

Swansea Bay University Health Board
Minutes of the Board Meeting of the Health Board
held on 29 May 2025 at 10.00am

Present:		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive
Jean Church	(JC)	Independent Member
Jackie Davies	(JD)	Independent Member
Marie Davies	(MD)	Director of Planning and Partnerships
Richard Evans	(RE)	Executive Medical Director
Anne-Louise Ferguson	(ALF)	Independent Member
Andrew Griffiths	(AG)	Independent Member
Darren Griffiths	(DG)	Executive Director of Finance and Performance
Deb Lewis	(DL)	Chief Operating Officer/Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Keith Lloyd	(KL)	Independent Member
Nicola Matthews	(NM)	Independent Member
Christine Morrell	(CM)	Executive Director of Allied Health Professions and Health Science
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Gill Richardson	(GR)	Director of Public Health (via MS Teams, from Minute 69/25, item 4.1)
Tina Ricketts	(TR)	Executive Director of Workforce & Organisational Development
Liz Rix	(HP)	Executive Director of Nursing and Patient Experience
Nuria Zolle	(NZ)	Independent Member (via MS Teams)
In Attendance:		
Karl Bishop	(KB)	Dental Director (Minute 74/25, item 4.6)
Denise Chaffer	(DC)	External Reviewer (Minute 83/25, item 6.6)
Pat Dunmore	(PD)	Chair of Stakeholder Reference Group
Raj Krishnan	(RK)	Deputy Executive Medical Director (Minute 83/25, item 6.6)
Hazel Lloyd	(HL)	Director of Corporate Governance
Claire Mulcahy	(CMU)	Senior Corporate Governance Manager



Richard Thomas	(RT)	Director of Communications, Insight and Engagement
Carys Richards	(CR)	Senior Corporate Governance Manager
Louise Scannell	(LS)	Paediatric Nurse Specialist
Ken Sutton	(KS)	External Reviewer (Minute 83/25, item 6.6)
Gareth Westlake	(GW)	Assistant Director of Digital Services - Business Management and Information Governance
Craige Wilson	(CW)	Deputy Chief Operating Officer (Minute 74/25, item 4.6)
Apologies:		
Matthew John	(MJ)	Director of Digital
Angela Mutlow	(AM)	Llais

The meeting commenced at 10:00am.

Minute No.	Item
PART 1: PRELIMINARY MATTERS	
1.2 Welcome and Apologies	
61/25	<p>JW welcomed everyone to the meeting, extending a particular welcome to Louise Scannell, Paediatric Nurse Specialist, attending for the Patient Story.</p> <p>JW explained that SBUHB was a strategic population health body, with a statutory duty in respect of health protection and public health. As well as providing health services, SBUHB had a role in reducing health inequalities and focusing on those wider determinants of health that impacted on population health and wellbeing. SBUHB was one of the largest public bodies in the UK, responsible for the stewardship of £1.765bn of public money.</p> <p>As the Governing Body of the organisation, the Board had responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting strategic risk appetite and overseeing strategic risks; scrutinising delivery against in-year plans; maintaining good governance across all domains, including corporate, clinical, financial, cyber, information, partnership and the climate /sustainability agenda. The Board had a key role in setting organisational tone and culture, working with staff, patients and services users to create an open, transparent and</p>

	<p>accountable way of working. Through the Chair, the Board was accountable to the Cabinet Secretary for Health and Social Care. JW concluded by summarising key agenda items against each of the above responsibilities, indicating that the Chief Executive’s report would help frame the discussions.</p> <p>Apologies for absence There were apologies from: Angela Mutlow, Llais Matt John, represented by Gareth Westlake Gill Richardson apologies for the morning, present by Teams for the afternoon.</p>
<p>1.3 Declaration Of Interest</p>	
<p>62/25</p>	<p>There were no declarations outside those already on the Declarations of Interest Register.</p>
<p>1.4 Chief Executive’s Report</p>	
<p>63/25</p>	<p>Introducing the Chief Executive’s Report, AH drew attention to:</p> <ul style="list-style-type: none"> • The recent publication of the Llais Maternity Engagement Report: <i>Having a baby in Swansea and Neath Port Talbot</i>; the Independent Review Oversight Panel would consider the findings and recommendations and incorporate them in its final report. AH acknowledged that the Llais Report made difficult reading, with care delivery at times not reflecting SBUHB values, leading to some poor experiences and outcomes. For a small number of families, the impacts were devastating and life changing; to these families, AH extended her apologies on behalf of the Board. Whilst staff were dedicated, committed and hardworking, there was work to do to improve services further; a forthcoming meeting between the Oversight Panel Chair and the Executive Team would consider the emerging findings from the Independent Review, in advance of publication. • On mental health and learning disability services, AH advised that Welsh Government (WG) had recently published two strategies: <i>Suicide prevention and self-harm strategy: delivery plan 2025 to 2028</i> and the <i>Mental health and wellbeing strategy 2025 to 2035</i>. Together, these would form a framework to support ongoing service transformation. SBUHB continued to commission external specialist



advice to support the development of sustainable improvements in the short and longer term. AH extended her thanks to Executive colleagues for their role in delivering improvements and confirmed that the Board would receive a detailed update at a special purpose Board meeting in June 2025.

- Urgent and Emergency Care (UEC) services continued to operate under pressure; AH outlined the focused support available to work intensively with the Morriston Emergency Department (ED) team.
- The Cabinet Secretary had issued a set of ten objectives for all NHS Wales chairs, with four further SBUHB organisation-specific priorities related to: delivering on major programme commitments; concluding the independent maternity review and actions; reviewing the ED, including reconfiguration; and delivery of the Southwest Wales Regional Joint Committee commitments.

JW thanked AH for the update and invited questions.

PP welcomed the reference in the report to the development of a unit for complex specialist learning disabilities; she asked about timescales for this work and whether this would meet new demand or enable repatriation of people currently placed out of area. AH confirmed that repatriation would be the main focus; the Business Justification Case would set out the draft timelines, for finalisation in the full Business Case. JW asked HL to forward to the Board a briefing on the differing components of the process for securing capital investment.

Action: HL

KL welcomed the Annex to the Chief Executive's Report providing a progress update on the Mental Health & Learning Disabilities Programme; he also asked about the timelines for the actions; AH confirmed that the Board would receive the details on these as part of the report to the June Board meeting referenced above.

ALF referred to the UEC staff story considered at the January 2025 Board meeting; she asked about the resolution of the security issues raised. DL confirmed that, of the two members of security staff on duty at the Morriston site, one had a permanent base in ED; the department could access the second if needed. AH confirmed the ongoing monitoring of inappropriate and threatening behaviours, with referrals to police if required and arrangements in place to support staff.

The Board **welcomed** the Chief Executive's Report and **took assurance** from its content and from the discussion.



2.1 Patient Story: Child Suffering Burns

64/25

LR introduced Louise Scannell, Paediatric Nurse Specialist, and invited her to present the patient/staff story of a child suffering a burns injury. Using a slide presentation, LS summarised what had happened to Piper, a child who had accidentally sustained a burns injury. Piper's mother spoke about the way in which the service had provided wrap around care for Piper, with specialist 1:1 care from an expert nurse and ongoing support following Piper's discharge. She described the experience as *terrifying* but the staff as being *amazing*.

LC described the existential impact of COVID-19 on the service, although it did provide an opportunity to design a completely new service model to comply with Burns Care Standards, the SBUHB Charter, and the UNICEF Rights of the Child. The model included: a range of appropriately trained staff; levels of care modelling; paediatric outreach services; and workforce planning and modelling that could respond to unpredictable changes in workload. The service used every opportunity to develop relationships both across the UK and internationally. LC would be travelling to Nigeria shortly to share expertise, under the Wales for Africa initiative. Thanking LC for her inspirational presentation that described a world class service, JW asked her to convey the Board's congratulations to all involved and to Piper and her family for agreeing to share their story. She then invited questions.

