy Head of Midwifery (from minute 146/22)
Neil Thomas Assistant Head of Risk & Assurance (from minute 147/22)
Gareth Howells Interim Director of Nursing and Patient Experience
Hazel Lloyd Director of Corporate Governance (from minute 148/22)
Ruth George Human Resource Business Partner
Julie Lloyd The Big Conversation and OD Culture Project Lead (from minute 144/22)
Mark Roach Workforce Data Analyst (from minute 150/22)
Emma Evans Workforce Information Manager (from minute 15/022)
Susan Morgan Corporate Governance Officer

Minute	Item	Action
137/22	WELCOME	
	Tom Crick welcomed all to the meeting.	
138/22	APOLOGIES	
	There were no apologies.	

139/22	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
140/22	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting on the 13 th October 2022 were received and confirmed as a true and accurate record.	
141/22	MATTERS ARISING	
	There were no matters arising.	
142/22	ACTION LOG	
	<p>The action log was received and noted with the following verbal update provided by Alison Clarke:</p> <ul style="list-style-type: none"> (i) Following the Radiography Work Force review, which identified the need to recruit 30 radiography students via the streamlining process – 10 at each site for the June 2022 intake, a total of 21 students were recruited with 2 additional qualified radiographers recruited through external adverts. Student streamlining recruitment has been suspended for 2022-23 for allied health professions so adverts are out for Band 5s now. A campaign to capture students early from Cardiff University is being worked on. Locum and bank staff are being used to fill the shortfall. (ii) Nuria Zolle advised that the Audit Committee will present the ESR report which will go on the action log to be noted. 	
143/22	WORK PROGRAMME 2022-23	
	The work programme was received and noted .	
144/22	UPDATE ON THE ORGANISATIONAL CULTURE PROGRAMME TO INCLUDE THE BIG CONVERSATION	

An update on the organisational culture programme, including The Big Conversation, was **received**.

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

- The Big Conversation is the Health Board's culture audit tool to test our organisation as to where we are now, to look at our aspirations going forward and to set a vision for our culture and sustainability.
- 400 managers and staff side colleagues have attended the Saving Lives training with continuing focus around Anti-Bullying Week and Speak Up month.
- The Big Conversation has 3 phases with Phase 1 being where we are currently – ascertaining current staff perception of where we are and where we want to be.
- Phase 2 is playing back to the organisation to check we have heard accurately, then to look at the action needed to get there.
- There has been significant activity in the 2 weeks since drafting the report presented today so a verbal update of figures is provided.
- Phase 3 is setting the vision and ensuring longevity.
- Since the report was drafted the number of completed surveys has increased from 340 to 521.
- 15 focus groups have been run with 389 staff attending - an increase of 218 staff in a 2-week period – with more sessions this week.

In discussing the report, the following points were raised:

Tom Crick acknowledged that the Big Conversation is an important piece of work for the Health Board and that there has been a lot of impactful work done to date considering pressures in general preventing engagement e.g., post-covid, winter pressures etc. He commented that survey fatigue is recognized as a barrier to engagement, so the numbers of surveys completed was excellent. Debbie Eyitayo stated that in addition to seeking feedback from staff, the team will be working closely with the Director of Insight, Communications and Engagement (DICE) team to feedback what we have received from key stakeholders.

Nuria Zolle queried if key stakeholders would engage fully and attend meetings. Julie Lloyd gave assurance that most stakeholders have already engaged with The Big Conversation. She further explained that tapping into existing forums was a factor in the engagement already achieved giving the example of 149 staff attending a session because the

