GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Swansea Bay University Health Board (SBUHB)
Minutes of the Board Meeting held on
27 November 2025 at 10:00am

Present:		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive Officer
Richard Evans	(RE)	Executive Medical Director & Deputy Chief Executive
Jean Church	(JC)	Independent Member
Marie Davies	(MD)	Executive Director of Planning and Partnerships
Pat Dunmore	(PD)	Stakeholder Reference Group Chair
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
Martin Lloyd	(ML)	Independent Member
Nicola Matthews	(NM)	Independent Member
Reena Owen	(RO)	Independent Member
Gill Richardson	(GR)	Executive Director of Public Health (Interim)
Tina Ricketts	(TR)	Executive Director of Workforce & OD
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
Nuria Zolle	(NZ)	Independent Member

In Attendance:		
Denise Chaffer	(DC)	External Reviewer
Matthew John	(MJ)	Director of Digital
Hazel Lloyd	(HL)	Director of Corporate Governance
Sharon Miller	(SM)	Associate Service Group Director
Sam Page	(SP)	Head of Primary Care
Carys Richards	(CR)	Senior Corporate Governance Manager
Claire Tailor	(CT)	Llais
Richard Thomas	(RT)	Director of Insight, Communications and Engagement
Nerissa Vaughan	(NV)	Interim Director of Strategy
Melanie Walker	(MW)	External Reviewer

Apologies:

Christine Morrell	(CM)	Executive Director of Therapies and Health Science
Patricia Price	(PP)	Independent Member
Hugo Van Woerden	(HVW)	Deputy Director of Public Health

Acronyms			
SBUHB	Swansea Bay University Health Board	ED	Emergency Department
WTE	Whole Time Equivalent	MBU	Mother and Baby Unit
WG	Welsh Government	BSOTS	Birmingham Symptom-specific Obstetric Triage System
PFC	Performance and Finance Committee	IR	Independent Review
HCSW	Healthcare Support Worker	MBBRACE	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries
HEFA	Human Fertilisation and Embryology Authority	HIE	Hypoxic Ischaemic Encephalopathy
JCC	Joint Commissioning Committee	NHSPI	NHS Wales Performance and Improvement
VCSE	Voluntary, Community and Social Enterprise	IPFR / IFPR	Individual Patient Funding Request
EPR	Electronic Patient Record	PSB	Public Service Board
OPMH	Older People's Mental Health	ITU	Intensive Therapy Unit
CCH	Cefn Coed Hospital	QSC	Quality and Safety Committee
CHC	Continuing NHS Healthcare	NPTSSG	Neath Port Talbot Singleton Service Group
RPB	Regional Partnership Board	NSLWA	Nurse Staffing Levels (Wales) Act
HDdUHB	Hywel Dda University Health Board	PSPP	Public Sector Payment Policy
WGOS	Welsh General Ophthalmology Services		

The meeting began at 10:09.

Minute Ref:	**Agenda Item**
PART 1. PRELIMINARY MATTERS	

1.1 WELCOME AND INTRODUCTORY REMARKS	
189/25	JW welcomed everyone to the meeting, also thanking Swansea University for providing the venue. As the Governing Body of the organisation, the Board constituted the highest level of decision making, with stewardship of £1.8bn of public money, the employment of 14,500 whole time equivalent (WTE) staff, and the provision of services for approximately 400,000 people across Swansea and Neath Port Talbot. This made SBUHB one of the largest public bodies in the UK. JW outlined the role of the Board as a strategic population health body, with a statutory duty to promote and protect public health. The agenda for the meeting covered the breadth of the Board's responsibilities; open government was important, and the meeting provided Board members with a platform to hold ourselves accountable to the public and to explain the rationale for decisions taken covering the three time horizons in which the Board worked: long, medium and short term. Through the Chair, the Board was accountable to the Cabinet Secretary for Health and Social Care and demonstrated its accountability to the public through open Board meetings. Additionally, Board members would take part in a Public Accountability Meeting on 18 December, chaired by with the Cabinet Secretary. This was a new feature of the NHS Wales accountability regime. In the long term, the Board had responsibilities for setting the strategic direction and building and sustaining strategic partnerships, recognising the importance of collaborative working. JW then mapped the key agenda items against the Board's responsibilities, highlighting the scale of the challenges and the significant change agenda facing the organisation. SBUHB was also a people-based organisation; the Board was committed to ensuring that people could come to work and be their best, authentic selves, not subject to any disadvantage or discrimination and confident that they could speak up safely. Finally, JW highlighted the ways in which the agenda reflected all forms of governance.
1.2 APOLOGIES FOR ABSENCE	
190/25	JW advised that Chris Morrell and Pat Price had extended their apologies for the meeting.

1.3 DECLARATION OF INTERESTS	
191/25	There were no declarations of interest outside those already on the Declarations of Interest Register.
1.4 CHIEF EXECUTIVE'S REPORT	
192/25	Introducing the Report, AH drew attention to: • The Maternity and Neonatal Learning Event held on 19 November; she extended her thanks to the families who had attended and shared their personal stories. A more detailed update on maternity and neonatal services would follow later in the meeting. • The improvements to the emergency and urgent care pathway position, with SBUHB reporting the most significant improvement. AH referred to the reset beginning on 8 December, reporting that Welsh Government (WG) had announced a national reset fortnight covering the same dates; visibility of executive directors would increase across all sites, with executive colleagues joining ward rounds as appropriate. Long delays for patients waiting for housing solutions would be discussed with local authority partners. In addition to an unnecessary prolonged stay in hospital, leading to poorer patient outcomes, the financial implications were significant, and a key contribution to the financial deficit. • The detailed discussions at the Performance and Finance Committee (PFC) on the updated financial recovery plan. • The pending Public Accountability meeting on 18 December; the information pack would itemise all the key issues and all Board members attending the meeting in person would take time to prepare fully over the coming weeks. JW thanked AH and invited comments. TR provided an update on the Band 2/3 healthcare support worker (HCSW) position, confirming that the national agreement was now in place across all HBs; payment to staff on 19 December meant that SBUHB was in prime position to honour its commitment. NM asked about the action underway to secure the sustainability of the Wales Fertility Institute. AH confirmed that the Human Fertilisation and Embryology Authority (HEFA), the Regulator, had welcomed the

	receipt of all information provided; this had addressed some of the anonymous concerns raised, and the service now had a Responsible Person. AH also referred to the implications of the size and scale of the current service envelope and the discussions with the Joint Commissioning Committee (JCC) to secure a sustainable solution. JC drew attention the two awards for SBUHB staff at the recent NHS Wales Awards (i) *Perinatal Excellence to Reduce Injury in Premature Birth Cymru: Reducing Variation in Evidence Based Perinatal Optimisation in Wales: Pob Babi Bib Tro* won both the NHS Wales Team Culture Award and the Outstanding Contribution to Healthcare Improvement Award, and (ii) *Falls Response: Reducing Harm by Empowering Domiciliary and Care Home Staff* which won the NHS Wales Whole Systems Approach Award. AH also extended her congratulations to all staff involved, as did all Board members, welcoming particularly the overall winner award to the perinatal team. The Board **CONSIDERED** the update provided and **TOOK ASSURANCE** from its contents and the discussion.
1.5 RISK REPORT	
193/25	Introducing this report, HL referred to the intention to create three levels of risk registers, delineating strategic, corporate and operational risks. The corporate risk register was designed to again closely with the SBUHB strategic objectives. JW invited NZ to comment from an Audit Committee perspective. NZ welcomed the alignment with the strategic objectives; she also acknowledged that there was further work to do, including the triangulation of risks, to preclude the consideration of one risk in isolation. NZ proposed the undertaking of a risk reset in the next few months. JW confirmed that the pending workshop on cross committee working, with facilitation by TR, would include a review of strategic risk allocation across the committees. JC welcomed the changes, with clear risks that provided committee chairs with clear visibility on strategic risk. She highlighted the work still required to achieve a consistent approach to scoring. ALF built on this point, asking for the timeline around this.