NM asked about the opportunities to apply the model to other services experiencing fluctuating workloads. LC agreed that such opportunities existed and advised that the Leicester service had decided to adopt the model. LR confirmed the intention to look at the model for other services in SBUHB.

JC reflected on the range of roles that LC undertook and described her as phenomenal; she asked what LC found most difficult and how she motivated staff. Responding, LC commented on working with a motivated and experienced team, the investment made in building relationships across Wales, and in sharing learning and good practice to continuously improve services.

Thanking LC for the presentation, AH praised the approach taken to building a redesigned service model post pandemic, and one that was clearly leading-edge.

JW referred to the reintroduction of Board visits from Q2 and asked for the inclusion of a visit to the service in the 2025/26 programme. She also extended the Board's warmest thanks to all involved in providing such an exemplary service and wished LC well for the work in Nigeria.

Action: LR/HL

The Board **welcomed** the Patient/Staff Story, **congratulated** LC and the whole team, and **took assurance** from the presentation and discussion.

PART 3: SETTING STRATEGIC DIRECTION

3.1 Population Health Committee Key Issues Report

65/25

Before focusing on the Population Health Committee (PHC) report, JW asked SS to outline the rationale behind the revised format of Committee reports to the Board.

SS advised that, building on the AAA format in place since the middle of 2024, the updated report would include the following:

- Linkage of alerts to the relevant committee minute;
- Details of the Executive lead, who would receive notification of the alerts within 48 hours of the committee discussion;
- Linkage of risks to the Risk Register;
- Responses to alerts from Executive leads as part of Board discussions;
- Feedback to the relevant committee, ensuring a full feedback loop and evidence of action and response.

SS indicated that work continued to resolve the follow through of Service Group reports to Committees when the Executive lead was not in attendance.

JW thanked SS, HL and others involved in the redesign work and invited questions.

ALF welcomed the additional features and identified a further residual issue relating to draft minutes. SS and HL agreed to consider this, as they did other suggestions from AH for further design changes.

Action: SS/HL

Turning to the PHC update, SS drew attention to three alerts:

- The reset of the committee which was underway including a review of Terms of Reference and the programme of work.
- Limited capacity for a population health focus and the work underway to look at the possibility of refocusing staff and/or exploring other resource opportunities. JW asked TR if she would support GR and the team with this work.

Action: TR/GR

- The limited opportunity to access healthy eating options at the main hospital sites; as a major employer and Anchor Institution, the SBUHB offer in respect of this was disappointing. Whilst staff dining

	<p>facilities were available for visitors to use and always offered a healthy meal option, the franchises were often the first and most visible food service seen by visitors and relatives.</p> <p>Commenting, RO highlighted the challenge of locating commercial vendors at the main entrance, with visitors not always being aware of their ability to access the dining room.</p> <p>RT advised that he would be spending time at Morriston Hospital as part of Volunteer Week and would take the opportunity to discuss better signposting to healthier food service options. The Strategic Equity Plan also identified the importance of access to healthy eating options.</p> <p>Action: RT</p> <p>DG referenced the work underway to explore leasing options; he agreed to report back to the PHC.</p> <p>Action: DG</p> <p>The Board considered the three alerts, supported the actions identified and took assurance from the item raised under 'advice'.</p>
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3.2 Planning and Partnerships Report

<p>66/25</p>	<p>MD welcomed the opportunity to present this new report, spanning the functions and services in her Executive portfolio and providing the Board with a comprehensive overview of a wide-ranging planning and partnership landscape.</p> <p>She drew attention to six main areas, indicating that these would form the basic structure for future reports:</p> <ul style="list-style-type: none"> • Strategy and Strategic Programmes: a Board Briefing session in April 2025 had resulted in a refresh of the Organisational Strategy with a final version planned for the July Board. Work was underway to formalise and agree the Clinical Services Plan; this would need close working with Hywel Dda University Health Board (HDUHB) to ensure full alignment, planning assumptions and interdependent deliverables. • The Annual Plan: Work was underway to roll forward the few incomplete actions from the 2024/25 Plan into the 2025/26 Plan, with delivery managed through a focused approach and an integrated performance and planning review cycle. This will include quarterly reports to the Board. • Partnership Plans, including: <ul style="list-style-type: none"> - the West Glamorgan Regional Partnership Board (RPB); a range of work was underway, with focus turning now to outcomes, the
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RPB's annual plan with key deliverables for 2025-26 was included as an appendix.

- the Public Service Boards (PSBs); partners had signed the 2025/26 Action Plan, and this formed a framework to support strategic actions;
- the Regional Joint Committee (RJC) work continued and provided a platform on which to build sustainable clinical services across the region, as well as the wider regional health economy agenda.
- the Regional Specialised Service Provider Planning Partnership (RSSPPP) with Cardiff and Vale University Health Board (CVUHB), and the Joint Commissioning Committee (JCC) review of cardiac services would require close working with CVUHB throughout the process.

Considering the range of partnership work underway, MD proposed the design and implementation of a partnership tracker, to assist with robust governance and oversight. The Board supported this proposal.

Action: MD

- Commissioning: this included the JCC, the Third Sector, regional partnership arrangements and Individual Patient Commissioning (IPC).
- Sustainability and Climate Change;
- Emergency Planning Resilience and Response.

JW thanked MD and everyone involved in compiling the report that captured the scale and scope of the planning and partnership agenda at local, regional and national level. As the Audit Committee had responsibility for overseeing partnership governance arrangements, JW asked NZ to comment.

NZ confirmed that she and MD had discussed assurance-related matters; she welcomed the proposed tracker to ensure robust governance and assurance arrangements for each partnership. NZ welcomed the report and the way in which it gave the opportunity to consider the breadth of the strategic landscape.

NZ went on to raise a number of points about the extent of SBUHB engagement in the different partnerships set out; she asked for further detail in the next report and JW added a request in respect of including the status of each partnership- whether statutory , the result of a Ministerial Direction, inter heath-board initiative or other strategic intent.



On Third Sector partnership working, NZ emphasised the need to ensure that relationships were not just transactional but also transformational; in this context she sought assurance over the correct usage of the terms 'co-production' and 'collaboration'. MD acknowledged this point and agreed to make sure that the two terms were used appropriately and that the tracker set out the SBUHB role explicitly.

PP sought the inclusion in the tracker of information about any independent reviews of the different partnerships. She welcomed the increased engagement in the work of the RPB and the benefits that this had generated. On urgent care and integrated care, PP asked about the level of Neath Port Talbot (NPT) local authority (LA) engagement, now that the executive group meetings were in place. DL outlined the different issues facing NPT and Swansea LAs, assuring the Board that, at operational level, both sets of LA staff were fully engaged and committed to working together.

PP also sought assurance over delivery against the centralisation of the commissioning function in Q2. MD advised that Q2 would see the standardisation of internal processes and protocols, prior to moving on to case management and wider working with LA partners. The issues were complex and called for sensitive management to avoid any disruption to current arrangements.

JW asked whether the right resources were in place to support delivery, MW confirmed the need for expert support, both to develop a single integrated proposal, and to assist in implementation. JW asked MD to ensure the tracking of all resources required.

Action: MD/DG

DG welcomed the report, underpinning as it did the way in which SBUHB would allocate its resources over the next decade; he emphasised the need for robust tracking both against the spend and the outcomes delivered.

AG welcomed the way the report captured the range of partnerships and systems in place; partnership working required resources from all partners and any changes could represent a change in strategic direction, for LA partners as an example. This added to the complexity, especially when changes to funding or service delivery tended to happen throughout the year rather than collectively at one point. AG asked about the ways of managing any in-year changes in direction, particularly those that impacted on LA strategic direction and commitments. Similarly, such changes could impact on the Integrated Medium-Term Plan (IMTP). MD indicated that the quarterly update reports to the Board would highlight any changes from a strategic perspective, and the impact on

both SBUHB and partners. The national planning process in place should obviate the need for significant in-year changes in direction. JW welcomed the immediate, short- and longer-term horizons and the proposal to draw all strands together into one, overarching Board report. This would assist the Board to become high performing and maintain a future focus.