	<p>Primary and Communities team brief was tapped into. She stated that lower attendances were seen in face to face and on-site sessions.</p> <p>Tom Crick requested that updates on the Big Conversation continue to be brought through the Workforce and OD Committee.</p>	
Resolved:	<ul style="list-style-type: none"> - Action: Updates on the Big Conversation to continue to be brought through the Workforce and OD Committee. - The report and verbal update be noted. 	JL
145/22	TO RECEIVE THE NURSE STAFFING LEVELS (Wales) ACT 2016	
	<p>The annual presentation of nurse staffing levels for wards covered under section 25B of the Nurse Staffing Levels (Wales) Act 2026 was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - All Health Boards in Wales have recently completed calculations in line with the requirements of the Nurse Staffing Act, a requirement of which is that this is done bi-annually. The calculation for Swansea Bay University Health Board (SBUHB) was based on pre-AMSR bed configuration. AMSR went live on 5th December and the impact of that is that the Health Board's current bed configuration for specialties renders most of the review and findings outdated. - Advice was sought from Welsh Government about flexibility to avoid legally stepping outside of the Act as to how we link in with ASMR development and the impact reconfiguration has had on the bed base. - The Act states there's flexibility when there is a change of use in the service that is likely to alter the staffing levels. It has been noted that the changes do not have to be presented to a full board meeting and can instead come to a relevant sub-group or board. - In line with the changes support was sought from the Chief Nursing Officer and the following proposals were agreed: <ul style="list-style-type: none"> (i) That an update of the most recent review be taken to the Management Board and an update and current review is presented and noted to our Workforce and OD Committee - being a sub-group of board. 	

(ii) A full review of ward staffing requirements under the Nurse Staffing Act be undertaken in the New Year (January/February 2023) once the bed realignment has settled down.

(iii) Take that information to the full Board in March 2023 – which will make the Health Board compliant with the Nurse Staffing Act as well as allow us to re-assess our wards, many of which have changed. In discussing the report, the following points were raised:

Jackie Davies quoted from the report, “it is likely that there will remain significant gaps in establishments despite excellent work to increase recruitment and deploy newly qualified registrants through the streamlining process” and referenced the SafeCare App reporting mechanism. She then queried when figures would be available for both staffing levels required under the Nurse Staffing Act and actual figures for compliance data against the legislation for the wards that work was done on. She strongly emphasised that the Board needs to be made aware of the gap between actual staffing levels and staffing requirements under the Act. Gareth Howells confirmed that Morriston has significant staffing challenges at the moment and there is a possibility that being fully established may not be possible with bank and agency staff used on a daily basis to fill shortfalls. He stated that the Health Board has never been able to provide such comparison information in the past. However, it is hoped that ASMR and the review in January/February 2023 will rectify that bearing in mind the Health Board is still recovering from the pandemic and that Covid created chaos with staffing levels.

Nuria Zolle queried if the SafeCare system will offer clarity around compliance with staffing levels on wards and asked what would happen if the budget of £2million for non-recurrent staffing was not there in future years. Gareth Howells gave assurance that the SafeCare module will enable the information around compliance with staffing levels to be provided. Further assurance about monies was given stating that Covid monies are still available, costs for unfunded wards are in the budget as well as escalation costings and the temporary uplifts due to reconfiguration of wards due to Covid. Christine Williams expanded on SafeCare stating last year was about rolling out the programme within the Health Board and embedding it. Information has not been presented from SafeCare yet because it was felt better to wait until the data is accurate. The SafeCare system is now fully functional with the Morriston site going live first.

Jackie Davies pointed out that staffing levels are covered by legislation and if there are not enough staff then it is not safe. Gareth Howells gave assurance that as long as it is within the funded establishment the money

	<p>is there to cover posts and daily staffing meetings are held to look at staffing levels and to fill any gaps with bank and agency staff. If the post is not funded then a risk assessment is completed. Debbie Eytayo added there is a consensus that staffing levels and funding for staff is high on the Workforce and OD agenda therefore the report regarding staffing levels and finance requirements after AMSR will be brought to this committee before going to the Board.</p>	
Resolved:	<ul style="list-style-type: none"> - Post AMSR report regarding staffing levels for reconfigured wards and related finance requirement to be brought to Workforce and OD Committee prior to being presented at Board. - The report be noted. 	GH
146/22	<p>TO ESTABLISH A DEEP DIVE REPORT ON NURSING ESTABLISHMENTS LEVELS NOT INCLUDED IN NSA: MATERNITY</p>	
	<p>A report providing an update on the current maternity services workforce position was received.</p> <p>In introducing the report, Jo Williams highlighted the following points:</p> <ul style="list-style-type: none"> - Since July 2021 Maternity has been risk level 20-25 so had to centralise services and have been unable to maintain home births and midwifery led units and both services remain suspended. - A series of measures have been taken daily to mitigate risk, such as establishing a midwifery bank, from which it has been possible to recruit staff. Agency staff have also been used to cover shortfalls. - In terms of overall establishment, we are more or less birth rate compliant in terms of budgeted establishment but carry a lot of vacancies for a variety of reasons including maternity leave. - Several successful recruitment drives have been undertaken. - Maternity leave has had a significant impact, averaging at about 10 whole time equivalents which is likely to increase to 16/17 whole time equivalents by the end of January and into February. - A deep dive is being conducted by Lesley Jenkins into maternity services, which is almost complete. Several key areas have been identified to be worked on over the coming months and a Workforce Transformation Board has been created for this purpose. 	