	TR confirmed the intention to reset, to include a review of the scoring methodology. WODC would oversee the training programme around consistency of scoring and report back to the Board. **Action: RO/TR** The Board: • **RECEIVED** the new Strategic Risk Register and Corporate Risk Register, together with details of supporting processes. • **ENDORSED** the adoption of the use of the Strategic Risk Register and Corporate Risk Register by the Board and its Committees at future meetings, for scrutiny and assurance of risk management arrangements. • **AGREED** to receive a further report on the reset, to include the associated training programme on risk scoring.
PART 2. PATIENT/STAFF EXPERIENCE	
2.1 PATIENT STORY • **SAM'S JOURNEY TO RECOVERY**	
194/25	LR introduced the patient story, focusing on Sam who had experienced a life changing incident; the trauma had left him with both physical and psychological disabilities. Sam talked about the psychological effects of an accident and the impact on his mental health, family and social life. Following a diagnosis of Post Traumatic Stress Disorder, Sam began to receive treatment, including through participation in a group therapy class. He found this difficult initially but recognised subsequently that it had helped him immensely. Over the course of the group therapy, Sam found that he began to connect with others; he described the staff as empathetic and understanding, describing how they flexed the support available to meet his specific needs. The therapy had allowed him to develop a much more positive state of mind and acknowledged that '*it changed my life'.* LR explained that, following an initial reluctance to engage, Sam had found that the online service was right for him. The Trauma Stabilisation Group now used Sam's story to help and encourage others to engage.

	AH was struck by Sam's need for mental health healing, in addition to treatment for his physical trauma; this mirrored a similar message to that shared by families at the recent Maternity and Neonatal Conference. The Board **WELCOMED** the patient story and **THANKED** Sam for sharing his experiences. Board members **ACKNOWLEDGED** the importance of psychological support, as well as physical recovery services, for people who had experienced traumatic injury.
PART 3. SETTING STRATEGIC DIRECTION	
3.1 MENTAL HEALTH TRANSFORMATION PROGRAMME AND ESTATE/CAPITAL IMPLICATIONS	
195/25	DL referred to the detailed information set out in the paper and the recommendations before the Board; she advised the Board of the start of formal work in June 2025, to develop a series of proposals to address both interim and long-term mental health service transformation. DL would now chair a Transformation Programme Board, with dedicated programme management support. She then turned to MW, to summarise the work to date of the Organisational Transformation Programme, including a synopsis of the options considered for the interim estate solution. MW set out updates from each workstream of the Transformation Programme. Of particular interest were: • Start of work on the implementation of the Rio Electronic Patient Record (EPR). • Quantification of the gap between current nurse establishment and the Safer Staffing Act Mental Health requirements. • Progress on the service redesign work, including positive partnership working with local authorities and voluntary, community and social enterprise (VCSE). • The review of key quality and safety processes. MW then described the current in-patient service, located on a number of sites across the SBUHB area, all with significant estate and environmental constraints. She itemised the seven options, worked through in detail, prior to narrowing them down. She highlighted the

introduction of Option 7, suggested by some Older People's Mental Health (OPMH) Consultants. MW highlighted Option 4 as the preferred option at this stage, consolidating Adult Mental Health services at Cefn Coed Hospital (CCH), OPMH services at Neath Port Talbot Hospital and retaining Tonna Hospital. The estimated capital cost of this option would be £34m, with revenue costs being neutral.
Option 5 was similar in design to Option 4, the difference being the short-term retention of the Tonna service in the latter Option. MW explained the implications of each and also touched on the longer-term solution. WG had not supported the last business case, resulting in a pause in longer term planning; the longer-term solution could now take seven years or more to bring about, at an estimated cost of £214m.

NV added commentary and MW concluded by outlining the Board's commitment to conduct an intensive engagement exercise in the New Year, following finalisation of the options and clarification of the timetable for the business case development. This work would build on previous consultations, together with the engagement work undertaken as part of the current Transformation Programme agenda.

JW thanked DL, MW and NV for the summary; she then referred Board members to the wealth of information contained in the supporting paper on the options and on engagement. She invited questions, on a themed basis, beginning with those centred on **finance**:
JC referred to the significant increase in the capital costs, compared with initial estimates; given the challenging financial position, she sought assurance on the reliability of the revised estimates. She also commented on: (i) the need to maintain progress at pace, and (ii) the role of, and engagement with, community services and services provided by partner agencies.
ALF referred to significant infrastructure challenges on the CCH site and asked about the inclusion of these in the estimated £34m capital cost.
NZ sought information on the costings around the workforce implications.
AG sought more information on the availability and timing of capital funding, given the impact of this on delivery timelines.
Responding to the above points, DG advised that costs could change as the planning process progressed, alongside clarification of the design of preferred options and service configuration. The commissioning of a cost advisor, a routine part of the business case

	process, would assist with this work. Revenue costs would depend on the design of the selected option. An initial assessment suggested that bed numbers would remain largely the same but supported by significantly improved infrastructure; the proposal included estimates for repair and maintenance costs. AH referred to the two parallel timelines: one centred on the time required to deliver the interim solution and the other on the long-term solution. Plans must also set out business continuity provision should there be a catastrophic infrastructure failure whilst implementing the interim solution; SBUHB would work with local authority and third sector partners on this. AH also recognised the importance of a timely response to ongoing maintenance, with a greater estates workforce presence on site to maintain and/or repair any infrastructure damage rapidly. ALF referred to Ysbryd y Coed repair and maintenance costs. MW confirmed that the proposal included estimates for repairs, to ensure its suitability for adult service provision. Costs had increased, in line with the cost advisor's more detailed assessment. JC drew attention to the significant funding required to support the proposed transformation programme; she sought assurance around robust management of the interim solution, to ensure transparency and control of financial implications, alongside tight budget management, whilst also meeting safety and risk management requirements. Responding, AH referred to the establishment of a Programme Board that would include programme management resource. It would operate alongside current Deloitte-led workstreams and ensure compliance with the NHS Wales Performance and Improvement (NHSPI) requirements; the approach would enable effective triangulation. The process had to be dynamic, to respond to operating service model changes as the planning process developed. Collectively, the three perspectives would capture and consider the totality of the spend and ensure the best use of resources. AH referred to current high cost Continuing NHS Healthcare (CHC) expenditure on mental health placements as one opportunity to reinvest funds in services delivered closer to home, avoiding out of area placements unless absolutely necessary. On governance, AH confirmed the establishment of a Capital Management Group to maintain oversight of all strands of work and ensure that the overall project remained on track on delivery and capital spend; costs had risen significantly for more complex mental health care and effective governance and oversight would be essential

to delivering service transformation within the available resource envelope.

KL sought assurance on the inclusion of the costs of community services as part of the overall transformation programme costs, including workforce-related revenue costs.

