

Swansea Bay University Health Board
Minutes of the Meeting of the Health Board
held on 27 March 2025 at 10.15am

Present:		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive
Jean Church	(JC)	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
Andrew Jarrett	(AG)	Associate Board Member
Sarah Jenkins	(SJ)	Interim Executive Director of Workforce
Nicola Matthews	(NM)	Independent Member (Until minute 41/25)
Christine Morrell	(CM)	Executive Director of Allied Health Professions and Health Science
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Nuria Zolle	(NZ)	Independent Member
In Attendance:		
Sujoy Banerjee	(SB)	Consultant Neonatologist (Minute 44/25 to 46/25)
James Chess	(JCh)	Consultant Nephrologist (Until Minute 41/25)
Joanne Abbott-Davies	(JAD)	Assistant Director of Insight, Communications and Engagement
Paul Stuart Davies	(PSD)	Deputy Director of Nursing
Katherine Greaves	(KG)	Clinical Director of Midwifery (Minute 44/25 to 46/25)
Matthew John	(MJ)	Director of Digital
Raj Krishnan	(RK)	Deputy Executive Medical Director (Minute 44/25 to 46/25)
Hazel Lloyd	(HL)	Director of Corporate Governance
Catherine Morgan-Edwards	(CME)	Chief Nursing Informatics Officer (Until Minute 41/25)
Claire Mulcahy	(CM)	Senior Corporate Governance Manager
Craige Wilson	(CW)	Deputy Chief Operating Officer

Apologies:		
Jackie Davies	(JD)	Independent Member
Deb Lewis	(DL)	Chief Operating Officer/Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Keith Lloyd	(KL)	Independent Member
Hazell Powell	(HP)	Interim Executive Director of Nursing
Richard Thomas	(RT)	Director of Communications, Insight and Engagement
Judith Vincent	(JV)	Associate Board Member

The meeting commenced at 9am.

Minute No.	
PART 1: PRELIMINARY MATTERS	
26/25	WELCOME / INTRODUCTORY REMARKS
	<p>JW welcomed everyone to the meeting, extending a warm welcome to observers and guests: Mark Thomas (MT) and Hugh Bennet (HB) from the Welsh Ambulance Service NHS Trust (WAST); James Chess (JChe) and Catherine Morgan-Edwards (CME) from the SBUHB Digital team.</p> <p>JW outlined the role of the SBUHB Board as a strategic population health body, with a statutory duty to promote and protect 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.</p> <p>As the Governing Body of the organisation, and the highest level of decision-making, the Board had responsibilities for: maintaining a future focus through 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:</p>

	<p>corporate, clinical, financial, cyber, information, partnership and the climate /sustainability agenda.</p> <p>JW then mapped the key agenda items against the above responsibilities.</p> <p>The Board had a key role in setting organisational tone and culture, enabling everyone to come to work and be their best, authentic selves, without fear of discrimination or disadvantage of any kind. JW encouraged anyone experiencing or witnessing discrimination to use the processes available to call it out. Staff should feel valued, particularly when services were under significant operational and financial pressures.</p> <p>There were apologies from:</p> <ul style="list-style-type: none"> - Deb Lewis, represented by Craige Wilson (CW) - Richard Thomas, represented by Jo Abbott-Davies (JAD) - Hazel Powell, represented by Paul Stuart Davies (PSD) - Judith Vincent - Jackie Davies.
<p>27/25</p>	<p>DECLARATION OF INTEREST</p>
	<p>NZ declared an interest in the Audit Wales Report on cancer services. AH declared her previous role as Interim Chief Commissioner of the Joint Commissioning Committee (JCC).</p> <p>There were no other declarations outside those already on the Declarations of Interest Register.</p>
<p>28/25</p>	<p>CHIEF EXECUTIVE’S REPORT</p>
	<p>Introducing the Chief Executive’s Report, AH drew attention to:</p> <ul style="list-style-type: none"> - Appointments to the Executive Team: Marie Davies was now in post as Executive Director of Planning and Partnerships; Liz Rix, Executive Nurse Director and Professor Gill Richardson, Interim Executive Director of Public Health would both join on 1 April; and Tina Ricketts would join on 1 May as Executive Director of Workforce and Organisational Development.



- The de-escalation of both Planned Care and Child and Adolescent Mental Health Services (CAMHS) to Tier 3 Enhanced Monitoring status; this recognised all the hard work undertaken to deliver improvements and AH extended her thanks to those involved.
- The continued pressures experienced in urgent and emergency care (UEC). Improvements to support the team continued, including: community-based actions to reduce avoidable admissions; the streamlining of pathways to facilitate timely discharge; and a range of follow-on reablement and support services as appropriate. The physical environment in the Emergency Department (ED) at Morriston Hospital remained challenging, with short term improvements, including permanent security staff in the ED action to ensure that patients had appropriate access to food and hydration. These were starting to make a difference. A baseline assessment of the nursing workforce would assist in.
- A Cabinet Summit on 31 March, to review the 2024/25 winter response and to plan for the next winter period; the Board would consider a comprehensive update on the 2024/25 winter period and the whole UEC system at the May meeting.
- Work underway, led by Melanie Walker, on Mental Health (MH) and Learning Disability (LD) services; the Board would consider a detailed report at the May meeting.

JW thanked AH for the update and invited questions:

NM welcomed the work undertaken to support the ED over the past two months; she asked about the impact on staff morale. AH indicated that this was still a work in progress; she commented on correspondence from the Royal College of Nursing (RCN), and a subsequent meeting with Helen Whyley, Director, RCN Wales to discuss the next steps. PSD described the position as challenging but reported that ED staff appreciated the support and actions taken in response to their concerns; staff were keen to work with the Board for the benefit of patients. CW confirmed that staff welcomed the proposed capital development and viewed this as demonstrating that the Board had listened to staff concerns.

PP raised the ways in which delays for clinically optimised patients (COPs) impacted adversely on access and the quality of care; she also welcomed the regional approach and sought more detail on the

plans to accelerate the pace of improvement. Responding, AH advised that a recent summit with local authority CEO partners, together with a productive workshop, had clarified reasons for delay and addressed previous concerns around the quality of data, AH was pleased to report progress, with reduced numbers of COPs and an increase in timely discharge to a more appropriate setting. A further multiagency session was scheduled for the lead up to Easter, to optimise discharges before the holiday period.

AJ welcomed the impetus and thanked AH for her close working with local authority partners; all partners had now agreed the data set and the multifaceted and multidisciplinary approach had already demonstrated progress. MD echoed AJ's comments and confirmed the ambition to strengthen partnership working further to drive improvement.