JC also welcomed the approach, emphasising the need to also track costs and funding routes for each aspect. She also looked for greater clarity about the clinical lead responsibility for community and older people's services. MD set out the process to identify clinical leads, with DL adding detail on the need for such leadership at all levels.

RO reflected on the need to embed a population health approach in all partnership working. She welcomed the recognition of climate change and its role in future-proofing services but was disappointed about the lack of reference to food. MD thanked colleagues for all the comments/suggestions, and agreed to explore the last point with the PSB and report back

Action: MD

On behalf of the Board, JW thanked MD and her team for all the work in compiling the report and for their commitment to effective partnership working across all its domains.

The Board:

- **Supported** the proposed approach to delivering the 2025/26 Annual Plan, within the framework of the 2025/28 IMTP, and through a continuous review cycle of all annual and three-year plans.
- **Supported** the intention of bringing a refreshed Organisational Strategy to the July 2025 Board meeting.
- **Supported** the approach to refreshing the Clinical Services Plan.
- **Supported** the design and implementation of a partnership tracker, to include all the features discussed during the meeting.
- **Agreed** to receive regular updates, through the Planning & Partnerships report, on key partnership priorities, delivery actions and performance.
- **Agreed** to a Quarter 1 priority to restructure the RPB governance to include the planning and oversight of the key deliverables in the national Six Goals Programme (managed previously as part of SBUHB Unscheduled Care Programme governance).

- **Agreed** to continue to work closely with both Swansea and Neath PSBs to ensure alignment with SBUHB strategic and tactical planning and delivery processes and plans.
- **Supported** the actions proposed to strengthen SBUHB strategic and partnership commissioning arrangements, to reduce risk and improve the quality of services provided.
- **Supported** the planning work underway to support the refreshed Climate Action Plan.
- **Supported** the priorities and progress in the development and delivery of the EPRR programme.

3.3 Strategic Equality Plan – ‘We All Belong’

67/25

RT introduced the report and shared the engagement approach adopted to develop the Strategic Equality Plan (SEP); he used the example of different life expectancies to demonstrate how inequity and inequality could impact on the population.

The Executive Team had considered the draft SEP in March 2025, informed by the service-led engagement approach, with a subsequent six-week engagement period. RT advised that Page 2 of the covering paper to the report set out the issues raised during that period. The SEP had been updated, with three priority areas identified: (i) embedding equity in all corporate actions; (ii) addressing those issues that provided benefits across multiple groups; and (iii) specific actions on protected characteristic

RT went on to explain that many of the actions mapped across to other SBUHB plans, with some challenging issues around access to primary care. There was also work to do on embedding impact assessment methodology across the SBUHB, particularly to inform decision-making. RT concluded by indicating that a workshop planned for July would include a focus on accountability and metrics.

From his perspective, RT reported that the engagement exercise had made a compelling case to change from equality to equity, with a strict definition being problematic.

JW thanked RT for his summary and invited questions.

NZ welcomed the report and thanked RT for the work undertaken to date; as presented, however, NZ could not approve the SEP, as it had moved away from its statutory underpinning- from equality to equity. NZ was concerned that SBUHB could risk not discharging its legal obligations on equality, including those around outcome-focused objective setting and statutory definitions.

RO understood the rationale for the use of equity as opposed to equality but was also mindful of the statutory requirements in the Equality Act; she suggested further exploration of the distinction, possibly with legal advice.

MD reflected on the work undertaken to develop the SEP and highlighted the need to embed the requirements in IMTP planning processes; she referred to the wide range of impact assessments required, and the SEP could offer an opportunity to integrate them.

TR considered the broad range of views and needs that the SEP had to cover: those of health inequalities, patients with protected characteristics and of staff whose experiences might need specific attention. She suggested separating the SEP into the different strands, as one way of managing the complexity.

ALF was comfortable with the use of the term equity but recognised that differing terminology could lead to concern that SBUHB was moving away from legal requirements. She welcomed the detailed report and the focus on achievable outcomes; she suggested benchmarking with other organisations, to assess what good looked like in other sectors.

PD confirmed that the Stakeholder Reference Group (SRG) would consider the SEP in detail at the July meeting; she supported the need for clarity on terminology, particularly given the potential for differing interpretations of both concepts.

AH welcomed the SEP, suggesting further work to insert additional text to comply with the requirements set out in the Equality Act and to explain the rationale for extending the approach beyond those. AH confirmed that none of the actions for 2025/26 required amendment.

JW suggested that RT could work with NZ, TR and any others who wanted to contribute to revising the wording in the SEP, to reflect legislative requirements and SBUHB strategic priorities, whilst also making the case for the focus on equity. The Board could consider the updated SEP at the special purpose Board meeting scheduled for June 2025. In the meantime, the Board could approve the 2025/26 actions, as these would not change.

The Board:

- **Considered** the engagement approach to *We All Belong – Our Strategic Equality Plan*
- **Approved** the actions planned for 2025/26
- **Agreed** to receive and consider an updated SEP at the June 2025 Special Purpose Board meeting.

3.4 Research Development and Innovation Bridging Strategy

68/25

RE introduced the paper and drew particular attention to:

- The important role that research, development and innovation played in healthcare settings, with clear evidence of improved outcomes for patients in organisations where research was active, an ability to attract expertise, and support the recruitment and retention of staff.
- The opportunities of enhanced working with HDUHB to develop a regional approach.
- The need for a bridging Strategy to operate whilst developing regional opportunities.
- The three pillars set out in the Strategy: culture; support; and external relationships.
- The positive comments on the draft Strategy made by Welsh Government (WG) and Health and Care Research Wales (HCRW) in March 2025; the Digital, Data, Research and Innovation Committee (DDRIC) and the Management Board had subsequently made only minor changes.
- The DDRIC would consider progress reports, with the first report scheduled for Q1 to provide a baseline. Annual reports would then follow.

JW thanked RE and invited questions.

JC drew attention to the apparent weighting of the Strategy towards clinical trials; she had hoped to see greater ambition in terms of research linked to productivity and efficiency, with opportunities incentivised to encourage innovation; this could offer additional benefits.

KL welcomed the Strategy and endorsed its content and approach.

NZ also welcomed the Strategy, endorsing JCs comments about the opportunities that it could offer; she also asked about the management of clinicians' time and capacity to undertake research, given service pressures. The Audit Committee had picked up a significant reduction in spend on research and development in 2024/25; NZ asked about the affordability and relative priority of the Strategy in this context.

Responding to the questions, RE commented on:

- The linkage to wider productivity and efficiency opportunities; he confirmed that collaborative work with HDUHB would facilitate progress with this; he also assured JC that research activity would aim to include other professions and functions, including procurement.

- On clinicians' time, RE advised that job planning guidance made a distinction between clinical activity and research, with up to half a session a week recognised for research; this could increase for more detailed research activity.
- On affordability, RE was pleased to report that research activity generated surplus income; reporting in the Annual Accounts was a product of specific technical requirements.

CM noted the multidisciplinary interest in research and development, with the Healthcare Sciences and Nursing Strategies both dovetailing into the Strategy under consideration. LR agreed with CM; she reflected on the improved outcomes for patients and the positive impact on staff recruitment and retention that followed from an active organisational research culture. She identified further opportunities to work with academic institutions and to encourage staff to be more research active. AH supported the comments made and proposed the approval of the Strategy, whilst also exploring wider opportunities; a forthcoming Executive -to Executive meeting with Swansea University would explore such opportunities further. AH had also met with the Vice Chancellor of University of Wales Trinity St David and discussed applied research opportunities.