	<p>In discussing the report, the following points were raised:</p> <p>Tom Crick acknowledged the challenges faced by Maternity Services in England and Wales due to shortage of staff and queried the recruitment process. He also queried if there was movement across Health Board such as promotions into senior positions and if the Health Board was developing our own people. Lesley Jenkins gave assurance that training numbers were expected to increase over the next 3 years and confirmed that there has been some movement of community midwives from SBUHB to Hywel Dda UHB. She went on to describe an urgent need to recruit a cohort of trainee maternity care assistants, which will again start in March, as it is felt that this is the biggest opportunity with the shortage of midwives. She went on to say there was a sense of optimism in Maternity Services now due to creating and promoting a pathway for unregistered staff wanting a career aspiration.</p> <p>Nuria Zolle queried if the current risk is flagged through to the Quality and Safety Committee. Lesley Jenkins gave assurance that there are daily meetings on patient experience, outcomes over the past 24 hours, staff experience etc., and that the risk is under constant scrutiny.</p> <p>Gareth Howells confirmed that SBUHB and Maternity Services are under scrutiny from Welsh Government who are looking for SBUHB to reopen the birthing centre at Neath Port Talbot, stating there is a plan to do that the infrastructure has to be in place to make sure no one is harmed.</p> <p>Tom Crick requested that Maternity Services continue to report progress to Workforce and OD Committee.</p>	
Resolved:	<ul style="list-style-type: none"> - Maternity Services to continue to report to Workforce and OD Committee. - The report be noted. 	LJ
147/22	WORKFORCE AND OD RISK REGISTER	
	<p>A report on the risks within the Health Board Risk Register (HBRR) was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - The Health Board Risk Register (HBRR) was last received by the Workforce & OD Committee in August 2022 and an extract from the November register was given. - Risks assigned to the Workforce and OD Committee has reduced from 4 to 2 risks because 2 have been closed by director of 	

	<p>Workforce and OD and reported to Management Board in November. (HBR 76 Partnership Working and HBR 77 Workforce Resilience).</p> <ul style="list-style-type: none"> - The two risks remaining for WODC oversight are: HBR 3 Workforce Recruitment of Medical and Dental Staff and HBR 51 Nurse Staffing Levels Act with no changes to their risk scores. - A further two risks are overseen by other Committees but reported to the Workforce and OD Committee for information only: HBR 81 Midwifery: critical staffing levels and HBR 82 Closure of Burns Service. - Management Board have requested a scrutiny panel to review all risks of 20 and above to undertake deep dives in the New Year. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle pointed out that strike action is not on the Risk Register and sought clarification regarding contingency planning. Debbie Eyitayo advised that an update on the Health Board's preparedness would be given in the In Committee meeting under Any Other Business and there is a risk register for industrial action, but it is not on the Corporate Risk Register.</p>	
Resolved:	The report be noted .	
148/22	WORKFORCE AND OD COMMITTEE TERMS OF REFERENCE	
	<p>A report setting out proposed updates to the terms of reference for the Workforce and OD Committee was received.</p> <p>In introducing the report Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The terms of reference are required to be reviewed annually in-line with the health board's governance framework. Failure to do so could result in the committee not discharging its duties appropriately putting the health board's governance arrangements at risk. 	
Resolved:	The report be approved .	
149/22	MEDICAL APPRAISAL AND REVALIDATION	