NZ sought assurance on two areas mentioned in the report (i) the eye care services health needs assessment and (ii) maintaining the improvements for those services de-escalated to Tier 3. Responding, AH indicated that, as SBUHB was still under enhanced monitoring, scrutiny would continue. CW confirmed this; CAMHS recovery continued, with a scheduled move from the reliance on agency staff to an improved substantive staffing base. On eye care services, the assessment described the overall position and helpfully identified areas of limited access on which to focus. The Welsh Government (WG) Chief Optometric Officer had visited recently, providing an opportunity to demonstrate progress across both primary and secondary eye care services.

JC asked about the digitisation of eye care services across Wales. CW confirmed the regional roll out of the 'Open Eyes' system, in conjunction with Hywel Dda University Health Board (HDUHB) Following slow initial progress, there was now greater momentum, although MD flagged the need to secure implementation costs. JW asked for a report to a future Board meeting

Action: CW/MD/HL

RO welcomed the update on sustainability provided in the Report and welcomed the commitment to sustainability, in line with SBUHB role as an Anchor Institution. HL agreed to circulate the documentation.

Action: HL

	<p>The Board received and considered the Chief Executive’s Report and took assurance from its content and from the discussion.</p>
<p>29/25</p>	<p>HEALTH BOARD RISK REGISTER</p>
	<p>Introducing this agenda item, JW advised that each Board meeting would now consider the Strategic Risk Register (SRR) under the preliminary matters section. This would help Board members keep specific risks in mind when considering later agenda items.</p> <p>HL referenced the approval of the Strategic Risks Implementation Plan at the November 2024 Board meeting; the SRR had since been subject to review, around risk presentation and the highlighting of areas for action. The current SRR included those risks at or above the appetite set by the Board: four risks had increased in their weighting; two had reduced; and three had been de-escalated and referred to the appropriate Service Group, for inclusion on its Risk Register.</p> <p>JW thanked HL for her summary and invited questions:</p> <p>PP welcomed the alignment of the SRR with the strategic objectives and also the pending in depth review of risk appetite. She asked about the oversight and monitoring of operational risk management. HL proposed a twice-yearly presentation of the full Risk Register for each Service Group. This would support a full thematic review of all risks and the relationship with the Corporate and Strategic Risk Registers.</p> <p>NZ sought information about the risks linked to retirements in estates and pathology services, expressing the view that succession planning should take forthcoming retirements into account. NZ went on to query the downgrading of the risk related to capital, asking whether this would be better disaggregated into two separate risks.</p> <p>On retirement and succession planning for estates staff, SJ summarised the work in hand to address the challenge of an ageing estates workforce. On pathology services, CM also cited a range of work underway, including at regional level, to further develop specialist pathology services with HDUHB.</p>

On capital, DG commented on two capital-related risks: the risk score for Risk 93 reduced in year, as confidence increased; Risk 98 referred to the condition of SBUHB estate; the review process could consider capturing operational risks and strategic capital risks separately.

Action: HL/DG

HW asked about the ways of addressing Risk 43, related to Deprivation of Liberty Safeguards (DoLS) to reduce the risk. ALF advised that staff sickness absence made this a challenging issue. SBUHB was an outlier, given number of Best Interests (BI) assessors employed, resulting in the subsequent risk of delays in discharge to a more appropriate setting. PSD reported that, following a review of the service model, the position had improved over the past two years. Patients needing assessment were now identified earlier, with staffing implications. Long term sickness had led to a reliance on agency staff, but ward and departmental staff were developing their knowledge and skills, with support. ALF welcomed investment in staff development; however, staff still lacked confidence in undertaking the assessments.

HW sought information on staff communication with families; PSD confirmed that ward staff worked closely with patients and their families, with additional support and supervision accessible for complex patients with multiple issues.

JC commented on the pace and delivery of the actions reported, including the position at HM Prison Swansea. She welcomed the process to reset the Board Framework and review the Risk Register, suggesting the introduction of an exception reporting process. JW suggested remitting the breadth of the issues raised to the Executive Team for further consideration. Board Members supported this suggestion.

The Board:

- **Received** and **considered** the Risk Register.
- **Took assurance** from its contents and the discussion.
- **Identified actions** and **agreed** to remit further consideration of all the issues raised to the Executive Team.



PART 2: PATIENT/STAFF EXPERIENCE

30/25

STAFF STORY: DIGITAL

JW introduced JChe and CME and thanked them for their time. Using a slide presentation, [Digital Story](#), they provided a fictional patient information story, aiming to highlight both successes in digital options and also the gaps.

The fictional patient story described the benefits of digital services in providing an efficient and effective service for a person undergoing elective surgery. The story described the connectivity and value of digital systems in improving both the process and the patient experience. CME noted that SBUHB was one of the most digitally enabled health boards in Wales, but with gaps related to limited digital options for unplanned care; the need to navigate a hybrid system, in which some aspects were digitised whilst others required multiple point transcribing onto hard copy records, posed risks.

JW thanked JChe and CME for their informative presentation and invited questions:

JC asked whether systems between primary and secondary care were compatible and facilitated a single patient pathway. JChe confirmed this to be work in progress, recognising that primary care systems did not generally interface with secondary care systems.

NZ reflected that, whilst digital systems could facilitate effective care, the 'what matters to me' discussions must be built into the technology.

ALF asked whether current systems would capture an unplanned admission out of area. JChe that confirmed the discharge summary would be the main source of information; this would not include any detailed pathology or other testing results.

HW noted a positive and effective meeting with the digital team on the patient app; this demonstrated positive progress.

MJ welcomed the presentation and thanked JChe and CME for the work they had undertaken as clinical leads in developing digital opportunities.

The Board welcomed the staff story on digital and thanked JChe and CME for highlighting the key issues in progressing the digital agenda.