TR confirmed that the Strategic Workforce Plan would provide a baseline, with data collection already in place for some staff groups; analysis of the current spend on each staff group, together with the identification of any investment requirements, would form part of the 2026/27 planning process.

MW supported this approach, indicating that the financial position on temporary staffing was largely driven by the current staffing establishments; the work underway to review those establishments, thereby reducing reliance on temporary staff who incurred higher costs, could release significant funding to address the need for more senior and experienced staff. Grouping wards would also lead to less isolated services and the opportunity to manage staffing more effectively across a wider bed base.

On the **operational service model,** JW referred to the wider Community Services Review underway currently and asked about the link with the mental health transformation programme. DL advised that, while there were no formal arrangements in place, the Review would undoubtedly reflect mental health service provision in primary and community care.

AH supported this, recognising the need to consider the totality of mental health service provision, including primary care services provided as part of GMS. In patient care accounted for only a small percentage of the total number of people receiving mental health service support in the community, and a community cluster-based approach positioned care closer to home; the initial focus on inpatient care resulted from the urgent need to ensure a safe environment for care. AH advised that the incoming Transformation Board would drive progress and that the Board would consider a fully costed operating model at the March 2026 meeting.

NM referred to the costs associated with temporary adult mental health placements; the highest overspend for Month 7; JW confirmed that the operational service model would consider and reduce out of area placements. DL reported out of area placements had reduced; these occurred primarily at weekends when senior staff tended to be less available. Work was in hand to agree a weekend staffing level on a Thursday each week. DL also referred to the model in operation in Somerset and the learning from that, including additional community-

	based support services. MW advised that community-based response service took some time to build up; models that focused more on community-based crisis intervention were available and these tended to result in fewer inpatient beds. The MHLD Service Group was determining the metrics required to give confidence in clinical decision making under that model. AG welcomed the inclusion of the digital opportunities in the design of the operating model. On **staff engagement**, JC referred to correspondence from some adult and OPMH consultants to the Chair and CEO, sharing views and alternative proposals for service development. She asked about the response to the letter and the wider approach to staff engagement. JW confirmed that all Board members had seen the letter, together with the reply. All consultants were most welcome to continue making their contributions as the work developed, as were all staff. MW summarised the range of engagement opportunities already in place, including newsletters, drop-in sessions and specific meetings with OPMH and adult services mental health consultants. The last had enabled the consultants to discuss other options and share ideas. A development day on 17 November, with an open invite to all consultants, had included a presentation on the progress with the transformation programme, incorporating detail on the estate options under consideration. MW advised that, whilst some consultant colleagues held strong views and objected to Option 4, a number of others had signalled their support for the proposed changes. There would be other open invite opportunities in the months ahead. On **safety matters,** ALF highlighted the importance of the safety agenda at the Mother and Baby Unit (MBU), Tonna hospital; she asked about the use of learning from incidents to improve safety. MW assured the Board that the MBU was a well-run service with a strong clinical team; such units always carried a level of risk, and the MBU had a strong focus on quality and safety to ensure learning. However, the infrastructure at Tonna was far from ideal, located as it was in a temporary building with limited opportunities for the observation of family interactions. MW recommended early formal discussions with the Joint Commissioning Committee to agree a permanent solution. On the MBU, AH indicated that Option 4 would leave that service and the older people’s ward on site at Tonna – two services for very different patient groups. However, the availability of other staff on site did provide some backup support for the MBU. Should it become a stand-alone service, the staffing establishment would have to reflect that. AH confirmed that she had raised these concerns with CEO

	colleagues and extended an open invitation to visit the site and observe the estate-related concerns; she would raise the matter formally with the JCC, to secure the appropriate funding level for such an isolated service. JC referred to the External Ligature Risk Assessment Report commissioned following Board approval and the need for updates on work related to current service provision. MW confirmed that work undertaken during the summer months had identified practice improvement issues, in line with the all-Wales programme on Safe Wards and related primarily to culture and training. The short-term programme would address some issues, whilst others would be more challenging to resolve. On **patient and service user involvement**, CT asked about the inclusion of patients in the development of the options. RT outlined the actions taken over time to engage with patients and their families; these included five extensive engagement processes, the most recent being in 2022; he referred to page 17 of the report which sought Board approval for a formal engagement process in early 2026; this would be intensive and RT agreed to brief CT outside the meeting. **Action: RT** MW provided further detail on work of the quality improvement team in visiting wards and seeking views from patients; the approach adopted had been skilful and had supported patients who were initially hesitant to share their views. The team had also accessed the Regional Partnership Board (RPB) network and engagement processes; specific work was planned for OPMH services, to seek views from patients, families and carers. This work would benefit from advice offered by the Older People's Commissioner for Wales and by using guidance on high quality engagement. JW confirmed that she and AH would be meeting the Chair and Chief Executive of Llais in the New Year on a range of issues, including the principles of service change and public engagement. SS reflected on the need to maintain **pace** and to progress issues identified at an earlier stage without delay. He asked about the expected end of the transformation programme and DL reported that the Board report for the March 2026 meeting would include timelines and milestones. AH agreed with the importance of maintaining pace and not losing momentum; achieving timelines was fundamental. Moving to **the options,** KL queried the need to use the Ysbryd y Coed building for Adult Inpatient Services, given the concerns raised by some OPMH colleagues; he was aware that modular buildings for

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	mental health wards were available, citing Kingfisher Ward in Bristol. KL suggested further exploration of a modular approach DG advised that Options 4 and 5 appeared to be the most reasonable options; any option that required additional new building or modular units on the CCH site would require a significant infrastructure upgrade and would be subject to the uncertainties of the local authority planning regulations. MW advised that the Task and Finish Group had reviewed the modular building concept. Similar units in England were brick built rather than modular and provided a medical ward layout that would be difficult to repurpose; modular structure infrastructure would incur the same costs as a brick-built option. MW offered to review the information that KL had available and respond rapidly. **Action: KL/MW** JW sought agreement to discounting Options 1,2,3,6,7, leaving Option 4 as the preferred Option, but not excluding Option 5 completely at this stage. RO was keen to explore all possibilities and asked if the further work could include the potential of a modular build. AH reflected on the significant work undertaken to date to arrive at the proposed options; infrastructure-based add-ons risked making the costs unaffordable. The rapid review of available material would help clarify the position. Board members expressed a preference for Option 4 but agreed not to exclude Option 5 completely at this stage. SS supported this but pointed out the longer timeframe for delivery of Option 5. JW thanked all presenters and contributors for a detailed debate, conducted in the spirit of constructive challenge. The Transformation Board would oversee the engagement process and produce a decision report for the March 2026 Board meeting. JW invited all staff working in the MHLD services to take part in the engagement process, as the Board was keen to hear from everyone, given the importance of the decision. The Board: • **DEBATED** the contents of the report. • **CONSIDERED** the progress of the Transformation Programme. • **REVIEWED** the options, including all the estate and environmental implications. The Board then discounted Options 1,2,3,6,7. • **ANALYSED** the costs associated with Options 4 and 5 • **APPROVED** Option 4 as the preferred option, whilst not excluding Option 5 completely at this stage. The engagement