The Board:

- **Acknowledged** the need for a bridging strategy for research, development and innovation, pending redevelopment of a regional approach with HDUHB;
- **Approved** the Research, Development and Innovation Strategy for 2025-26, with the addition of some contextual text to reflect the links with the Strategies for Healthcare Sciences and Nursing.

COMFORT BREAK

PART 4: IN YEAR DELIVERY: QUALITY, SAFETY, PERFORMANCE AND RESOURCES

4.1 Digital, Data, Research and Innovation Committee (DDRIC) Key Issues Report

69/25

AG outlined the three alerts identified and drew attention to the two other issues to consider. The alerts were:

- Workforce pressures due to vacancies.
- Training for digital transformation.

	<ul style="list-style-type: none"> • Business intelligence and analytics. <p>In addition, AG drew the Board’s attention to: clinical coding, Internal Audit actions and records management.</p> <p>GW provided an update on progress with:</p> <ul style="list-style-type: none"> • Workforce pressures: he confirmed the filling of some vacancies, with decisions on other posts awaiting the out-turn position to determine resource availability. • Workforce training: MJ and TR were working to address this collaboratively. • Business intelligence: for DDRIC consideration, following approval of the draft Business Intelligence plan. • Clinical coding: a plan was in place, acknowledging the need for further assurance. • Records management: there were amendments to key policies to cover wider records management; work was underway to address immediate concerns. <p>The Board considered the report and took assurance from its contents and the discussions.</p>
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4.2 Quality and Safety Committee (QSC) Key Issues Report

<p>70/25</p>	<p>JW invited SS as the outgoing chair of QSC to provide an update. SS drew attention to:</p> <ul style="list-style-type: none"> • The Mental Health and Learning Disability (MHL) Service Group highlight report; this had identified serious workforce gaps, especially in psychiatry, together with a poor physical environment, given that some of the MHL estate was of poor quality. DG advised that a specific Estates and Capital workstream formed part of the Transformation Programme. • The Dental Service Access Report had identified circa 1700 people on the Portal awaiting access. • The end of life plan; this continued to point out that some people could not access end of life care in a location of their choice, such as their own home. • Right person right care issues; mitigating measures were in place; monitoring would continue to determine their impact. • On MBRRACE the Service Group had requested a minor investment for equipment; this had received oral agreement at the March 2025 Board meeting.
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	<ul style="list-style-type: none"> On Infection Prevention and Control, the high incidence of <i>c.diff</i> compared with other health boards continued to cause concern. <p>JW then invited JC, as incoming chair, to comment. JC had chaired a further meeting; this had considered nationally reported incidents and an update on Gold Command for maternity and neonatal services. JC highlighted the result of the friends and family surveys; this had recorded 92.5% positive feedback, compared with an all-Wales position of 85%. The Board considered the report and took assurance from its contents and the discussions.</p>
<p>4.3 Performance and Finance Committee Key Issues Report</p> <p>i. March 2025 ii. April 2025</p>	
<p>71/25</p>	<p>PP drew attention to the following alerts:</p> <p>i. March 2025:</p> <ul style="list-style-type: none"> The overall financial position, coupled with the fact that WG had not yet signed off the 25/26 Annual Plan. Longer term concerns about limited progress in the number of clinically optimised patients (although focused work since the March meeting had resulted in some improvement). The lack of pace and limited progress on the centralisation of Continuing NHS Healthcare (CHC) commissioning. <p>ii April 2025:</p> <ul style="list-style-type: none"> Several areas of concern on aspects of performance across a range of indicators. DL would refer to these as part of the performance discussion. <p>The Board considered both reports, accepted the advice from PFC meetings and agreed with the need for greater pace in the centralisation of CHC commissioning.</p>
<p>4.4 Finance Report</p> <p>i. Month 12 2024-25 ii. Month 1 2025-26</p>	
<p>72/25</p>	<p>DG referred to both reports and considered each in turn:</p> <p>i. Month 12 2024-25:</p> <p>This represented the end of year position; DG advised that the Audit Committee had received and considered the Annual Accounts at its recent meeting, with no material issues raised. He expected to meet the</p>



completion deadline of end of June, with the final figures subject to sign off by Audit Wales.

DG summarised the year-end position against four main indicators:

- Cash Balance of £3.44m, against a target of £6.0m
- Revenue Resource Limit of £42.5m overspend, against a not to exceed forecast £43.7m
- Capital Resource Limit of £0.061m underspend, against a target of £0m
- Public Sector Payment Policy of 95.4%, against a target of 95%. SBUHB had paid a total of 283,000 invoices during 2024/25.

DG highlighted that whilst the forecast target had been delivered, the Health Board had not met its target control total or its 3-year duty to break even.

JW and AH expressed their thanks to DG and his team for their diligent work in completing the Annual Accounts process on time, and for their oversight of financial matters during the year. They both commended all staff for their hard work in achieving, and slightly bettering, the year-end deficit forecast.

The Board:

- **Considered** the draft outturn financial performance for Financial Year 2024/25 for: -
 - The cash balance at 31/03/25.
 - The revenue draft outturn position.
 - The capital draft outturn position; and
 - Public Sector Payment Policy outturn position.
- **Acknowledged** that SBUHB had met its duty to breakeven over three years on the Capital Resource Limit (CRL) but had not met its duty to achieve the same for the Revenue Resource Limit (RRL).
- **Acknowledged** the Annual Accounts Timetable and the next steps in finalising the 2024/25 Financial Position.

ii Month 1 2025-26

Introducing this paper, DG confirmed that savings requirements were set against the submitted, but not approved, Annual Plan 2025/26; discussions were ongoing with WG.

DG drew particular attention to:

- A predicated year-end deficit of £58.7m, based on delivery of a 5% savings target, equivalent to £55.4m.

- The month 1 position of a £9.003m deficit, some £4.1m off plan; this £4.1m had to be found during the remainder of 2025/26 in addition to the monthly target.
- The operational variances across delegated budgets; he reinforced the point that 2025/26 budget strategy focused on deficits in delegated budgets and highlighted the need to go further and faster to deliver on savings.
- The detailed information on key drivers by service area, set out on Page 6; he drew attention to adult mental health placements outside of area, driving up the base costs in a way that, if it continued, would present a major risk.
- The actual position on savings at Month 1, with delivery of only 10% of the expected savings.
- A revised Performance and Accountability Framework, presented to the Board for approval; Service Group savings plans were expected by 1 June.
- The need to refine support to the high opportunity areas, including: urgent and unscheduled care; CHC; medicines management; and workforce redesign.
- There were no capital requirements for Month 1.
- On risk, achieving the financial plan warranted a risk score of 25, with a score of 20 for capital availability.

Summarising the position, DG stressed the scale of the challenge on savings and the urgent need to deliver additional savings at a faster pace. JW thanked DG for his comprehensive overview; this set out clearly the scale and scope of the in-year, and subsequent, challenge. She then invited PP as chair of the PFC to comment:

PP reported that PFC members were very concerned at the overall financial position at Month 1 and the major risks associated with the non-delivery of savings requirements. Despite a focus on variable pay and agency working, the variable pay bill for Month 1 was similar to that in April 2024.

The PFC had considered ways of bolstering delivery of savings; she stressed the need for 100% focus on recurrent savings, with a thematic emphasis on six areas that had the potential to deliver significant financial savings. This would require strong Executive level leadership with a remit to develop savings solutions in collaboration with Service Groups, and a clear savings target set to deliver at pace.

Monthly reporting did not provide the required level of pace and assurance; a specific, organisation-wide 'star chamber approach' in July



was needed to allow PFC and Board members to challenge constructively and scrutinise savings plans.

PP was pleased to report some positive progress on assurance, with the proposed Performance and Accountability (in draft: Assurance) Framework; PFC members had endorsed this for Board approval. The process to commission external advisors was underway, with meetings for shortlisted providers planned for the 10 June; the contract should be in place by the end of June.