PART 3: SETTING STRATEGIC DIRECTION

31/25

PRESENTATION FROM THE NHS WALES JOINT COMMISSIONING COMMITTEE

JW extended a warm welcome to ST and GG from the Joint Commissioning Committee (JCC) who joined the meeting online. Using a slide presentation, [NHS Wales JCC Board Update](#) ST drew attention to:

- The role and membership of the JCC, combining the role and functions of three previous organisations.
- The commitment of health board Chief Executives to the JCC.
- The appointment of Huw George as Interim Chief Commissioner.
- The specialised services commissioned by the JCC.
- The potential to include other services, as directed by Welsh Ministers and/or Chief Executives.
- The 3500 patients in the Swansea Bay Area who accessed services commissioned by the JCC; examples included neurosurgery, transplant surgery, specialised drug therapies, and specialised cardiac surgery.
- SBUHB contribution of 12% of JCC income within the overall budget of £1.2bn, set against its provision of approximately 13% of the specialised services commissioned.
- The main areas of JCC spend: WAST; cancer and blood, women and children and cardiac services.
- The initial focus of the JCC since its establishment on 1 April 2025; on governance, recruitment, and developing strategic objectives, including establishing values and behaviours. The focus now was transitioning to routine business.
- Agreement with Chief Executives to develop an annual plan, focusing on core areas and working towards an Integrated Medium-Term Plan (IMTP) for 2026 and beyond.
- Robust discussions with Chief Executives on the overall financial position; the JCC had identified the need for a 4%

uplift for 2025/26 but recognised the challenge this posed, given the overall resource position of NHS Wales.

- The overall identification of population need and a commitment to preventative services to ensure financial stability.
- The development of a commissioning strategy for 2026/27 with a focus on value and transformation.

Thanking ST and GG for their informative presentation, JW confirmed that, from the May 2025 Board meeting, a new agenda item on 'Planning and Partnerships' would include regular updates on the work of the JCC.

AH also extended her thanks for the presentation, highlighting that some of the issues raised were covered in other reports on the meeting agenda. This included commentary in the IMTP, as the impact of the 4% uplift within the context of a 1.7% overall uplift for NHS bodies, presented a challenge; as a specialist and tertiary service provider, it posed risks for SBUHB. AH welcomed the wider commissioning strategy review and the incorporation in that of the planned review of neonatal services

JW invited questions:

DG confirmed that the Board would consider the 4% uplift as part of the financial plan discussions. The plan reflected the SBUHB role as both a commissioner and a provider of specialist and tertiary services.

JC referenced the helpful alignment between the JCC commissioning role and the Regional Health Economy discussions; JW confirmed that, at its May meeting, the RJC would receive the proposed 2025/26 work programme, including specialist and tertiary service provision.

Action: DL

The Board **welcomed** the presentation, **took assurance** from the discussions and **supported** regular updates through the new report on planning and partnership matters.

32/25	2025/28 INTEGRATED MEDIUM TERM PLAN (IMTP)
	<p>Introducing the report, MD drew attention to the following:</p> <ul style="list-style-type: none"> • Plan production had relied heavily on organisation-wide contributions, in a constructive process that had engaged leaders and managers across service group and corporate functions. • The factoring in of JCC planning assumptions. • The identification of SBUHB as an essential system partner in improving the health and wellbeing of the population. • The inclusion of delivery against financial objectives, with a focus on 2025/26; an emphasis on quality, safety and risk; and on delivering service efficiencies. • The alignment with the Cabinet Secretary’s 36 enabling actions; these had proved helpful in ensuring a focus on optimising value and performance. • The major challenge in delivering the efficiency and savings programme and the importance of maintaining financial grip and control. • The need to present a credible plan for 2025/26 with the ambition to improve year on year for years two and three, including delivery of cost improvements across the three year period. • The requirement to align with policy and strategic objectives, both as a commissioner and a provider of high-quality care. • A focus on service delivery and improvement for the key delivery priorities of: unscheduled care; planned care; mental health, women and children; and cancer. The programme boards to drive delivery would continue, aligned with the corporate risks. • Enabling services, including digital, estates, and workforce, would underpin the delivery programmes. MD emphasised the overriding need for close working relationships with local authority partners. <p>Moving on to the financial position, DG extended his thanks to the Performance and Finance Committee (PFC) and other colleagues for</p>

their support and scrutiny of the plan during its development. He drew attention to:

- The three-year assessment set out in the table on Page 6; this identified three components driving the financial position:
 - (i) The underlying run rate deficit moving into 2025/26 of £92.5m; this was despite all efforts to meet the 2024/25 forecast. The reliance on non-recurrent savings in 2024/25 masked the underlying position; controls currently in place to reduce costs would remain on 1 April 2025, with further enhanced controls applied during 2025/26.

(ii) The assessment of new costs for 2025/26 at £36.9m; this included the 4% JCC uplift considered earlier in the meeting. DG advised that these costs were almost exclusively unavoidable. In addition, previous investment plans would not proceed in 2025/26, meaning that investments would be almost non-existent.

2025/26 cost assessment benchmarking with HDUHB had tested and challenged the assumptions. The new cost assessment of £36.9m would be offset in part by £15.3m of additional funding, resulting in an additional cost pressure of £21.7m. The allocation letter confirmed a 1.7% uplift for 2025/26, with the pay award and additional National Insurance (NI) impacts being covered separately from this uplift.

(iii) The savings programme of 5% for 2025/26, equating to £55m.

- The collective impact of the three issues meant a closing deficit for 2025/26 of £58.7m, with the clear need to make additional savings in-year. Constructive discussions with WG and with the NHS Executive Finance Unit had included a request for external support to improve on the position, recognising the challenging need for additional actions, at pace and scale
- In addition to robust numerical analysis, the Recovery and Sustainability Board (RSB) had brought added leadership, governance and scrutiny; its work would cover all aspects of expenditure in the coming year.

• Required delivery against a 12% savings target over the next three years, to come close to the 2027/28 year end position. Thanking DG for the update, JW acknowledged the role of the PFC in analysing and assessing the credibility of the plan and whether the financial assessments would enable the Board to give its approval.

PP briefed the Board as follows:

- The PFC had undertaken a detailed review of the plan, concluding that the proposed opening and ending deficit levels for 2025/26 were unacceptable;
- The PFC had taken assurance from the restated financial base for the 2025/26 Financial Plan; the underlying deficit based on the 2024/25 Month 8 position provided a firmer baseline, but still one with risks as well as opportunities;
- A 12% savings plan requirement for the next three years would be extremely challenging and would require radical cross-organisational system transformation, with a further refreshed clinical services plan. Success would also depend on robust joint working with local authority partners;
- The Committee had taken assurance from the ten posts identified to support the Recovery and Sustainability programme, but three of the posts were vacant; DG confirmed the immediate appointment to two digital posts;
- There was a need to ensure clear accountability arrangements for delivery of savings plans across all areas; Audit Wales had identified the need to improve performance and accountability arrangements, together with tightening up on the escalation framework. DG was exploring examples of good practice from across Wales and England to inform changes;
- The identification to date of just £14.3m of the required £55.4m savings requirement in 2025/26 prompted only limited assurance and confidence in delivery. The RSB would need to practise detailed and continuous oversight and scrutiny;
- The PFC did take assurance in the setting up of the RSB, with confidence that the membership and support arrangements

were appropriate and robust; the RSB needed to proceed at pace to develop the digital architecture.