	document should set out the information on the use of modular structures. • **GAVE APPROVAL** to the start of the business case process for the Interim Solution and also **APPROVED** opening formal discussions with Welsh Government on the capital requirements. • **APPROVED** the conduct of a formal engagement process in the New Year. • **GAVE APPROVAL** to start the business case process for the long term solution. • **APPROVED** an approach to the JCC to open discussions on the permanent solution for the MBU. *The board took agenda item 4.1 next before returning to Agenda item 3.2.*
3.2 PLANNING AND PARTNERSHIPS REPORT	
196/25	MD referred to the paper and appendices; these provided the detail underpinning the diverse issues covered by the Planning and Partnerships report. MD summarised the issues covered for information and/or for approval; these included: • Strategic and longer-term planning related actions. • Progress with the Area Plan through the Regional Partnership Board (RPB). • Approval for the strategic work outlined with the Public Service Board (PSB). • The ratification of IFPR policies, already subject to scrutiny by the QSC. • Endorsement of the national framework for young adults. • The developing adaptation strategy related to the Swansea PSB. • The approval of the updated Major Incident Procedures. JW thanked MD for her synopsis and invited questions: JC sought more information on the horizon scanning reports. She also referred to the IPFR policy and reference to delivery by the end of March 2026. Responding, MD confirmed that horizon scanning reports formed supplementary papers linked to the strategic planning process. On the IPFR policy, she confirmed that the March 2026 timeline represented the date for completion of the review process. JC also highlighted the £5m annual value on mental health and learning disability, connected with the national agreement for young adults; this was not new money, but related to system level funding available.

The Board **CONSIDERED** the report and **APPROVED, ENDORSED** and **RATIFIED** the items as requested throughout the report.

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

4.1 PERINATAL SERVICES

- **PERINATAL COMMITTEE REPORT**
- **OVERSIGHT PANEL REPORT**

197/25

Perinatal Committee Report
The Board took this Agenda item after 3.1 before returning to Agenda item 3.2
Introducing this item, LR provided some background and context, including the setting up of Perinatal Committee in June 2025, with a remit to (i) consider and respond to key quality standards and outcomes on an ongoing basis, (ii) oversee the Improvement Programme, and (iii) respond to the Maternity Independent Review recommendations.
LR then provided a summary of the key indicators and data:

- 290 women had given birth in September, delivering 294 babies.
- The total caesarean section rate was 40%, with an elective rate of 16.2%.
- The mortality and morbidity rates, with ten stillbirths reported in the last reporting period. The UK stillbirth rate was 2.94%, that for Wales was 3.63%, and the SBUHB rate was 1.29%. Every loss was traumatic for the families involved and LR confirmed the strengthening of bereavement support service, with work underway to strengthen neonatal support as well. All staff had received bereavement training.
- Seven neonatal deaths had occurred between January and September, two of which had been MBBRACE reportable.
- There were six reported cases of hypoxic ischaemic encephalopathy HIE, with a good outcome for all babies on discharge.
- Recruitment into midwifery posts meant that SBUHB was now temporarily over-established on newly qualified midwives; this would rebalance with the recruitment to band 6 posts. Neonatal services had also over recruited to band 5 posts, and all staff had successfully completed specialist training.
- Recruitment to all neonatal consultant posts.

- Positive outlier status in three areas of the neonatal national audit, with no negative outlier indicators. There were four areas either below or above the Welsh average, all subject to close scrutiny, with action plans in place.
- The measurement and reporting of all delays in induction of labour; of the 78 inductions in September, six were subject to delay. Clinical prioritisation was in place with daily oversight and a clinical' huddle'; digital data capture was also under exploration.
- SBUHB participation in an NHS core questionnaire; this sought views from pregnant women at five stages during pregnancy. Families with concerns, or who reported a negative experience, would have the opportunity to discuss these further.

Turning to the Independent Review (IR) recommendations, LR reported that:

- A unified triage system was in place; this resulted from the implementation of the Birmingham Symptom specific Obstetric Triage System (BSOTS) assessment model in November 2024. Dedicated midwifery assessment was in place but not currently operating on a 24/7 basis. The full 24/7 service was scheduled for March 2026 and would be the first in Wales.
- The time taken to triage ranged from 15 to 30 minutes. There had been no triage-related incidents in the last 12 months.
- On two site working, the ITU and perinatal teams had strengthened communication arrangements; however, the split site position remained a risk.
- A successful workshop with the Oversight Panel on 17 November had proved very instructive, with the identification of four key themes, under which to progress the 10 Independent Review recommendations, each with an executive lead. The first Improvement Programme Board meeting was scheduled for December, with a regular reporting mechanism in place.

JW thanked LR for her summary and then invited questions:
RO found the update very positive, welcoming the level of detail and the use of benchmarking; she took assurance from this approach. On triage, RO queried the possible acceleration of the full 24/7 service. Responding, LR advised this would require both investment and recruitment; it would be the first 24/7 service in Wales and would require lead-in time.
NZ also asked about triage and wondered whether March 2026 was achievable, given resource and recruitment challenges. She welcomed

the Improvement Programme and the positioning of the 10 recommendations in the wider context, with QSC level oversight on behalf of the Board

On the issue of investment, JW reminded the Board that it could not invest money that it did not have and that the Executive would be working through the means of offsetting the cost against other savings. This was necessary, as the Oversight Panel had identified this recommendation as the highest risk, requiring urgent action.

Action: AH

KL referred to the data collected for the various indicators and asked about possible disaggregation to site level. LR confirmed that this was possible.

Commenting on the silver award from BLISS to the neonatal team, a first in Wales, AH complimented the team on its drive for continuous improvement, as was the cases across the whole maternity and service. The whole Board joined with AH in extending warmest congratulations to the team.

The Board:

- **WELCOMED** the project management support in place, to develop and then form part of the oversight of the Improvement Plan, in response to the Independent Review.
- **SUPPORTED** the Perinatal Improvement Programme Executive Board, beginning in December 2025.
- **ACKNOWLEDGED** that the Perinatal Committee would meet monthly, and would review all key metrics for perinatal services.
- **WELCOMED** the feedback from the Learning Event held on 19/11/25, with over 200 attendees from across Wales and UK.
- **AGREED TO RECEIVE** the final Perinatal Improvement Plan at the January 2026 Board meeting, now forming part of a wider Improvement Programme.
- **TOOK ASSURANCE** from the following:
  - The fact that the Perinatal Service currently had no negative outliers; the four areas either below or above the Welsh average were subject to close scrutiny.
  - The MBBRACE process ensured the reporting of all stillbirths as required.
  - The reporting of 6 cases of HIE to MBBRACE in this period.
- **ACCEPTED THE ALERT** in respect of the 24/7 triage service, due to launch in March 2026. The Board would consider further advice on this as part of the 2026/27 Annual Plan deliberations.

Oversight Panel Report

JW welcomed DC, joining the meeting via Teams, to present the first Oversight Panel (the Panel) Report.

DC drew attention to:

- The role of the Panel over the coming year and its key objectives; this included the critical friend role, alongside the assurance role being discharged by Ann Gow, as the Cabinet Secretary's observer.
- The range of expertise on the Panel; could assist SBUHB on its improvement journey. Panel members had all offered their input to support the improvement work.
- The meeting between Panel members and SBUHB service leaders to provide feedback on the draft Improvement Plan; the main area of concern related to the reliance on the Executive Director of Nursing for delivery of the whole improvement programme. A more distributive approach to accountability and leadership across the executive team would have benefits and would ensure the critical safety factors that required explicit medical leadership were addressed.
- The welcome progress on triage; the key risk was the need for a single pathway for all pregnant women, together with the mitigations put in place in the interim.
- The constructive workshop held on 17 November; this could form the basis of an ongoing approach.
- An executive led Programme Board would help SBUHB in its response to the report and also with public engagement more broadly.
- The positive feedback from the Conference on 18 November was a good beginning for an ongoing conversation between SBUHB and the public. Frontline staff should be included in any follow up work.