JW thanked PP for the update and the PFC members for their detailed and robust scrutiny; she then invited comments and questions.

NZ recognised the difficulties of beginning Month 1 without a clear savings plan; she asked about the capturing of performance and progress in such circumstances. She also queried figures related to Morriston Hospital in the Month 12 Report; DG confirmed that the figures referred to forecast recurrent savings and in-year variance.

RO suggested that the profiling of savings on an equal 12 monthly basis might not be appropriate; some plans might not start until month 06, for example, and a graduated savings profile might give a better picture of the position.

AG agreed with RO; a change in the approach to profiling might provide greater confidence, subject to the identification of the required savings quantum.

SS supported PP's proposal for a 'star chamber' style meeting to hear directly from Executives and Service Groups about their plans, their level of confidence in delivery, and the timeline for delivery. On mental health placements, he indicated that, that whilst numbers had reduced recently to 14, subsequent placements had increased that number back up to 22; such an increase would have a significant impact on spend. He also referred to discussions at the March 2025 Board meeting on further mitigating actions and suggested that the time had now arrived to implement these.

JC reflected on RO's point about equalising savings on a 12 monthly basis and supported a review of this approach, given that savings plans did fluctuate in -year.

On profiling, DG agreed that more targeted profiling would assist, but the key challenge at this stage was the identification of £55m of savings; SBUHB did not have the requisite savings plan to profile against in this way. DG cautioned against allowing 'slippage' at this point and welcomed the intention to conduct an organisation-wide review of all savings plans in July.

JW invited JC to respond further; she emphasised the need to move beyond profiling the risk of non-delivery and set clear saving targets



against which to hold to account. DG agreed that the Recovery and Sustainability Board was well placed to do this, with subsequent PFC oversight on behalf of the Board.

AH shared the Board's concerns and apologised for the fact that the Executive Team could not yet provide assurances on savings profiles; tactical and opportunistic savings would reduce year on year, with sustainable solutions lying in transformational changes. The position at Month 1 was disappointing and Month 2 might be similarly so; cultural change was fundamental to delivery, and this may lead to challenging times. Service Groups would need to rethink their use of bank staff in areas with above baseline staffing level and to look again at all aspects of workforce planning and utilisation, from recruitment, through to retention, redeployment and the management of staff unavailability to work. JW sought an update on the WG response to AH Accountable Office letter; AH agreed to follow up on this.

Action: AH

Thanking all for their contributions, JW summarised the discussion:

- The Board was disappointed at the Month 1 position and emphasised the need for greater pace and focus.
- Accepting the advice from PFC, the Board agreed that the prime focus should centre on delivering against the £55.4m savings target, concentrating on a smaller number of high impact schemes.
- The Board supported an organisation-wide event in July to consider and scrutinise high impact schemes.
- There was a need to review the profiling methodology, to ensure that this reflected the actual position in respect of savings month on month, accepting the underpinning requirement for the £55m savings plan.
- The Board could take some assurance from the redesign of the Performance and Accountability (in draft: Assurance) Framework and the forthcoming external fence support.
- A focus on cultural and transformational change was the key to delivering sustainable improvements and cost savings.

The Board:

- **Considered** and **commented on** the Health Board's financial performance for Month 1 2025/26, expressing disappointment and concern at the level of risk and looking for greater pace and focus on identifying savings.

	<ul style="list-style-type: none"> • Acknowledged the actions to support delivery of a balanced financial position across all service areas, in line with the accountability letters issued in April 2025 which included: <ul style="list-style-type: none"> ➤ Submission of Financial Strategy from each service area on 31 May 2025. (Service Group Directors/ Corporate Directors) ➤ Full breakdown of the actions for next Financial Performance and Recovery & Sustainability meetings in May to address the savings gap and pressures seen in Month 1 for which there is no budget. (Service Group Directors) ➤ All savings identified and on trackers by 31 May 2025 (Service Group Directors/ Corporate Directors) • Agreed with the summary of the discussions as set out by the Chair and the actions identified. The Board looked forward to the outcome of the July event. • Supported the position with regard to SBUHB Reserves.
<p>4.5 Integrated Performance Report</p> <ul style="list-style-type: none"> i. Targeted Intervention areas ii. Enhanced Monitoring iii. Ministerial Priorities 	
<p>73/25</p>	<p>Introducing the report, DG summarised a number of changes to the format and content, designed to create a single cohesive report on SBUHB performance across the three key priority areas: (i) escalation; (ii) performance against the five HB strategic objectives; (iii) updates to reflect the Cabinet Secretary’s enabling actions. It would be subject to further iterative development over time, together with the inclusion of population health and primary care measures; the format allowed for a flexible approach, providing detailed information on specific issues as required.</p> <p>DL drew attention to key metrics, referring members to the detailed escalation reports within the report. She identified:</p> <ul style="list-style-type: none"> • The Single Cancer Pathway reporting at 62%, this represented an improvement on the January and February position. • On Urgent and Unscheduled Care (UEC): <ul style="list-style-type: none"> - 629 ambulance to hospital handovers taking more than one hour. - 12 hour waits at 12% in April and 11% in May, against a target of 7%.



- A reduction in the average number of clinically optimised patients from 211 in April to 191 in May, with an overall 32% improvement compared with the starting position against this metric.
- On planned care:
 - There were no patients waiting over 104 weeks for treatment; this was projected to continue at zero in May and June; SBUHB was the only health board to deliver consistently against this target.
 - The Cabinet Secretary had announced additional work to reduce overall waiting list volumes; SBUHB would utilise insourcing for this purpose, with central procurement through WG, but local ownership of the contracts, to facilitate oversight and monitoring.
 - Additional cataract pathways were scheduled to reduce waiting times to 16 weeks.
 - The position on endoscopies remained challenging, with the 8 week target not met; WG was in receipt of a submission to create more capacity, and this would hopefully deliver in-year improvements.
- The impact on the stroke pathway of poor patient flow was significant and work was underway to secure pathway improvement. Access to CT scans had improved, with 8 patients transported by ambulance taken directly to the CT scanner. Whilst this was positive, only two of the eight patients had a scan within the new target time of 20 minutes, but all had done so within 50 minutes.
- A new report on theatre efficiency, at pages 226/227, including information on cancellations.

JW thanked DL for the update, welcomed the changes to the report format, and invited questions.

NM asked about the 265 patients whose waiting time had exceeded 63 days, seeking more detail on how long the waits actually were and the communication with patients during that time. DL assured the Board that there were communication arrangements in place and agreed to supply further detail on actual waiting times, including the longest time.

Action: DL

KL asked about delivery against Targeted Intervention (TI) enhanced monitoring criteria; the slide on Child and Adolescent Mental Health Services (CAMHS) referred to criteria that were actually linked to Adult



Mental Health (AMH). DL outlined the WG reporting requirements that underpinned this data.

RO expressed concern that some issues referred to actions identified a long time ago but not yet actioned; ED front door actions included improvements first mooted years before, suggesting a lack of traction. RO also recognised that some areas had improved, including the number of optimised patients and stroke care.

Responding, DL referred to the time required to plan and implement a number of actions now underway; these included the implementation of a new rota, scheduled for June 2025.

JC welcomed the revised format, finding that it gave more clarity. She sought more consistency in the use of numbers and percentages and DL agreed to look at this.

Action: DL

NZ supported RO's comments on the timeliness of some actions. She asked about outpatient follow up appointments and whether the focus on new appointments would result in delays with follow-ups. DL assured the Board that there would be no impact on follow up appointments, with work in hand to check the validity of follow up lists.

On stroke pathways, DL advised that the issue did not relate solely to moving patients through the ED, it involved the whole pathway, including timely access to stroke rehabilitation beds at Neath Port Talbot Hospital. There were only 18 acute stroke beds and efficient flow through the beds was essential. RE explained that patients admitted with a possible stroke, and subsequently not found to have experienced one, were cared for through other pathways.