- The PFC took significant additional assurance in the intention to seek external expert support and the identification of good practice.

Summarising, PP confirmed the PFC had a reasonable level of confidence in the plans and approach; she recognised that SBUHB was in a different place from last year, with more granular data and a clear line of sight on processes. The scale of the deficit remained significant, with the need for transformational change, together with robust performance and accountability and escalation arrangements in respect of non-delivery. The PFC remained of the view that the Board could not move to approve the IMTP 2025-28/ Annual Plan 2025/26

JW thanked PP for the clear advice from PFC and invited other PFC members to comment.

SS made the point that the special programmes set out in the IMTP would have costs as yet not factored in. This would add to the scale of the financial challenge.

JW reminded the Board that, in line with other Welsh public bodies, SBUHB had to comply with the provisions set out in *Managing Welsh Public Money*; this placed specific responsibilities on the Accountable Officer and JW invited AH to advise the Board accordingly.

Responding, AH outlined her role as Accountable Officer in the stewardship of public money and making the best use of every pound spent. She reflected that, at present, SBUHB was spending beyond its means, leading to the substantial deficit. AH took assurance from the processes put in place during the 2024/25 year and from the enhanced governance arrangements; these brought together service groups and corporate functions to address the financial position collectively.

AH advised that, in her view, SBUHB was presenting the best plan possible at that point in time and given the work undertaken to date. Her assessment recognised that the position was not acceptable and required further savings and actions. The plan represented work in progress, with a commitment to go further; this would enquire a

fully- engaged workforce, with everyone recognising their role in driving change. A recent scrutiny session with WG Officials had explored the support needed, and AH welcomed the external support from both WG and the NHS Executive Finance Unit, working alongside SBUHB to achieve financial sustainability.

Finally, AH confirmed she would be submitting an accountability letter to WG to accompany the Board’s decision in respect of plan submission.

Thanking PP, DG and AH for a set of sobering reflections, JW invited questions:

AG extended his thanks to those involved in developing the plan. He reflected on the need to balance concerns about the position with giving staff a sense of hope and confidence. There was also still work to do in quantifying the potential benefits of the 29 uncosted schemes and these could assist the position.

AH agreed with the importance of giving staff hope and confidence in the organisation and the public confidence in services provided; quality services cost less than those of sub-optimal quality, as the former did not require time and resource to put things right.

AJ sought information on the ways in which 2025/26 would differ from previous years, when savings did not materialise. He was concerned about the scale of savings required and suggested a review of the last five years, to gain a sense of the realistically possible, as opposed to the ambitious.

In response, DG acknowledged the significant challenge ahead, as set out in AJs concerns; over the previous four years, SBUHB had realised £130m of cost savings, but only 50% on a recurrent basis.

2025/26 would see an enhanced cross-executive approach, with the Recovery and Sustainability Board, chaired by the Chief Executive, providing robust leadership, governance and scrutiny; corporate functions and service groups would build on their experience of working more closely in 2024/25 and there would be no easing of focus , when moving into Q1.

JW emphasised that last point, confirming that the organisation would move seamlessly from Q4-Q1 without reducing focus and effort.

HW commented on the lack of patient experience measures in the IMTP. She also asked about communicating with the public on progress against the plan as the year progressed. AH advised that the IMTP and the 2025/26 Annual Plan together included a significant amount of information; there were multiple feedback mechanisms, and she agreed with HW on the need to make these accessible to the public. SBUHB would use a multi messaging approach, including the production of a video. The Board would consider regular updates and these would be available through the Board papers and on the website. The Annual General Meeting also presented an opportunity to account to the public for the use of SBUHB resources.

JC noticed an enhanced approach this year, with greater visibility of plans and outcomes, using a more detailed evidence base.

RO reflected that, in previous years, the start of the new financial year had seen a loss of momentum; she did not sense that for 2025/26, with a focus on cross organisational working to address issues collectively.

NM asked about the arrangements in place to monitor budgets, as the organisation moved into the 2025/26 year. DG advised that the rebasing of budgets would enable Service Groups to deploy resources in response to their pressures; a more robust escalation process would identify issues earlier in the year and support positive interventions.

JW asked the PFC to review the architecture and infrastructure in place for 2025/26, to ensure that the Board had full sight to the front line, in respect of performance and escalation arrangements.

Action: PP/DG/ HL

The Board:

- **Acknowledged** the significant work involved in producing the draft Annual Plan 2025/26.

	<ul style="list-style-type: none"> • Acknowledged the risks to delivery and mitigation actions in place. • Acknowledged the significant efforts on the part of budget holders and Service Groups across SBUHB, both to secure the 2024/25 year-end position, and to identify major savings for 2025/26. • Recognised the significant work undertaken by the PFC to drive financial scrutiny and improvement. • Considered and accepted the advice from the PFC on the level of confidence around the savings identified to date in the 2025/26 plan; that the quantum of savings requirement was the optimum in terms of financial stretch at this time, with the need for more choices/decisions in 2025/26 to reduce risk in the current plan and make inroads into the forecast deficit; • Considered and accepted the view of the Chief Executive, as the Accountable Officer; • Agreed on the need for further options and choices to make improvements of scale and at pace in 2025/26; • Agreed to procure external support to reduce risk in the plan, improve the forecast and identify pipeline savings to improve future year forecasts; • Agreed to continue detailed scrutiny on a weekly, fortnightly and monthly basis, at both informal and formal PFC meetings and at full Board meetings; • Took assurance that the work in hand to drive down costs would continue at pace from 1 April 2025 with further governance, grip and control enhancements added during 2025/26; • Recognised that the position in terms of financial forecast was not acceptable, as it did not meet the target control total. • Concluded that it could not approve the 2025/26 Annual Plan but would submit it to WG for scrutiny and assessment purposes, in the knowledge of the requirement for significant further work.
33/25	DIGITAL, DATA, RESEARCH AND INNOVATION COMMITTEE

AG and MJ drew attention to the following alerts:

- The difficulties in responding to Subject Access Requests within timescales; the allocation of more capacity had enabled some progress and the next risk review should see a reduction in the score;
- Records management, particularly for mental health records; the Committee had commissioned a review and would consider progress at with progress at the next meeting. Records storage in pathology was also subject to consideration;
- Recruitment challenges, leading to a backlog in clinical coding, prompting the use of some vacancy funding to invest in Artificial Intelligence (AI) to support improvement.
- The identification of a preferred buyer for the GP *In Practice System* (INPS) used in 27 practices in Swansea Bay, following its voluntary administration; this should result in a positive outcome.