DC concluded by sharing sad news. Professor Tim Draycott, who had provided a video message for the Conference, had passed away suddenly. She would liaise with RT on the timing for the issue of the message, as a tribute to Professor Draycott; JW and the whole Board asked DC to convey their sincere condolences to his family.
Responding to the update, JC advised that she had attended the conference and had found it very informative. She asked about embedding the learning from this point, including the knowledge gained from the experts who spoke on the day and the salutary experiences of families and service users.

	DC referred to the discussion at the Conference on restorative justice, families wanted to know how things would change; over 1000 families had engaged with the Independent Review and the overwhelming message was one of willingness to work with SBUHB on service improvement. Those who had shared their experiences were clear that current adversarial, investigative processes could compound harm rather than ease distress and add to their trauma. She recommended using more family story feedback at a local/operational level, as well as at Board level. ALF recalled one story at the Conference about a new mother not knowing how or where to seek help. DC advised that there was no single point of access to such help and suggested that SBUHB could usefully research good practice. NZ had also attended the Conference and had found the debate on how to engage with communities really powerful; the opportunities extended beyond maternity and neonatal care, to all services. JW thanked DC for the feedback, for sharing the Panel's objectives, the offer of a 'critical friend' approach and comments on the first draft of the Improvement Plan. She looked forward to further quarterly updates from the Panel. The Board **WELCOMED** the first of a series of quarterly Oversight Panel reports and **THANKED** the Oversight Panel for their offer of ongoing advice and expertise.
4.2 INTEGRATED PERFORMANCE REPORT • **ANNUAL PLAN PROGRESS (QTR 2)**	
198/25	**On escalation:** DL reported little change in the levels of escalation; this was disappointing given the progress made to date. She drew attention to: • The position on mental health, already covered in some detail earlier in the meeting. • Little change on planned care, with 'pinch points' continuing to be diagnostics and follow up appointments. The mobile endoscopy unit was in service as planned. • The significant levels of improvement on Urgent and Emergency Care since June 2025; the three-month reporting cycle meant delayed the publication of data to confirm this.

- Achievement of cancer targets for three consecutive months, meaning that de-escalation was likely. Urology and lower gastrointestinal cancers remained challenging.

JW thanked DL and invited RE to provide an update on Hospital Acquired Infections
RE referred to the overall position, with figures fluctuating and no clear improvement. The infection of most concern was C.Diff with some outbreaks recently on wards. He outlined actions underway to address this, including a focus on hand hygiene and cleaning practices; the mode of transmission was, however, environmental, making it difficult to eradicate the spores. This was compounded by a higher number of occupied beds and increased flow. The refreshed Hospital Acquired Infections Group would give urgent consideration to further measures. DL advised that recent data on the November position indicated some improvement.
NM asked about the position on stroke patient access to CT scans within the one-hour target; she also flagged the number of recent complaints about the Singleton phlebotomy service. Responding, DL explained that the speed of access to a CT scan depended in part on patient presentation, with those presenting by ambulance more likely have a scan on arrival. Patients self-presenting tended to wait for triage and the identification of signs that indicated a possible stroke. Most patients were scanned within four hours.
On phlebotomy, DL acknowledged the concerns about the wait for the service. There was some access to phlebotomy in primary care settings, in addition to the services provided at hospital sites. A review of the whole process was underway to determine the best options to increase access and the Board would receive a full report at its January 2026 meeting. In the interim period, DL had redirected some phlebotomy time from ward-based work to support improved access of outpatient booked appointments. LR added detail on the work was underway with the service to address concerns around communication with patients.
On stroke services, DL advised that a National Stroke Standards benchmarking exercise was underway; she would share the outcome from that with the Board.
Action: DL
On performance:
TR provided an update on sickness absence, flagging a slightly increased rate of 7.4% in October compared with 7.3% in October 2024. When calculated as available days lost to sickness absence this

	equated to 29732 lost days. The focus on long term sickness absence had resulted in a reduction, but short-term sickness absence had increased by 0.7% over the same period. This was affecting mainly lower banded staff reporting stress related illness. Preventative measures in place were designed to ensure that shorter term sickness did not extend into longer term sickness absence. LR reported on two areas of improvement: (i) falls prevention; actions both in hospital and care homes had resulted in an 8.4% reduction in falls and reduced unplanned admissions from care homes, and (ii) a 50% reduction in serious harm from pressure ulcers. GR set out the rates in respect of vaccination, smoking cessation and screening activities. There was some progress with vaccination uptake, it required a concerted effort to increase rates further but it would be important to increase, particularly given the impact of influenza and winter pressures. JW invited Executive board members to draw attention to any issues not already covered. AH referred to the impact of delayed pathways of care on flow and on urgent and unscheduled care. DL also highlighted delayed pathways of care, along with productivity and efficiency. DL confirmed SBUHB teams were working closely with Deloitte on actions to reduce delayed pathways of care but the numbers were not improving. There were a number of complex patients currently delayed inappropriately in an acute hospital setting, including eight patients who were homeless and with no possibility of discharge without the provision of some accommodation; she emphasised the risks of an unnecessarily prolonged stay in hospital for the individuals involved and the urgency of joint work with local authority and third sector partners to ensure appropriate support in appropriate settings. This work included a series of multidisciplinary workshops to agree collective action. The Board **CONSIDERED** the performance update against the escalation measures and de-escalation criteria, took **ASSURANCE** from the report and actions outlined and **SUPPORTED** further urgent collaborative work with partners to reduce delayed pathways of care.
4.3 FINANCE REPORT	
199/25	DG referred to the detailed report and drew attention to: • The Month 07 forecast for 2025/26; this remained as in the original plan submission of £58.7m.

- On revenue, the Month 07 deficit of £4.13m was the best deficit position to date.
- The cumulative deficit of £47.16m; this was £12.9m above the required position.
- The forecast left £11.5m to cover the remaining five months of the 2025/26 year, equating to £2.3m per month, significantly lower than the best month to date of £4.13m.
- The plan in place for the £55.4m; there remained a forecast delivery gap of £14.8m, with two key areas of non-delivery: £6.8m of pipeline ideas and £9m in increased controls and spend reductions.
- The spend by Service Group; the MHLD Service Group had the largest overspend, mainly CHC related growth, temporary high-cost adult placements and spend on variable pay
- The spend on capital; this would balance at the year-end.
- The cash balance: this was below the SBUHB target.
- Compliance with the Public Sector Payment Policy (PSPP), at 96.2% year to date, against a 95% target. Payment compliance within 30 days was below 95% with a year-to-date position of 89.2%.
- The request for formal Board sign off on the strategic cash letter appended to the report. This was normal practice at this time of year, to call down additional cash to meet SBUHBs payment commitments in the financial year.