	<p>A report providing an update on medical appraisal and revalidation was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The report provides an update on the progress of appraisal and revalidation of doctors within the Health Board. - At November 2022 there are 1178 doctors who currently have a GMC connection as of 1 December 2022 in SBUHB area. All of these 1178 doctors must have an annual appraisal unless they have exceptional circumstances to consider e.g. sick leave etc. On average at least 230 will need a revalidation decision each year and I am their responsible officer. - Internal Quality Assurance - the Appraisal and Revalidation Team work to ensure that GPs, Consultants and Non-Training Grade doctors working within SBUHB have access to appraisal systems, and support for revalidation (Training Grade doctor's designated body is now HEIW (Health Education Improvement Wales)). 	
Resolved:	<ul style="list-style-type: none"> - The report be noted. 	
150/22	STAFF TURNOVER	
	<p>A report presenting findings, highlights and recommendations on workforce turnover was received.</p> <p>In introducing the report, Mark Roach highlighted the following points:</p> <ul style="list-style-type: none"> - The report was commissioned in Q1 due to elevated turnover in the 2021-22 financial year to confirm if turnover had increased and become an outlier in comparison to previous years. - Turnover data was tracked for 4 years (April 2019 to August 2022) and taken on a month-by-month basis. - It was established that staff turnover had increased as follows: 11.14% in 2121/22 compared to 10.25% 2020/21 and 8.19% in 2019/20 - 31 separate reasons are recorded on ESR with retirement being highest accounting for one quarter of all leavers over the reporting period. 	

- March 2022 recorded the Health Board's highest monthly leaver rate captured during the reporting period with activity in 2022 - 52% higher than in 2021 and 81% higher than in 2020.
- 40% of Retirement Leavers are Nursing & Midwifery
- The peak in March 2022 coincided with a key change which affect NHS Pensions.
- NWSSP Pensions feel, based on feedback, the March 2022 peak may have been through lack of awareness of the McCloud remedy and how it affects individual circumstances and members felt they would lost their benefits.
- Whilst leavers due to retirement age account for a quarter of leavers, just over a third of all Retirement Leavers were rehired within a 45-day period due to the Coronavirus Act alongside the relaxation of the health board's retire and return process following covid.
- Bank and agency use increased with perceived more flexible work life balance.
- It was identified that staff leaving within 2 years indicated that the individual had decided the work was not for them. However, it was imperative that reasons for staff leaving between 2 and 5 years be looked at carefully.

In discussing the report, the following points were raised:

Tom Crick agreed that information needed to be qualitative as well as quantitative for better understanding. Nuria Zolle commented that whilst the data does point to areas we need to investigate, observed managers should know why people are leaving and not take the easy option and tick "other" on the digital exit interview. Julian Rhys Quirk replied that the report and recommendations will be taken to the Service Groups then creating an action plan for recruiting and retention and reporting findings to Management Board. Focus will be on staff who leave within 5 years of starting their job.

Nuria Zolle commented that lower paid staff, e.g., social care, could be leaving incentivized by higher pay in the private sector.

Jackie Davies commented that the report is a timely piece of going on to say that many of the reasons for leaving are outside of the Health Board's control - citing pay and conditions. She stated that the NHS pension was historically a good incentive to stay. New pension rules state staff must work until 67 and nurses in high stress roles, e.g., ITU, feel they would not be able to work until age 67 with the daily pressures they work under,