JW thanked AG for his update and invited questions:

PP asked about the number of clinical coder vacancies and the impact. AG advised that a number of staff had taken higher banded roles in England (band 5, instead of band 4 in Wales) taking advantage of remote working. The meant 60% compliance against the target rate of 95%.

HW asked how quickly AI could help to close the compliance gap for clinical coding. MJ advised this was unlikely to happen quickly, explaining the process involved. It warranted a three-year plan.

JW asked about the Cwm Taf Morgannwg UHB (CTMUHB) experience in implementing an AI based model and asked about cross learning. MJ indicated that CTMUHB had adopted a different model, and whilst there would be learning, SBUHB would probably adopt a hybrid model.

Also on coding, ALF asked about the extent to which productivity issues impacted on coding and the benchmarking data available, within Wales and more widely cross the UK. RE added detail on the importance of handwritten clinical notes, as these often provided the

	<p>granular level detail provided through coding. It was important not to lose sight of this when developing a AI based coding model.</p> <p>JW asked AG to ensure that the Committee continued to oversee this; she also invited SU from Audit Wales to comment. SU confirmed that the issues identified were evident across Wales; Digital Care and Health Wales (DCHW) was undertaking work at a national level and this included benchmarking.</p> <p>The Board received the update provided and took assurance in the work of the Committee and from the discussion.</p>
<p>34/25</p>	<p>DIGITAL STRATEGY</p>
	<p>Acknowledging that Board members would already be familiar with the draft Digital Strategy, MJ focussed his introductory remarks on the following:</p> <ul style="list-style-type: none"> • The increasingly important role of digital solutions in healthcare, with clear evidence that mature and digitally-aware organisations delivered better outcomes, lower adverse events, and an improved patient experience. • The alignment of the strategy with SBUHB strategic objectives and core business needs, aimed at enhancing the use of digital technologies and reducing administrative costs, by optimising AI opportunities. • The development of an electronic patient record, to eliminate the need for transcribing across different hard copy and electronic systems and the duplication of actions. Initial priorities would include UEC, mental health, community and interface systems with local authority partners for social care. • The need for workforce training and development to implement solutions, using digital clinical leads and champions. • Work underway nationally and regionally to develop digital solutions. • The partial offset of investment in digital, by the anticipated benefit of reducing length of stay.



- The role and contribution of digital in supporting delivery of the IMTP priorities.

Thanking MJ for the update, JW asked DG to comment on investment requirements and SJ on workforce.

DG recognised the need to resource digital developments through a cost benefit approach and the subsequent redirection of internal resources; he committed to working alongside the digital team during 2025/26 to optimise resource opportunities, recognising the need to balance this work against the ongoing financial health of the organisation.

On workforce, SJ reflected on digital and workforce being key enablers; the staff story had demonstrated the need to be digitally ready, with a clear appetite from staff to build their capability. SJ acknowledged the digital implications of transformation and organisational redesign and SJ confirmed that Tina Ricketts, the incoming Director of Workforce and Organisational Development, would lead on this.

Jan thanked MJ, DG and SJ, before inviting questions:

PP asked about a national level approach to development of the electronic patient record and the alignment with local work underway on an ED record. Responding, MJ confirmed that work was underway at national and local level, with the Cabinet Secretary expecting to receive the submission in respect of a national electronic record by September. At SBUHB level, clinicians working on better local solutions had an opportunity to influence the national agenda.

JC emphasised the importance of factoring in digital opportunities to all research and innovation opportunities.

ALF asked about DCHW involvement in developing in the electronic patient record; MJ confirmed its full engagement, indicating that national standards for such a record did not necessarily mean one system for all. Solutions had to reflect local requirements and adapt to new developments. A national set of standards could inform local solutions.

	<p>Thanking MJ and colleagues, JW suggested issuing an invitation to Simon Jones and Helen Thomas, DHCW Chair and Chief Executive, to a future Board development session. Board members supported this.</p> <p>Action: HL</p> <p>The Board:</p> <ul style="list-style-type: none"> • Reviewed the aspirations set out in the Digital Strategy. • Considered the priority components for 2025/26, as set out in the IMTP 2025-28. • Supported the strategic direction set out in the Digital Strategy and the further work required in 2025/26 on digital investment planning for 2026/27 onwards.
<p>35/25</p>	<p>PATHOLOGY OPERATIONAL DELIVERY NETWORK UPDATE</p>
	<p>JW welcomed NM to the meeting and invited CM to introduce the item.</p> <p>CM briefed the Board on:</p> <ul style="list-style-type: none"> • The role of pathology services as essential clinical support services, at the forefront of many medical developments. • The growing pressures on pathology services that had prompted a look at consolidation and regional solutions. • Agreement on a regional model in 2021, with an agreed operational delivery network and a transitional Memorandum of Understanding following in 2024; the ambition at that point centred on a capital build bid to develop a Pathology Hub Centre of Excellence and the development of a regional organisational delivery network, in partnership with HDUHB. • The implications of WG not approving the Business Case (OBC) for capital; this meant re-evaluating the approach and exploring alternative opportunities.

CM concluded by referring to the current pathology services delivery model as a 'burning platform' with an urgent need to find a different sustainable solution.

Thanking CM for the update, JW invited SS and DG to comment on their involvement in the work.

SS indicated that meeting cancellations had precluded timely progress; he sought more pace and urgency, with September forming the deadline for receipt of options, not for identification of process to work through possible options. JW agreed and emphasised the pressing need for a solution.

AH was clear that the lack of WG capital funding required immediate work on an alternative solution and that this would need discussions with the private sector. She agreed with accelerating the timeline to produce options by September and would speak with her counterpart in HDUHB.

ACTION: AH

RO reiterated the need to progress at pace, commenting on the number of risks set out in the paper. Given the significant implications of not securing a sustainable solution, RO suggested inclusion of the risks in the Risk Register. NZ supported this suggestion and JW asked HL to action accordingly.

Action: HL

DG supported exploring a creative financial solution, involving discussions with the private sector. In response to a query from JC, DG confirmed that pathology equipment and machinery were already subject to private-public partnerships, because of the scale of investment needed. DG agreed to work with the programme team to explore options further.