PP welcomed the revised format as it enabled better oversight and review of areas under escalation or of concern. The focus on action and intervention would be helpful.

JW welcomed GR and invited her to update the Board on the vaccination and immunisation agenda. GR highlighted:

- The disappointing take up for the COVID-19 spring booster campaign.
- The improvement needed in the uptake of the Human Papilloma Virus (HPV) vaccination.
- The average overall position for SBUHB compared with the rest of Wales.

On Hospital Acquired Infections (HAIs), RE drew attention to:

- The number of individuals with *e.coli* or *staph aureus*; this remained stable, with plans in place.



- The position regarding the overall number of *c.diff* cases; this was of concern, with patients/visitors bringing cases into the hospital and in-hospital transmission, with several recent transmission events. RE confirmed that antimicrobial stewardship plans were in place, however the biggest factor in spread was over occupancy, resulting in limited ability to isolate. LR supported this, viewing an improvement in flow as a key determinant to reducing spread; she confirmed that the QSC would consider this matter further.

On patient experience, LR referenced a time out session to look at the SBUHB systems and processes, to shorten the current response times. She provided an update on the piloting of a new SBUHB patient experience framework; this involved contacting people post discharge seeking responses to a suite of questions. SBUHB had reported the second highest response rate in Wales, with feedback from over 600 areas. For serious incidents and risks, RE reported one never event in April, relating to dermatology, with two never events subject to reporting in May.

On HAIs SS asked whether the reporting included infections acquired in hospital only, or more widely; RE confirmed the change in terminology from hospital acquired to healthcare acquired; for the purposes of enhanced monitoring the focus was hospital acquired infections.

GW provided an update on digital, reinforcing its cross-cutting role in supporting delivery across all objectives. He drew attention to:

- The maternity bid, still with WG.
- The active patient portal; SBUHB had a leading role in this.
- The pathology and radiology replacement systems projects; these would run through 2025, with work also beginning on the ophthalmology system.
- Ongoing network replacement to ensure that systems remained secure.

TR drew attention to two workforce related issues:

- Appraisals were consistently below the national target, with at least 25% of staff not undergoing an appraisal; she sought the Board's support to lower the risk tolerance on this. A deep dive exercise would report to the August WODC meeting.
- Sickness absence was a top priority; focused actions would take place to drive compliance with policy requirements and support staff to take personal responsibility to ensure their fitness for work.



JW thanked all those involved in providing updates on the different aspects of performance; the new format had facilitated a wider debate
The Board:

- **Supported** the changes made to performance reporting and looked forward to further refinements.
- **Supported** lowering the risk tolerance of the percentage of staff undergoing annual appraisals.
- **Acknowledged, discussed and took assurance** over performance against key measures and targets.

COMFORT BREAK

4.6 Dental Services

74/25

Introducing the first full paper on dental services to the Board, DL welcomed CW and CR, who would respond to any detailed or specific questions. She drew attention to the following:

- The service included: 52 high street dental practices across the SBUHB area; 2 specialist orthodontic practices; and 2 specialist contracts delivering services in the community.
- SBUHB provided a training facility for newly qualified dentists, one of only two such units in Wales.
- The Designed to Smile service provided targeted national oral health improvement programme
- The new General Dental Service contract proposed from April 2026.
- The recent development of the Dental Access Portal (DAP); this enabled people to register their need for a place with an NHS dentist, with dental practices sourcing referrals from the DAP as spaces became available. Over 3000 SBUHB area residents had already registered on the DAP, with around 500 of these being children. Despite encouraging practices to accept people listed on the DAP, interest to date was limited.
- Specialist dental services provided for vulnerable groups using an electronic referral pathway; Parkway Clinic provided dental treatment under general anaesthetic. 2024 saw the suspension of the specialist service normally offered at Princess of Wales Hospital; this should resume in August 2025, a move that would be welcome, given the lack of an alternative service.

JW thanked DL for her overview; she then invited SS to comment.



SS welcomed the comprehensive report and the detailed background information it provided. He asked whether those listed on the DAP could access routine or emergency dental treatment as required.

CW confirmed that arrangements were in place for emergency dental treatment but access to routine dental care would depend on the capacity available at individual practice level. Children and vulnerable groups had priority and a stabilisation plan was available.

NM welcomed the paper and the detail set out, expressing her concern at the number of people on the DAP who had last accessed dentist some time previously. The Designed to Smile scheme which targeted primary school age children operated in only 49 of the 91 schools, meaning that a number of children could not gain access to the service.

DL acknowledged that a number of children and adults had no access to NHS dental services, and that those registering on the DAP were previously unknown.

ALF asked about retention and recruitment in the community dental service and the availability of specific programmes aimed at engaging staff and encouraging recruitment. CW explained the difference between NHS and private practice roles; skills developed through the community dental service would be of value to newly qualified dentists, with good take up of hybrid posts. Further work was underway on this model

JC referenced those patients requiring dental care at Princess of Wales Hospital; she sought assurance that the temporary suspension had not resulted in patient harm. DL could not provide such assurance at this point; Cwm Taf Morgannwg University Health Board (CTMUHB) planned to reinstate the service in August, when any impact of the suspension would become clearer.

JW suggested that QSC to oversee the reinstatement of this service and to follow through on the impact on SBUHB patients of the suspension.

RO asked whether it was possible to identify the geographical spread of those patients registering on the DAP. CW advised that the data was available at post code level but thought that any analysis would be premature. RO suggested that QSC could also consider this matter further.

The Board:

- **Considered** the content of this report, which provided a broad overview of SBUHB dental services.
- **Considered** and **took assurance** on the positive areas of development, whilst expressing **concern** at the key risks and challenges.

- **Considered** the risks identified and **remitted** these to the Quality and Safety Committee for further consideration and oversight of risk mitigation.

PART 5: PEOPLE AND PARTNERSHIPS

5.1 Workforce and OD Committee (WODC) Key Issues Report

75/25

RO drew the Board's attention to one alert around workforce planning; whilst WODC was assured that some parts of SBUHB adhered to protocols, this assurance did not extend fully across the organisation. She also assured the Board that WDOC continued to focus on sickness an attendance at work, along with recruitment and retention. TR reported that she had agreed with her counterpart in HDUHB that she would lead on workforce planning across both boards, to build capability and capacity in this function; TR would provide feedback at future WODC meetings. The Board **considered** the update provided and **took assurance** from the paper and discussions.

5.2 Staff Survey Report

76/25

TR highlighted:

- The value and importance of the staff survey; it acted as a helpful mechanism to obtain soft metrics on staff experience, whilst the standardised set of questions underpinned benchmarking, both internally and externally.
- The benefit of a proposal to undertake more focused surveys throughout the year.
- On participation, the disappointing uptake rate resulted from concerns regarding the confidentiality of views expressed and a lack of confidence that anything would change.
- Every line manager across the organisation had a responsibility to understand the views of their workforce.
- Further work would focus on three key areas: leadership and management; psychological safety and culture issues; and bullying and harassment. All these issues spoke to SBUHB values and behaviours.



- Not all feedback was negative; there were strongly positive views on team working and close working with colleagues, with staff who went above and beyond to provide the best service possible.
- Next steps would include: working with service groups to consider and act on the responses; consideration at WODC; and introducing more focused surveys on the three quarters between the national survey.

JW thanked TR for her analysis of the importance of the National Staff Survey and invited questions.

NZ welcomed the update and found it reassuring; she extended her thanks to all staff who had taken the time to complete the survey. She highlighted her concern that one in four staff had reported feeling bullied; NZ emphasised how imperative it was that staff could speak up safely.

JC asked whether data extraction was role-specific. TC indicated that the protection of staff confidentiality precluded this, although data was available by staff group.

ALF thanked TC for the update, echoing the disappointment with the response rate. She welcomed the proposal to undertake quarterly surveys through the year and sought detail on the focus of these. TR indicated that such surveys would be issue specific and targeted.