	<p>which is an incentive to leave the NHS pension and then an incentive to leave the NHS. She went on to say that the number of people who have left the NHS pension scheme has doubled and mentioned the high number of people who retired and returned thinking that they could work part time and treat their pension as a salary. She mentioned this is the same in every Health Board with staff members thinking they can earn more money and have more flexibility as bank or agency. Regarding the “other” leaving category, she commented that busy ward managers are filling in the digital document as fast as possible and so may tick “other” as an easy option.</p> <p>Julian Rhys Quirk commented that retirement dates are measurable, and people are not retiring earlier. In the past a group would retire at age 60 and a group at age 65. Now the number of people retiring at 65 and 66 is increasing and the number of people retiring at 60 is decreasing. The option for nurses being able to retire at age 55 is being grandfathered out. He went on to say that for planning purposes it is good to know where typical retirements are happening, but it is not an issue in turnover, which is the first 5 years within some specialist groups and to make things more difficult, it’s not uniform.</p> <p>Sharon Vickery informed the Committee that 3 main areas have been identified with the aim to retain staff: Firstly, to buddy for the first 12 months of service to reduce attrition – which could possibly be extended to 2 years; Secondly once you get to the exit interview it is too late and thirdly to ensure that line managers understand the impact they have in terms of staff retention. She went on to say that based on data there is a definite need to do something around flexible working. 97% to 98% of posts we advertise are all full time and there is lots of anecdotal stuff around losing staff due to lack of flexibility. She stated this is an issue that needs to be tackled as an organisation. Nuria Zolle agreed that flexibility is important and went on to say that as workforce is so important, and the key to everything, that it may be useful to invite all independent members to an additional session with Julian Rhys Quirk. Debbie Eyitayo suggested the additional session could be part of one of the Workforce and OD development sessions as workforce is one of the Health Board’s biggest risk.</p>	JQ/DE
Resolved:	<ul style="list-style-type: none"> - A session be arranged for all independent members to present the full Staff Turnover report. - The report be noted. 	JRQ/DE
151/22	WORKFORCE RECRUITMENT AND RETENTION	

	<p>A report providing an update on workforce recruitment and retention efficiencies was received.</p> <p>In introducing the report, Sharon Vickery highlighted the following points:</p> <ul style="list-style-type: none"> - Making sure the Health Board does not lose candidates during the application process is having a positive result, particularly with candidates coming from other countries who go on to recommend the Health Board to their friends. - The Recruitment and Retention Group met at the end of September to discuss further the draft retention plan and are still awaiting to absorb the details of the deep dive report into turnover. - The Health Board agile medical recruitment practices mean as soon as there is a gap we go straight to market because if there is a time lag and we go to bank and agency, one in it is really hard to get them out. - Currently no health board is advertising medical recruitment bilingually. <p>In discussing the report, the following point was raised:</p> <p>Tom Crick commented that people’s perception is part of the challenge around the Welsh language. We want to promote the Welsh language but there is a wider challenge around being part of the UK marketplace for certain professions and specialisms.</p>	
<p>Resolved:</p>	<p>The report be noted.</p>	
<p>152/22</p>	<p>WORKFORCE METRICS AND KEY PERFORMANCE INDICATORS</p>	
	<p>A report providing an update on workforce metrics and key performance indicators was received.</p> <p>In introducing the report, Julian Rhys Quirk highlighted the following point:</p> <ul style="list-style-type: none"> - There is a significant reduction in people off work due to Covid - currently 50 people off work due to Covid (last peak 400). There appears to be a downward trend in general – something that will continue to be monitored. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle sought clarification on the time taken to fill job vacancies. Julian Rhys Quirk stated that data cleansing is required to get accurate figures regarding the time taken to fill vacancies. A new online identity</p>	

	<p>confirmation software installed October is already having a positive impact because individuals can submit their own evidence and no longer have to book an appointment with a human to go through the documents. The Health Board is now looking at paths around recruitment that are causing delays and whilst there are always going to be delays – once data cleansing has taken place a more settled position will enable delay times to be cut.</p> <p>Jackie Davies queried if is there a link between sickness and vacancies. Julian Rhys Quirk stated that it has never been possible to correlate high sick absences with vacancies. For example, even though there are 50 not 400 absences due to Covid, it has not made any difference to bank and agency spend and the Health Board has still got tail end of long covid for long term sickness.</p> <p>Alison Clarke queried where would the committee be cited on other areas of concern in terms of turnover rate – e.g., Healthcare Sciences and went on to say that there are concerns around biomedical science which is being picked up in performance reviews. Julian Rhys Quirk stated that the data is available and that it will be added back in for the Workforce and OD Committee.</p>	JRQ
Resolved:	<ul style="list-style-type: none"> - All workforce metrics and key performance indicators to be added to future reports for the Workforce and OD Committee. - The report be noted. 	JRQ
153/22	<p>NATIONAL CHANGES, CHALLENGES AND POSITIONS SURROUNDING POST-GRADUATE MEDIC ALLOCATIONS</p>	
	<p>A verbal update on national changes, challenges and positions surrounding post-graduate medic allocations was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - There have been challenges around medical recruitment tensions between posts funded by the Deanery and filled by trainees and posts left unfilled and left to the Health Board to recruit. - The situation has stabilised over the past 12 months with a total of 438 junior doctor posts in the Health Board which are formal training posts with the Deanery. The fill rate between February and August was 84% from the Deanery alone. - We went out to advert for recruitment of locally employed doctors and brought up total to a fill rate of 93%. 	