Action: DG

NM confirmed an integrated regional laboratory information management system was under development; this would allow staff to move between laboratories as a single system and would also allow for the movement of samples should that be necessary. This helped to mitigate the loss of capacity the capital development would

have allowed; it would also support tertiary pathways in place between SBUHB and HDUHB.

AJ found this a potentially exciting development with the opportunity to create an innovative solution.

The Board:

- **Considered** the implications of the delayed development of the Regional Pathology Operational Delivery Network (ODN) and WG decision not to support the further development of the Outline Business Case to develop the Hub Pathology Centre of Excellence.
- **Approved** the extension of the Transitional Memorandum of Understanding to recommit both Boards to develop an alternative Pathology solution at pace.
- **Approved** the continued development of the Regional Pathology ODN via the leadership of the Regional Pathology Transition Group.
- **Accepted** the need to review possible funding sources to support the delivery of the regional pathology programme, including the use of creative finance opportunities.
- **Assessed** the risk level of failure of the service and **determined** to include this in the risk register and at regional level
- **Agreed** to receive options for decision to provide fit for purpose cellular pathology services in the region at its September 2025 Board meeting.

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

36/25

KEY ISSUES REPORT FROM PERFORMANCE AND FINANCE COMMITTEE

	<p>Providing an update, PP referred to earlier discussions on a number of the issues; she drew attention to the following:</p> <ul style="list-style-type: none"> • The focus of the PFC on key barriers to the effective use of resources, particularly for cross cutting issues; these included staff availability and clinically optimised patients (COPs) . • A report on Continuing NHS Healthcare (CHC) commissioning; the PFC would continue to scrutinise this area of spend. • The opportunities presented by regional working and the need for increased pace. JW confirmed that the Regional Joint Committee (RJC) meeting with HDUHB on 7 May would consider the 2025/26 regional work programme. <p>Action: DL</p> <p>On CHC, DG emphasised the impact of the £100m annual spend and the opportunities available to secure improvements. The Annual Plan 2025/26 included actions on this.</p> <p>The Board received the PFC Report and took assurance in the work of the Committee and from the discussion.</p>
<p>37/25</p>	<p>FINANCE REPORT – MONTH 11</p>
	<p>DG provided an update, drawing attention to:</p> <ul style="list-style-type: none"> • The position across the 2024/25 year, as set out on Page 5 of the report; • The £700k underspend in Month 11; this was £900k better than in Month 10; • The deficit at Month 11 at just over £47m; the likely year end position would be around £43.6m, although this was subject to finalisation. • The 2024/25 aspiration of £59m savings, of which £51m was secure at Month 11; • The successful bid for £13.9m additional capital funds, used to purchase medical equipment and to support the digital landscape in advance of 2025/26;

	<ul style="list-style-type: none"> • Strategic cash support to secure a cash balance. <p>The Board:</p> <ul style="list-style-type: none"> • Considered and commented upon the Board’s financial performance for Month 11 2024/25 (Revenue and Capital). • Took assurance from the further actions taken to ensure delivery of the financial assessment presented on 19 December 2024, with a line of sight to £43.7m, supported by the Recovery & Sustainability Board. • Considered the balance sheet at Month 11. • Considered the cash forecast at 31 March 2025. • Supported the position with regard to the risk scores. • Considered all actions and updates to support the management of the 2024/25 financial position.
38/25	ESCALATION AND OVERSIGHT REPORT
	<p>Introducing this new report, CW advised that the format would be subject to further redesign. He drew attention to the following key points:</p> <ul style="list-style-type: none"> • The de-escalation to Tier 3, enhanced monitoring, for planned care and CAMHS; • On planned care, the HB remained on target to clear waits by the end of March; this was a significant achievement; • Challenges continued for UEC and healthcare associated infections (HCAIs); he confirmed that the trajectory for HCAIs evidenced improvement over time. <p>JW invited questions and comments on the new report:</p> <p>JC welcomed the report and its layout; this provided clear information and facilitated improved oversight. She asked about endoscopy performance, as this continued to be of concern. CW confirmed that endoscopy performance was in line with the trajectory to clear the backlog by March 2026; additional funding could bring this forward. CW indicated that actions to address the</p>

	<p>backlog included workforce changes, with training in place to provide more non-medical endoscopists.</p> <p>ALF also welcomed the layout and the clarity of the data provided. She asked about the management of those patients waiting; CW outlined the prioritisation process in place for those requiring urgent endoscopy, with all referrals triaged and assessed for clinical risk, and regular waiting list validation. DG added detail on the validation process.</p> <p>HW acknowledged the significant work involved in meeting the 104-week target; this still meant that people could wait two years for treatment and she asked about the arrangements in place to communicate with patients and check their status. CW outlined the communication process in place.</p> <p>JW advised HW that the Cabinet Secretary would shortly signal his 2025/26 priorities and whether these included any move from the 104-week target.</p> <p>The Board considered the monthly update in respect of performance against escalation measures and de-escalation criteria and took assurance from the report and discussions</p>
<p>39/25</p>	<p>KEY ISSUES FROM QUALITY AND SAFETY COMMITTEE (QSC)</p>
	<p>SS provided an update on the January QSC meeting and a verbal update on the recent March QSC meeting. He drew attention to the alerts:</p> <ul style="list-style-type: none"> • Concerns related to the Morryston Service Group, particularly around the ED, falls and HCAIs. (The ED position was considered as part of: the Chief Executive’s Report, the Escalation and Oversight Report and the IMTP. HCAIs we’re referenced as part of the Escalation and Oversight discussion). • Delays in discharge of COPs and the risks of a prolonged stay; some delays were due to internal SBUHB processes. (This matter was also considered as part of the Performance and Finance Committee discussion)

- The need to develop community diabetes services. (Issues relating to improved management of diabetes at cluster level were set out in the IMTP).
- The focus on mental health and learning disability services at the March meeting. (This was also discussed as part of the IMTP and the Mental Health Legislation Committee discussion)
- The delay in reintroducing specialist dental services for vulnerable patients.
- The introduction of the Dental Access Portal; this had resulted in 1700 individuals accessing it so far, and the initiative would call for additional investment;
- Improvements in end-of-life care, but with scope for further improvement, particularly in respecting an individual's choice of place of death;
- Ongoing issues with South Wales Police no longer assisting in the conveyance of an individual to a place of safety (This was also considered during the Mental Health Legislation Committee and an action agreed)
- The identification of equipment requirements for maternity services (This had been actioned at the time of the meeting).