DG advised that he and AH had met with the NHS Wales Chief Executive and the NHS Wales Director of Finance recently to take them through the financial position. He then commented on the £6.8m of savings worked up in partnership with Deloitte; delivery was essential in reducing the gap in the year end delivery plan, as was the action to reduce variable pay, planned care spend and non-pay spend by £9m by the year-end. These spend reductions were not included in the formal tracker but formed a key element of spend reduction to deliver the £58.7m deficit. DG reiterated that delivery of both elements was vital, to give confidence in achieving the required year end outturn.

JW thanked DG for the update and, in the absence of PP, invited RO to provide the Performance and Finance Committee advice.

RO confirmed that the Performance and Finance Committee had scrutinised in-depth the financial position earlier that week. Whilst the plan and the actions required were clear, the Committee was concerned that the run rate remained unchanged at that point and

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	that the final savings from the executive led workstreams were still missing from the savings tracker. RO set out some of the immediate actions required, including: variable pay reduction; revised bed base, particularly with regard to clinically optimised patients; an increase in risk appetite relating to variably pay approval; strengthening of the recovery and sustainability team; weekly accountability meetings led by Deloitte; and ongoing Independent Member oversight of the detailed plans. JW invited SS to comment. He confirmed that the Deloitte team viewed the required objective as being attainable; however, it depended on SBUHB grasping the opportunity; this was mainly about variable pay management and reduction. PFC members had limited confidence that the November position would show any significant improvement. JC reported that she had found a recent meeting with the Deloitte team challenging. She expressed some disappointment at the limited progress; the Morriston Service Group had to deliver £6.4m savings and JC called for the analysis of activity and costs at a granular level, with clear messages on accountability and responsibility for delivery. The forensic approach to savings identification had to proceed alongside decisive, strong action. ALF shared the disappointment that the Deloitte team had expressed at the slow progress in translating proposals into actual savings, as the methodology had worked more than 20 other organisations. JC referred to the potential savings from enhanced pharmacy service intervention and cited recent work undertaken in the Cardiac Unit in Morriston that had resulted in savings of £85k. There were surely opportunities to achieve this scale of improvement in other SBUHB services. NZ assured the Board that the Audit Committee (AC) had identified signs of increasing accountability; there was progress but not at the pace required. She emphasised the importance of building capability in benefits realisation and of leaving no one in any doubt about the actual savings target. She was also interested in understanding more about the band 2/3 regrading exercise. On variable pay, AG was of the view that reductions in this area of spend would not, on their own, close the gap. The Board had determined the actions required across the financial agenda and the lack of pace in delivery was of concern. AH agreed that savings delivery and run rate reductions to date would not completely close the current gap but did provide some confidence; she acknowledged that variable pay reduction required urgent action

and would call on Executive colleagues to hold their nerve and subject all requests for authorisation of bank/agency staff to rigorous challenge. Proper safety and risk assessments were important and the Executives were meeting regularly with Service Group leaders, to talk through the process and to make explicit the accountability and responsibility message. January 2026 would see a bed Service Group escalation process; Independent Members would have a briefing on this and meet with Service Group leaders, to focus on recovery and sustainability. AH had already raised the potential for further pharmacy service interventions and thanked JC for raising this point. AH went on to refer to other actions underway including (i) the need to remove surge beds from the system; (ii) the planned extended opening hours for the Neath Port Talbot Hospital Minor Injuries Unit; and (iii) work was progressing on a non-doctor led ward based at Singleton Hospital to accommodate patients who did not require acute-level care.

NZ welcomed the update and emphasised the need to prioritise cost saving opportunities.

AH agreed and made three additional points on:

- Workforce redesign to reshape the service model and reduce some of the layers between the front line and the Board.
- The need for continuing robust management of sickness absence robustly; SBUHB had the highest sickness absence rates of all the health boards and there had to be a better balance between robust management and staff wellbeing.
- The focus on the top 100 people in leadership roles across SBUHB to ensure full engagement in addressing the financial position. A Board development session on the 17 December would also consider the Deloitte analysis and planning approach.

JC reflected on the three-year trajectory and the importance of keeping this in mind alongside in-year savings. SBUHB had to receive the right level of reimbursement for services delivered on behalf of other health boards, and avoid unnecessarily high stock levels.

TR referred to *Organising for Success* and the range of both hard and soft metrics that would support addressing organisational culture and an efficient approach to modernising the workforce. She highlighted the need to address the actions that delivered the biggest benefits first, through the right operational structure, the right leaders, the right improvement methodology and a refocused and reduced number of priorities.

	Referring to JCs comments, DG advised that the 2026/27 planning and finance framework would be set in the context of a three-year trajectory, would describe clearly the accountability arrangements and would incorporate the points made. He had raised with WG the issue of reimbursement from other health boards and would continue to do so. SS also referenced JCs comments on the three-year trajectory; SBUHB had to end this year in a good position ready for 2026/27; however, time was now limited to deliver on the gap that, in the context of the overall financial allocation, was relatively small and should be deliverable. AH agreed and advised that the Board would receive further options and choices at a special Board meeting in December; these would include a more measured approach to elective activity and different delivery models. JW invited RE to explain the thinking behind the proposed delivery model for clinically optimised patients. RE explained that patients who were clinically optimised no longer required acute hospital care; staying in an acute setting when this was no longer necessary placed individuals at risk and limited their reablement and rehabilitation potential. Similarly, such use of acute hospital beds meant that those in need of acute care could not access it and highly qualified and expert staff could not use their skills to the best effect. The proposed model would ensure that clinically optimised patients received the appropriate level of care. JW thanked RE for the explanation and then summarised the discussions. She reminded Board members of their commitment to deliver on (i) the £55.4m savings target and (ii) achieving the £58.7m deficit. She asked whether, in light of the discussions on the financial position at the end of month 07, anyone wanted to revisit that commitment. In the absence of any such indication, JW placed on record the Board's reaffirmation of its commitment. In reaffirming her commitment to delivery, JC commented on the significant knowledge, skills and expertise that the Independent Members could offer the Executive colleagues to support delivering on the required targets. JW welcomed this reminder, in recognition that the Board was a Unitary Governing Body and that Independent Members had two roles: to scrutinise/hold to account and also advise, support and apply their specific expertise and experience to the collective work of the Board. In a final point, DG referred to the 2025/26 Strategic and Working Capital Cash letter, set out at Appendix 3, and sought Board approval to submit it to WG.

	The Board: • **ACKNOWLEDGED** that the deficit of £58.7m included in 2025/26 Financial Plan, precluded the Board and WG from approving it. • **CONSIDERED** and **COMMENTED ON** SBUHB financial performance at Month 07 2025/26, including cash, capital and balance sheet provisions. • **REQUIRED** the implementation of the actions identified to date to address the £15m savings gap, in line with Board decision-making. • **DISCUSSED AND ACKNOWLEDGED** the risks to the position at Month 07 but **REAFFIRMED** its commitment to delivering £55.4m savings, and the £ 58.7m deficit target. • **REQUIRED** the identification of additional actions and choices to mitigate risks to the current position and **AGREED** to receive these at a special Board meeting in December. • **APPROVED** the 2025/26 Strategic and Working Capital Cash letter as set out at Appendix 3.
4.4 QUALITY AND SAFETY COMMITTEE KEY ISSUES REPORT	
200/25	JC confirmed that earlier discussions had covered the key points. AHW and LR were working with HL on the right metrics for the Committee to consider. The Board **TOOK COGNISANCE OF** the content of the report.
4.5 PERFORMANCE AND FINANCE COMMITTEE KEY ISSUES REPORT **i. SEPTEMBER 2025** **ii. OCTOBER 2025**	
201/25	RO confirmed that earlier discussions had covered all key points. The Board **TOOK COGNISANCE OF** the content of the report.
4.6 DIGITAL, DATA, RESEARCH AND INNOVATION COMMITTEE KEY ISSUES REPORT	
202/25	AG had no specific issues to raise. The Board **TOOK COGNISANCE OF** the content of the report.
4.7 OPTOMETRY	