RO reflected on the view that nothing would change and thought it important to build in rapid feedback mechanisms following each survey, to engage directly with staff on proposed actions.

The Board:

- **Considered** the feedback provided from the staff survey; and **took assurance** from the discussion and proposals to undertake further surveys in year.
- **Supported** the three proposed areas of focus.
- **Remitted** detailed oversight to WODC.

5.3 Nurse Staffing Levels (Wales) Act 2016

77/25

LR drew attention to:

- The statutory nature of the report.
- The intention to include any recalculations in year in a full report to the November 2025 Board meeting.
- In addition to staffing levels the requirements covered workforce and organisational development issues.
- The use of All Wales templates to report incidents and complaints

- The fact that the Act only covered adult inpatient and paediatric inpatient settings; this amounted to only 27 wards across SBUHB; more work was required to understand the needs of other areas and departments.
- The Act only covered nursing; assessments for other professions and functions required a separate process.

JW thanked LR and invited questions:

PP acknowledged the success in recruiting nursing staff, with SBUHB now at, or in some circumstances above, statutory establishment levels. Given this, PP expressed concern that the variable pay position had remained generally unchanged. She also sought assurance that work on sickness levels would progress at pace.

Responding, LR acknowledged that success, with no registered nurse (RN) vacancies; over recruitment in some areas resulted from the commitment to employ newly qualified registrants and international nurses. On bank spend, LR shared the concerns and would explore further, outlining the intention to move ahead in a planned way, with increased controls on the sign off for bank shifts and validation of the need for additional staff. LR had meetings scheduled with Service Group Directors of Nursing to discuss and explore this issue.

JC raised three points: (i) whether patients were aware of and informed about the staffing requirements; (ii) the ability to benchmark with other health bodies; and (iii) the information set out about action following noncompliance with roster requirements.

LR confirmed: on (i) patients would be aware, with all Wales posters providing information; on (ii) benchmarking across other HB areas was in place; and (iii) action depended on the acuity of the patients at that time. LR offered to explain the detail of rostering requirements outside the meeting.

The Board:

- **Received** the report and **took assurance** that SBUHB had met the statutory requirements relating to the reportable Section 25B wards.
- **Acknowledged** and **supported** the additional work proposed in respect of those wards and services not covered by the Act.
- **Considered** the ongoing reasonable steps taken to monitor and, as far as possible, maintain the Nurse Staffing levels (Wales) Act 2016.
- **Agreed** to receive any recalculations in year as part of a full report to the November 2025 Board meeting.



- **Considered** the quality indicators relating to falls, pressure ulcers, medication administration events and complaints related to nursing care.

PART 6: GOVERNANCE

6.1 Audit Committee Key Issues Report

78/25

NZ reported on two Audit Committee meetings since the last Board meeting; as the minutes were still in draft form, she therefore referred to the paper provided and drew attention to:

- Two limited assurance Internal Audit reports on asset management and quality assurance, with referrals made to the relevant Committees.
- The identification of gaps in the audit tracker, and the implications for recording the time taken to respond to Internal Audit findings.
- Concerns referred to PFC regarding a possible lack of ownership on outpatient services transformation.
- Referral to QSC of under delivery in some key areas under the GMS contract.
- Support required from the Board on:
 - A zero-tolerance approach to delays in addressing high priority audit findings that impacted on patient safety and quality;
 - Contribution to the reset of the Risk Register
 - Review of all relevant policy documents and to update the tracker.

In addition, NZ drew attention to the need to agree a debt write off of £2500, in accordance with regulations. DG confirmed the need for a write off, as pursuit of the matter had not proved successful.

Responding to the request for a zero-tolerance approach to audit findings that impacted on patient safety and quality, AH agreed to explore this further and to report back to the Board.

Action: AH

HL confirmed that a Board session in June would also address a number of the points raised.

The Board:

- **Considered the** report;
- **Took assurance** from the update provided;

- **Agreed to reflect further on** a number of points made at the June 2025 workshop.

6.2 Mental Health Legislation Committee Key Issues Report

79/25

ALF drew attention to one alert relating to Best Interests (BI) assessors, first raised in 2017. SBUHB employed three BI assessors and used external assessors in addition to these, but the process took several days to complete, with delays that could see patients deteriorate in the meantime.

ALF also referred to delays in providing timely reports for hospital assessment; these could result in delays for individual patients and overall follow up and throughput.

DL drew attention to the increase in BI assessment linked to the ageing population; this was the case in both mental health and general hospital settings. She agreed to investigate further and explore options to improve the efficiency and timeliness of the process.

Action: DL

The Board **considered** the report and update provided and **agreed with** the action needed to resolve this matter.

6.3 Charitable Funds Committee Key Issues Report

80/25

NM extended her thanks to NZ as the outgoing chair for her championship of and commitment to the Charity. She then outlined the recent Charity Team restructuring and assured the Board that this aligned with the approved strategy; she praised the campaign driven work and the actions delivered through a very small team. NM thanked all those who had participated in fundraising and encouraged all to consider supporting their efforts. RT commented on the level of engagement, both on the part of staff and the public, in the Cwtch Clos campaign and extended his thanks to all on behalf of the Neonatal Intensive Care Unit (NICU).

The Board:

- **Thanked** NZ as the outgoing chair for her championship of the Charity;
- **Considered** the update provided;
- **Took assurance** from the report and discussions.

6.4 Regional Joint Committee (RJC) Key Issues Report

<p>81/25</p>	<p>HL highlighted:</p> <ul style="list-style-type: none"> • The joint governance arrangements, as approved by the RJC. • A presentation from Public Health Wales (PHW) on establishing a Southwest Wales Regional Health Economy. • The work programme for the Clinical Service Plan. • A proposed learning event to support regional working. • A presentation on a regional approach to research and development; this proposed a joint Research and Development Director post. <p>Thanking HL for the update, JW confirmed the intention to seek funding support from WG for aspects of the regional work programme. The Board considered the report and took assurance from its contents.</p>
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6.5 Performance and Accountability Framework

(please note change of title: from Assurance to Accountability)

<p>82/25</p>	<p>Introducing the Framework, DG advised that:</p> <ul style="list-style-type: none"> • The Management Board and the PFC had both considered the Framework and commended it to the Board. • The Framework aimed to strengthen the previous performance management framework and set out arrangements for performance monitoring; it aligned the internal and external WG escalation methodologies. DG drew attention to the diagrams in the report that demonstrated how interventions and escalation would work. • The Framework should support rapid recovery in the event that performance fell below required standards. • Escalation could now focus on an individual issue or performance across a specific service. • The Framework would help to streamline time in meetings. • Clarity on key metrics would follow, with work already underway, the intention being to implement a spine of core metrics. • Meetings planned with HDUHB to develop a regional approach <p>SS was assured that the approach mirrored WG escalation levels; he sought confirmation that internal escalation could focus on specific areas. DG confirmed that this was the case</p> <p>JC drew attention to specific wording around descriptions of accountability and performance; DG agreed to amend these and confirmed the retitling of the Framework to cover Performance and Accountability.</p> <p>Action: DG</p>
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The Board:

- **Agreed** the proposed escalation triggers, using the options presented.
- **Agreed** the change in the frequency of Service Group performance review.
- **Approved the** retitled Performance and Accountability Framework, with specific wording amendments, following commendation from Management Board and PFC, respectively.

6.6 Maternity & Neonatal Services

- i. **Future Focus (verbal)**
- ii. **Gold Command Report**
- iii. **Oversight Panel Update Report**

83/25

i. **Future Focus**

LR opened this item by setting out her brief as the lead Executive Director, reflecting on the fact that maternity and neonatal services had featured prominently from the time that she joined SBUHB. LR referred to the Llais report and its findings and expressed her disappointment with the times that SBUHB had not listened with empathy and compassion to families' experiences. LR committed to using the feedback and lessons learned to transform the way the service listened and responded to concerns; she also committed to working with families to embed changes and deliver sustained improvements. She would chair a Perinatal Committee, with monthly meetings focused on oversight, scrutiny and outcomes; the first meeting was scheduled for 5 June and it would report to the QSC. The overarching outcome would be the embedding of a positive culture in which staff were supported and empowered, and families were confident that SBUHB was listening and acting on their concerns.