Thanking SS, JW asked CW to expand on the dental service alerts raised.

CW summarised the issues associated with the cessation of the specialist dental service at the Princess of Wales hospital; this was unlikely to resume until August, despite hopes of an earlier timeline. Given the delay, SBUHB was working to develop short term alternative options, with the possibility of a short-term service for adults at the Neath Port Talbot Hospital. An interim service for children was more problematic, with some patients presenting at Morriston ED as emergencies. MD agreed to write to CTMUHB and to HDUHB to seek a resolution.

Action: MD

On the Dental Access Portal, CW highlighted the all-Wales challenge around capacity and work underway to increase the numbers of dentists in Wales.

	<p>RO asked SS to provide further detail on the alert around community diabetes services, as she understood that services were in place at cluster level. SS agreed that this was the case, but that more investment was needed.</p> <p>NZ asked about the pace of service transformation; CW acknowledged progress to date but confirmed that more could be done to increase access to community diabetic services.</p> <p>JW asked for a report on all aspects of dental services to come to the May Board meeting, to ensure that the Board was sighted on all the current issues and future plans.</p> <p>Action: CW</p> <p>The Board considered the report provided on the January meeting and the verbal update on the recent March meeting, taking assurance from the work of the Committee and from the discussions.</p>
40/25	CANCER REPORT
	<p>CW set out the context for the report; following both the Audit Wales report and the response from WG, SBUHB had undertaken a deep dive exercise.</p> <p>The actions set out in response to the Audit Wales report were either complete or in hand. In addition to national actions, WG had provided feedback on issues for consideration in next 2025/26.</p> <p>CW drew attention to:</p> <ul style="list-style-type: none"> • Performance falling in January 2025, the result of deferrals for treatment from December to January. This mirrored the same period in 2024/25, with February seeing a return to levels in line with the trajectory; • On deferred treatment, WG intended to set up a Clinical Reference Group, as other health boards were experiencing the same phenomenon; • Monthly meetings with both WG and the NHS Executive, to ensure a shared understanding of the issues; indications

suggested that WG Officials were supportive of the service direction;

- A focus on skin cancers; this had resulted in SBUHB having the lowest waiting times in Wales.
- Continuing opportunities to improve diagnostics, with particular reference to cellular pathology. Focused work on colorectal cancers had accelerated the diagnostic pathway significantly.
- Moving forward, delivery of the 80% target had to focus on the front end of the pathway, as the greatest gains lay at the decision to treat stage;
- On chemotherapy, the 2025/26 plan made provision for additional capacity.

JW thanked CW for setting out the position in such clear detail and invited questions

ALF asked for an update on the CANIS system, noting previous delays. CW confirmed that the system would go live within the following week.

JW indicated that the full Board would continue to oversee cancer services performance, also applying a population health lens and a greater emphasis on prevention and early intervention.

The Board:

- **Received** the Audit Wales Report which set out strategic recommendations for WG, whilst also having implications for cancer service provision at local and regional levels.
- **Acknowledged** the need for improvements to cancer performance to ensure that patients received a diagnosis and start treatment within 62 days.
- **Took assurance in part** from improvement plans in place and the actions at a tumour site level, not just at service level, to address specific concerns.

	<ul style="list-style-type: none"> • Took assurance in part from service changes designed to provide better diagnoses and treatment. • Acknowledged the financial implications of the elements of the plan highlighted. • Agreed to continue to oversee 2025/26 performance at full Board level, with a greater focus on population health, prevention and early intervention.
<p><i>The Board took Agenda items 6.4 and 6.5 at this point before returning after a short break to Agenda item 5.1</i></p>	
<p>PART 5: PEOPLE AND PARTNERSHIPS</p>	
<p>41/25</p>	<p>KEY ISSUES REPORT FROM THE WORKFORCE AND OD COMMITTEE (WODC)</p>
	<p>RO drew attention to:</p> <ul style="list-style-type: none"> • An alert identifying possible impacts of the processes in place to manage the resource position; the MH and LD Service Group had commented on the impact on staff wellbeing and sickness levels; • Assurance resulting from the robust approach to managing sickness absence; support services had the highest sickness absence rates and there were a number of actions underway; • Seeking information on <i>Speaking up Safely, the embedding of the Framework across the organisation, and how</i> interfaced with the Guardian Service; • Taking assurance on the appraisal and revalidation process for physicians; • Developing a detailed action plan to address high levels of sickness absence in theatres; • On advice, RO highlighted an increase in grievances; WODC looked to understand better the limited use of informal resolution processes • The need for an organisation-wide approach to sickness absence management.

	<p>SJ outlined the approach to sickness absence prevention and management, as outlined in the People Strategy; the Recovery and Sustainability Board would shortly receive a paper on all aspects of sickness absence. Deep dive exercises underway across the organisation facilitated not only application of the policy but also a supportive approach to staff wellbeing, keeping people engaged, motivated and healthy.</p> <p>AH commented on the importance of ending reliance on agency staff, maintaining exceptions for some specific areas and circumstances. The risks associated with agency usage included staff not knowing their working environment as well as bank or permanent employees; reliance on SBUHB-employed staff was preferable, with better outcomes for patients. The opportunities to work flexibly also warranted more exploration, with a deep dive at the Recovery and Sustainability Board identifying issues such as: rostering; special leave; and workforce policies that enabled flexible use of staff in response to changes in demand.</p> <p>RO welcomed the consideration of converting agency staff into SBUHB employees.</p> <p>The Board considered the report, took assurance in the work of the Committee, and looked forward to hearing more about the work of the Recovery and Sustainability Board.</p>
PART 6: GOVERNANCE	
42/25	KEY ISSUES REPORT FOR AUDIT COMMITTEE (AC)
	<p>NZ drew attention to two alerts:</p> <ul style="list-style-type: none"> • The growing number of overdue Internal Audit recommendations; she asked Executives to prioritise overdue recommendations, especially those designated a high priority. • Two limited assurance reports: one on <i>Speaking up Safely</i> and the other on Mortuary Services. These were remitted to the appropriate committees.