203/25	Introducing this item, SM advised this was the final paper in a series of four papers referring to primary care contractor services and related to optometry services. She outlined major changes underway, with the strategic intention of providing an enhanced range of services in primary care rather than in hospitals; clinical pathways would be delivered in the community wherever that was appropriate. There were 32 optometry practices in the SBUHB area; the Welsh General Ophthalmology Services set out five levels of care: • Level 1 and Level 2 referred to mandatory services. • Level 3 referred to low vision services, these were optional with 15 optometry practices currently providing level 3 care. • Level 4 referred to retina and glaucoma pathways, with five practices providing this service at present with more expected over time. • Level 5 referred to independent prescribing in community optometry, with 14 optometrists from 11 practices currently prescribing. SM also referred to the annex paper which set out the cluster provision; she recognised this was in the early stages of development and would grow over time, assisting to free up care previously provided in hospitals. She also referred to the Optometry Advisor being nominated for an Optometry Wales Award. DL referred to the differences in service provision on a regional basis, with Hywel Dda University Health Board (HDdUHB) providing more community based support at this point; she confirmed the expectation that SBUHB would move more quickly now to community support based services. NM asked how the public knew what services were available and how best to access them. SM referred to the all Wales Access and Commissioning Standards and confirmed work underway to better understand how primary care services communicated with the public; social media opportunities would also be explored with a rolling communication programme for primary care to increase the visibility of services to the public. ALF asked about the harder to reach population who may not be active on social media, SM confirmed clear WG expectations on broad communication options. NZ also referred to the need to communicate through a range of options to ensure information reached as many people as possible.

	She asked whether any consideration of costs savings or cost avoidance had been made. DL advised the consistent community based regional approach would lead to increased efficiency and productivity. JW welcomed the series of four papers which had been informative and instructive; she extended her thanks to SM for co-ordinating and presenting the suite of papers. The Board: • **RECEIVED** the Optometry report which provided a broad overview of primary care optometry services delivered for the communities of SBUHB. • **ACKNOWLEDGED** the significant progress made in implementing WGOS services.
4.8 CAPITAL AND ESTATES UPDATE	
204/25	JW welcomed this paper as the first combined capital and estates paper. She invited DG to draw out the key issues. DG drew attention to • The SBUHB Estates Strategy (the Strategy) approved in 2023, this formed the basis of the strategic approach to estate management. At that time, WG had commended the Strategy and had used the approach and format as a template for other health boards. • The fact that 75% of the existing estate was more than 30 years old, making it challenging to deliver modern clinical care. The age of the estate also led to increased maintenance demands and a backlog of maintenance had built up over time; high risk issues were given priority, but other risks continued. • The refresh of the clinical services model; this would undoubtedly include consideration of the estate and fitness for its purpose. • The four schemes requiring urgent short term capital funding: adult acute care at CCH; the emergency department (ED) at Morriston Hospital; regional cellular pathology; and Taith Ward at Glanrhyd Hospital. • The limited decant accommodation and the need to make more decant capacity available to support maintenance programmes. JW thanked DG for the update; it made for sobering reading. AH then invited questions:

ALF referred to the £400k for the Neath Port Talbot Hospital site; she asked whether this related to current maintenance works or whether it was linked to the PFI arrangement. DG confirmed that all maintenance works for Neath Port Talbot Hospital formed part of the PFI agreement, (two buildings on the site were under SBUHB ownership and excluded from the PFI agreement).

JC reflected on WG commendation of the Strategy; Board discussions and reports in 2025/26 had included reference to significant estate-related concerns and potential catastrophic infrastructure failings. This was a significant point and JW asked DG to produce a briefing on estates-related business continuity planning

Action: DG

NZ welcomed the clarity on risk and required actions set out in the paper, she expressed concern at the impacts of risks that affected much of the health board’s estate.

RO recalled a Board walk round in Morriston Hospital, when an electricity failure had stopped theatre activity; this exemplified the infrastructure issue. She also expressed concern at the lack of decant facilities on site and the implications for infection prevention and control. DL agreed and cited the planned opening of a ward in Singleton as a means of providing a decant facility on the Morriston site.

AH built on the last point, indicating the intention to identify a formal ward decanting programme and to major on the infection prevention and control agenda as part of that.

The Board:

- **DISCUSSED** the detailed content of the report and **ACKNOWLEDGED** the significant risks resulting from it, together with the mitigating actions needed to manage the constraints.
- **ACKNOWLEDGED** the importance of the information in the decision-making process, particularly given the clear interface between estates assessments and the Clinical Services Plan.
- **DISCUSSED** and **AGREED** timeframes for progress updates and Board level oversight.
- **CONFIRMED** the need for decant facilities to create room for maintenance work and developments, and to progress the infection prevention and control agenda.
- **CONFIRMED** the modernisation of the estates workforce to increase recruitment and retention to meet SBUHHB needs.

	• **ENDORSED** the work in progress to develop options for future funding models to potentially accelerate capital development work.
PART 5. PEOPLE	
5.1 WORKFORCE AND OD COMMITTEE KEY ISSUES REPORT	
205/25	RO confirmed that she had nothing to add to the detail set out in the report. The Board **TOOK COGNISANCE OF** the content of the report.
5.2 ORGANISED FOR SUCCESS PROGRAMME UPDATE	
206/25	Introducing the report, TR identified the Programme as a clear enabler to assist SBUHB in becoming a high performing organisation. She reported that: • The Programme had drawn on information from a number of sources, including strategic risks, Board papers, hard and soft workforce metrics and planning intentions. • The recent period of instability with a number of changes to the Board and senior leadership, had impacted on organisational development. • There was a need to emerge from COVID-19 related changes to service delivery, in the context of a challenged financial position. • Consensus on the preferred leadership style was important. • The views from staff, as expressed in the Staff Survey, were instructive. • The variation in management capacity and capability was a key issue. • Signs of limited trust amongst the workforce, coming through in engagement scores and wider metrics such as sickness absence rates, were telling. To address this, TR proposed a three-year strategy, comprising: Year 1 -getting the basics right; Year 2 - transformation; and Year 3 - consolidation. She sought Board approval on the Programme Terms of Reference, advising this would include regional working with HDdUHB. Phase 1 would also include the introduction of a Delivery Unit, bringing project management and improvement functions, currently spread across the organisation, into a unified, co-ordinated team.