JW invited JC, chair of QSC to comment. JC supported the establishment of the Perinatal Committee; she had met with LR and other key directors, with discussions underway on the work, evidence and outputs that would be subject to QSC oversight.

ii **Gold Command Report**

RK reprised the background to the setting up of a Gold Command structure for maternity and neonatal services. He reflected on progress and actions taken; these had resulted in the completion of all outstanding action plans and recommendations from a series of reports. The number of concerns and open incidents had fallen significantly and now stood at 88. RK drew attention to plans to reconsider the location of the

bereavement room on labour ward, to allow safe and supportive care in an appropriate location in the event of bereavement.

The last Gold Command meeting was scheduled for 2 June, with a subsequent closure report to the QSC and the Board; he extended his thanks to Service Group colleagues who had supported and assisted him in completing the work.

RE expressed his thanks to RK for his commitment and leadership, steering the work of Gold Command through to a successful conclusion. JC thanked RK for leading the Gold Command structure. She asked about the indicators the Perinatal Committee would use to capture ongoing progress. LR confirmed that a range of national indicators would be in place with the addition of benchmarking data, workforce data, and family feedback. JW confirmed that the Independent Review report would also include those indicators recommended for use at Board, Committee, Executive and service levels.

On behalf of the Board, JW thanked RK for his leadership of the Gold Command commission during a very challenging time, including a remit to put right recommendations from HIW reports that had been outstanding for years. RK had discharged his leadership role with distinction and JW did not underestimate the debt of gratitude owed to him for steering the work through to a successful conclusion, including a strong legacy to hand over to the incoming Perinatal Committee

The Board:

- **Acknowledged** the work involved in closing additional actions raised during enhanced monitoring meetings.
- **Took assurance** that the maternity and neonatal dashboard was now live and providing oversight of key indicators to support reporting.
- **Took assurance** over the closure of all the 2019, 2023 and 2024 HIW improvement plans, subject to an internal governance check prior to sign-off
- **Acknowledged** a separate report to the May 2025 meeting of the QSC providing assurance over the closure of all actions
- **Took assurance** from the fact that the HIW unannounced inspection of the free-standing midwifery unit at Neath Port Talbot Hospital raised no significant or urgent concerns.
- **Acknowledged** the submission of an improvement plan to HIW
- **Took assurance** from the HEIW reduction in the risk score for the obstetrics and gynaecology service from 12 to 8



- **Acknowledged** the intention to progress the improvement plan formally, following the publication of the Independent Review report.
- **Took assurance** from the fact that the remit for Gold Command had included the need to 'horizon scan' to look ahead to potential visits and/or reports which may require action.

iii Oversight Panel Update Report

JW extended a warm welcome to DC and KS and invited them to provide an update on progress with the Independent Review Report.

DC drew attention to:

- The impact of the Llais report; she extended her thanks to Llais and to the families who had shared their stories. These had contributed significantly to the engagement work.
- The continuing support for families, with access to the self-referral triage midwife continuing as needed.
- Progress with the final phase of the report work; publication was scheduled for mid to end of July, subject to completion of the clinical reviews and NICU reviews.
- The inclusion in the report of the transitions arrangements and what needed to happen beyond the review

KS provided an update on the engagement work:

- The family engagement processes was coming to an end, with one further meeting in the central Mosque; this would signpost an important opportunity for SBUHB to continue to engage with families.
- He had been struck by the extent to which families were prepared to share their experiences in the interests of improvements to the service.
- The family engagement team remained in place to respond and assist women still coming forward; support would be available, and no one would be left without access to a means of voicing their concerns.

JW thanked DS and KS for their informative update and invited questions and comments:

ALF extended her thanks to both for their work. She asked whether the planned meeting at the central Mosque would focus on maternity care or maternity and paediatric services; some families found it difficult to come forward and talk about problems with their children. KS confirmed that



discussions would cover both; previous discussions have included matters relating to older children.

DC commented on the potential for the review to have a wider application; people wanted to engage and SBUHB would do well to respond to that. JW agreed, as did RT, who reinforced the points made on engagement, reaching out to communities and seeking their input. AH confirmed the intention to optimise the learning from the engagement methodology that the Independent Review had adopted, with particular reference to reaching seldom heard groups.

JC asked DC and KS for their advice on post review priorities. KS reinforced the need to continue to engage with communities, whilst DC advised that families might not want to join a large group; investing time in meeting with them in a way that they found comfortable would help. PD indicated that the report would be the main topic for discussion at the July meeting of the SRG.

JW asked about the incorporation of the Llais recommendations in the final report, DC outlined the ways in which the team generated themes; there would be no surprises and the Llais themes would be identifiable. JW thanked DS and KS for attending in person and looked forward to seeing them again at the publication of the report, The Board would hold a special purpose meeting at that point.

The Board **reflected on** the discussions and **took assurance** from the progress made.

6.7 Corporate Governance Report

84/25

HL presented the regular Corporate Governance Report, drawing attention to two issues: (i) the review of the Private Board Session Protocol to ensure a standardised approach and (ii) a proposed change to the criteria for the acceptance of late Board and Committee papers under the Board Business Protocol.

The Board:

- **Considered** the report.
- **Approved** the changes proposed.
- **Took assurance** from the discussions.

6.8 Minutes of the previous Board meetings

i. **27 March 2025**

ii. **1 May 2025 (Special Board)**

85/25

The Board **received** and **approved** each set of minutes as a correct and accurate record of the meetings.



6.9 Action Log	
86/25	<p>HL updated the Board on actions set out in the Action Log. She invited CM to provide an update on the Board Advisory Groups</p> <p>CM extended her thanks to JV and AG for their terms as chairs. A reset was underway, with a workshop later in June to drive progress and identify a new chair/co-chairs. CM would provide a further update following this workshop.</p> <p>Action: CM</p> <p>The Board reviewed and took assurance from the update provided on the Action Log.</p>
PART 7: ITEMS FOR NOTING	
7.1 Annual Plan 2024/25 (Quarter 4)	
87/25	The Board received and acknowledged the update provided.
7.2 Board Advisory Groups Report	
88/25	The Board received and acknowledged the update provided.
7.3 Chair's Report	
89/25	The Board received and acknowledged the Chair's Report.
PART 8: ANY OTHER BUSINESS	
8.1 Any Other Business	
90/25	There was no other business.
8.2 Review Of Meeting Effectiveness	
100/25	<p>TR provided a verbal summary of observations from the meeting; she would distil this and circulate following the meeting.</p> <p>TR identified a number of positive points, including: the range of papers discussed, the quality of the discussions; the forward-thinking agenda</p>

items; clear diversity in the board discussions, with different views respected; an appropriate and informative patient story. From a learning perspective, TR identified: some reports were too long and detailed; a 'reading room' facility could allow for shorter, sharper reports with the detail available and accessible as needed. JW asked TR and HL to explore this further in time for the July Board meeting.

Action: TR/HL

On the Committee Update reports, the 'triple A' approach sometimes failed to describe the key risk or issue so was difficult for board members to prepare their questions on these topics. Furthermore, the level of risk tolerance was not always clearly articulated. AH suggested exploring the whole approach to risk management, using the four 'T' approach: tolerate, terminate, treat, and transfer. Agreed to consider this at the planned workshop on risk appetite.

Action: HL/SS (for any subsequent changes to AAA format)

The next meeting of the SBUHB Board held in public: Thursday, 31 July 2025

The meeting closed at 4:19pm

Unconfidential