	<ul style="list-style-type: none"> - A particularly challenging issue is paediatrics which has 22 posts with 94 % of them filled by the Deanery. In discussing the report, the following points were raised: <p>Sharon Vickery stated that the trend for less than full time is increasing year on year and is not gender specific. This has been seen in the GP workforce and we are now seeing it in secondary care - young millennial doctors who want flexibility. There will be a knock-on effect for consultant posts because it will take these junior doctors longer to qualify. She went on to say that the challenge to the Health Board is to be better at managing a part time workforce and not think of it as a problem.</p> <p>Tom Crick commented that in general life is more complicated and people do not want to work 9 to 5 in healthcare. He went on to say that with the current service redesign and reconfiguration he wondered how to better look after flexible provision which cannot be run by current admin structures.</p>	
Resolved:	The verbal update was noted .	
154/22	MEDICAL WORKFORCE BOARD UPDATE	
	The Medical Workforce Board highlight report was received .	
Resolved:	- The report be noted .	
155/22	THERAPIES AND HEALTH SCIENCE GROUP REPORT	
	<p>A key issues report on Therapies and Health Sciences Workforce and OD was received.</p> <p>In introducing the report, Alison Clarke highlighted the following points:</p> <ul style="list-style-type: none"> - To provide assurance around activity being undertaken including engagement with Higher Education Institutes (HEIs) in particular, Swansea University, Cardiff University, Cardiff Metropolitan University, and University of South Wales over effective processes for the provision and monitoring of Advanced Practice Education. - Following a review of education provision and feedback from stakeholder events, HEIW reports overwhelming support for the procurement of a new part-time pathway through to the 	

	<p>procurement of Practitioner Training Programme (PTP) part-time education for clinical engineering, audiology, and life sciences.</p> <ul style="list-style-type: none"> - Three task and finish groups were established across Clinical Engineering, Laboratory Sciences and Audiology to capture views on future education models considering student numbers, capacity of departments to train and provide opportunities to achieve all PTP competencies, identification of barriers to accessing education, and an insight into profession specific issues. - Directors of Therapies & Health Sciences have been asked to provide comment on the proposed education tender and consider the impact on services to deliver a part-time programme. <p>In discussing the report, the following points were raised:</p> <p>Tom Crick commented on the amount of activity taking place around part time pathways and wondered if perhaps the funders are adaptable and flexible when looking at degree level professions. Alison Clarke emphasised the need for part-time flexibility, particularly for technicians within radiology.</p>	
	The report be noted .	
156/22	NURSING AND MIDWIFERY BOARD UPDATE	
	The Nursing and Midwifery Board update was received and noted .	
157/22	WORKFORCE DELIVERY GROUP UPDATE	
	The Workforce Delivery Group update was received and noted .	
158/22	SUMMARY BOARD REPORT FROM THE HEALTH BOARD PARTNERSHIP FORUM	
	The Summary Board Report from the Health Board was received and noted .	
159/22	ITEMS TO REFER TO OTHER COMMITTEES	

	There were no items to refer.	
160/22	ANY OTHER BUSINESS	
	There were no items raised under any other business.	
161/22	DATE OF NEXT MEETING	
	The date of the next meeting was noted as 14 th February 2023	