	A consultation on Phase 2 would launch shortly, proposing a move away from a locality-based model to a thematic care group model, arranged around services and patient pathways. This would involve regrouping specialties to optimise productivity and efficiency and increase benefits for patients. The consultation would also cover the preferred leadership model, supported by a leadership development programme to equip leaders with the right skills and competencies. Phase 3 would format care groups as business units, designed to succeed and with access to support. There would be a communication strategy for each phase, with strong engagement, the embedding of performance management and clear lines of accountability. TR then referred to JCs point on culture and emphasised the importance of a reduced number of priorities, with clear metrics and a single improvement methodology; taken together, these features would drive an organisation-wide approach, underpinned by shared values and behaviours. The governance structure for the programme would include an executive level steering group with the Board considering the key strategic decisions. JW thanked TR for the extensive work required to reach this point; she then asked for comments/questions. SS endorsed the work and its intended aim. He asked whether Phase 3 should take place earlier, for greatest impact; TR outlined the rationale behind the phasing, highlighting the importance of the Delivery Unit in Phase 1. NZ welcomed the discussion; it complemented the information in the paper. She questioned whether such a significant a change process at this time would distract from the urgent operational agenda. Responding, TR advised that Phase 2 would, in reality, cluster existing teams together in a more cohesive way and assist productivity and efficiency. NZ also asked whether the proposed timelines would allow sufficient time for meaningful staff engagement. TR accepted the need to find the right balance between the pace of change and giving staff the time to work through the changes. There was an urgency to the restructuring, however, to streamline the current arrangements and to optimise the undoubted leadership and management talent evident across SBUHB. On the risk of distraction from delivery of the urgent operational agenda, both TR and DL recognised this as an inevitable risk that required firm management oversight and action. NZ sought the

	inclusion of this risk on the relevant risk register. Board colleagues supported this. **Action: HL** JC welcomed the simple and clear format of the proposal; she reflected on the significant scale of the change programme that would require a major change in culture in some areas. It needed organisation-wide commitment to make progress and deliver. She sought assurance that a contingency plan was available, should any barriers to change emerge.TR confirmed the intention to apply a 'Gateway Review' assessment tool, with executive level oversight of the process. ALF asked about capturing what had worked well under the locality management model, to inform the programme of change; she also sought information on the application of the care group model elsewhere. DL advised that several health boards had moved away from locality models and others planned to do so. A care pathway model leant itself to more consistent safety and quality of service provision, with less of a silo approach. LR welcomed the pan-SBUHB structure that the proposal would deliver, this strengthened governance and reduced layers between patients, the front line and the Board. She recognised that there would be some challenges but was confident that the phased approach would help to manage that. AH welcomed the progress, acknowledging that there was no one perfect structure as interfaces between services and functions were inevitable. The proposed model would give clinical staff the time to consider and plan services on a continuous improvement basis, with the Executive and Board keeping their strategic focus on enabling change. The Board **APPROVED** the Organised for Success Programme Terms of Reference and **APPROVED** the governance structure for the Programme, as set out in the report.
5.3 NURSE STAFFING LEVELS (WALES) ACT 2016	
207/25	Presenting the report, LR referred to the agreed establishment changes, following the acuity review; she confirmed compliance with the requirements of the Nurse Staffing (Wales) Act 2016. In response to a query from KL, LR confirmed that the numbers included student nurses. The Board: • **TOOK COGNISANCE OF** the contents of this paper.

	• **TOOK ASSURANCE** that SBUHB was fulfilling its responsibilities under the NSLWA, as outlined in Appendix 3. • **TOOK ASSURANCE** that SBUHB was meeting its statutory duty under Section 25B of the NSLWA, based on the evidence presented in the paper and associated appendices. • **ACKNOWLEDGED** the agreed changes to funded nursing establishments, resulting from the June 2024 acuity review and as agreed in the 28 November 2024 Board. • **ACKNOWLEDGED** the recalculated establishments from January 2025 acuity audits (as detailed in Appendix 2) which supported compliance with the statutory requirements of the NSLWA. • **ACKNOWLEDGED** the completed validation of the Band 2 to Band 3 skill set across all wards as a recognised cost pressure. • **APPROVED** the requested changes to the funded nursing establishments following the June 2025 bi-annual acuity audit, including approval of the resulting financial additional impact and cost pressure of an additional full-year financial impact of £25,334 for Morriston; a cost saving of £220,165 for Neath Port Talbot Singleton Service Group (NPTSSG) (of which £104,055 was non-recurrent until the end of the financial year). • **RECOGNISED** that the changes ensured continued compliance with the NSLWA.
PART 6. GOVERNANCE	
6.1 AUDIT COMMITTEE KEY ISSUES REPORT	
208/25	NZ alerted the Board to the losses of special payments recorded during April 2025 to July 2025; this equated to almost £692k; she also referred to the need to respond to complaints in a timely way. She confirmed all other matters had been considered during the course of the meeting. today. The Board **TOOK COGNISANCE OF** the content of the report.
6.2 MENTAL HEALTH LEGISLATION COMMITTEE KEY ISSUES REPORT	
209/25	ALF confirmed that that there were no specific issues to raise. The Board **TOOK COGNISANCE OF** the content of the report.
6.3 CHARITABLE FUNDS COMMITTEE KEY ISSUES REPORT	

210/25	NM confirmed that there were no specific issues to raise. The Board **TOOK COGNISANCE OF** the content of the report.
6.4 CORPORATE GOVERNANCE REPORT • **REVIEW OF STANDING ORDERS**	
211/25	HL provided an update on the review of Standing Orders and other matters. The Board: • **RECEIVED** the Matters considered In-Committee at the last Board meeting; Welsh Health Circulars; the Common Seal Register; the Board Business Cycle. • **APPROVED** the Standing Orders and Standing Financial Instructions.
6.5 MINUTES OF PREVIOUS SBUHB BOARD MEETINGS **i. 11 SEPTEMBER 2025** **ii. 25 SEPTEMBER 2025**	
212/25	The Board **APPROVED** both sets of minutes as a true and correct record of the meetings.
6.6 ACTION LOG	
213/25	HL provided an update on the Action Log and the position against each action.
PART 7. ITEMS FOR NOTING	
7.1 BOARD ADVISORY GROUPS REPORT **i. HEALTH BOARD PARTNERSHIP FORUM**	
214/25	The Board **NOTED** the Health Board Partnership Forum report.
7.2 HEALTHCARE INSPECTORATE WALES ANNUAL REPORT 2024-25	
215/25	The Board **NOTED** the Healthcare Inspectorate Wales Annual Report 2024-25.

7.3 PUBLIC SERVICE OMBUDSMAN REPORT AND ANNUAL LETTER	
216/25	The Board **NOTED** the Public Service Ombudsman Report and Annual Letter.
7.4 CHAIR'S REPORT	
217/25	The Board **NOTED** the Chair's Report.
PART 8. ITEMS FOR DISCUSSION	
8.1 ANY OTHER BUSINESS	
218/25	JW advised that this would be KL's last Board meeting as an IM, as he was stepping down at the end of December. She reflected on the key events during his tenure, and particularly the role of the Board in steering the organisation through the Covid-19 pandemic. KL had served on a number of Board committees, had supported the ARCH Programme and the Swansea City Deal initiative. SBUHB had a strong partnership with Swansea University and KL would continue to support the agenda in a number of ways, including as a Professor of Psychiatry and a chair of Health Technology Wales. All Board colleagues joined with KL in wishing him well for the future. KL thanked JW for her kind words and thanked all his colleagues for their best wishes. He had welcomed the opportunity to serve on the Board and looked forward to continuing his involvement in the future.
8.2 REVIEW OF MEETING EFFECTIVENESS	
219/25	AG provided a summary of the meeting, summarising the challenging and diverse range of issues discussed and the criticality of effective Board level the decision making. He would share his briefing note with HL for review and learning for the January 2026 meeting.
Next SBUHB Board Meeting: 29 January 2026	

The meeting concluded at 16:01.