	<p>AH acknowledged the need to ensure more timely responses to audit recommendations and agreed to action with the Executive Team.</p> <p>Action: AH/HL</p> <p>The Board: received the report, took assurance in the work of the Committee and the action to close overdue audit recommendations.</p>
<p>43/25</p>	<p>Key Issues Report from Mental Health Legislation Committee</p>
	<p>ALF referenced the discussion earlier in the meeting on the alert relating to BI assessments.</p> <p>She also highlighted ongoing police resistance in assisting with conveying individuals to a place of safety, despite there being no actual change in the Mental Health Act (MHA) legislation.</p> <p>PSD added detail on robust discussions with police representatives at Safeguarding Regional Boards; police colleagues acknowledged their responsibilities under the MHA but had set boundaries for their involvement.</p> <p>JW asked MD, as the executive lead, to follow through on this matter and to provide a briefing for the Board.</p> <p>Action: MD</p> <p>The Board received the update and took assurance in work of the Committee</p>
<p>44/25</p>	<p>GOLD COMMAND ON MATERNITY AND NEONATAL SERVICES REPORT</p>
	<p>JW welcomed SB, KG and RK to the meeting and invited them to present to the Board. RK began by setting out the background to the Gold Command structure. This had resulted from the Healthcare Inspectorate Wales (HIW) inspection of maternity and neonatal services in 2023, and the placing of the services in enhanced monitoring. RK was pleased to confirm:</p>

	<ul style="list-style-type: none"> • The completion of the action plan to address both HIW and Health Education and Improvement Wales (HEIW) recommendations; the latter body would visit again shortly; • The introduction of a Maternity Dashboard from April 2025; • Significant progress with the management of open incidents: from 230 incidents open in August 2024, and a further 130 incidents a month, there were now 80 open incidents and a key focus on continuous learning; • A deep dive exercise, first through Quality and Safety Committee, and subsequently at full Board level, in May 2025 <p>SB welcomed the opportunity to present to the Board and expressed his pride in the whole service. Everyone had pulled together to complete all outstanding HIW and HEIW recommendations/actions and it was a significant achievement.</p> <p>KG described the use of charity fund monies for CTG equipment and for furniture in the Bereaved Relatives room. All such investment was welcome. She also paid tribute to all staff, who were working so hard to secure improvements.</p> <p>On behalf of the Board JW thanked them all and asked them to convey Board Members appreciation.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Acknowledged the work to close all outstanding recommendations and actions, subject to Gold Command conducting an internal governance check; members thanked everyone involved and took assurance from the discussions; • Took assurance from the inclusion in the Gold Command remit of 'horizon scanning' to look ahead to potential visits and/or reports that could result in further actions.
<p>45/25</p>	<p>OVERSIGHT PANEL CHAIR'S REPORT ON THE INDEPENDENT REVIEW OF MATERNITY & NEONATAL SERVICES</p>
	<p>JW extended a warm welcome to DS and KS and invited them to provide an update on progress:</p> <p>DS referenced:</p>

- The anticipated publication date continued of early summer; this was dependent on the completion of reviews and engagement actions.
- Continuing good progress with family and community engagement;
- Good progression with the clinical reviews and 75% now complete. The review of the additional ITU cases, with many clinical records, was more complex but was progressing well.
- On staff engagement, the need to hear more from Band 5 and 6 midwives.

On engagement, KS added detail on:

- Significant activity in recent weeks, particularly focused on speaking to seldom-heard groups and diverse communities.
- A meeting at Sketty Mosque had enabled connections with women who had not previously spoken to the review. He commended the work of Ty Ellis counselling service and extended his thanks to the Board for making that facility available.
- Further engagement meetings planned for 11 and 12 April with Chinese communities, and also with a number of local Mosques.

JW extended her thanks to both DC and KS; she was encouraged to hear about the scale of engagement work underway and looked forward to receiving the feedback. JW also asked about the most appropriate presentation of MBRRACE data for the public domain.

DC commented on the value of MBRRACE data as an indicator for further analysis, together with dashboard data and feedback on lived experiences. DC advised that she had already discussed with clinical teams how best to add the family voice to investigatory work, as this was fundamental. Deep dives added value both for the population and the Board and formed part of good assurance and oversight.

JC reflected on the ways in which the learning from the engagement processes adopted through the Independent Review could be adopted more widely. KS agreed, commenting on the value of engaging with community leaders and of following a culturally competent and informed approach.

	<p>AH welcomed the efforts made to ensure wide engagement, agreeing on the benefits the breadth and depth of the engagement work would bring. She thanked LW, KG and RK for their hard work.</p> <p>AH went on to reflect that, whilst most women had a positive birthing experience, childbirth was not without risk and sometimes, sadly, the experience was not that expected or wanted. When things did not go well, timely treatment and clinical interventions, along with robust communication should be the norm; services should be as safe as possible at all times. Finally, AH advised the Board that the forthcoming Llais report, compiling feedback from service users, would make for uncomfortable reading. Taken together with the findings and recommendations from the Independent Review and the ongoing feedback from SBUHB Maternity Voices Partnership, the Llais report findings would assist the Board in gaining as much insight as possible into service users' lived experiences and the opportunities to improve services.</p> <p>Thanking DC and KS for their updates, and their steadfast focus on progressing the Independent Review, JW invited them to attend the May Board meeting, to provide a further update.</p> <p>The Board received the report and took assurance from its contents and the discussions.</p>
<p>46/25</p>	<p>CORPORATE GOVERNANCE ISSUES</p>
	<p>Introducing the report, HL highlighted:</p> <ul style="list-style-type: none"> • Revised committee memberships for 2025/26. • Revised and updated Terms of Reference for both the Population Health Committee and Digital Data, Research and Innovation Committee. • The proposed protocol for Board Engagement (site visits) for the coming year. <p>Thanking HL, JW reflected on the way in which the Committees had developed over the past year; this strengthened governance and she thanked all involved.</p>

	<p>The Board:</p> <ul style="list-style-type: none"> • Received: matters considered In-Committee at the January 2025 Board meeting: Welsh Health Circulars; the Board Business Cycle; and the Common Seal Register. • Supported the changes to the revised Committee memberships. • Considered and approved the Terms of Reference for the: Population Health Committee; Data, Digital, Research & Innovation Committee; and Charitable Funds Committee. • Considered and approved the Board Engagement Protocol for site visits. This would start in Quarter 2, with real time evaluation.
<p>47/25</p>	<p>STRUCTURED ASSESSMENT AND ANNUAL REPORTS</p>
	<p>JW welcomed SU from Audit Wales and invited her to update the Board on the Structured Assessment Report, Annual Audit Report and 2025/26 Audit Plan.</p> <p>SU provided a summary:</p> <ul style="list-style-type: none"> • On the annual review of corporate arrangements, SU described improvements in governance, with an ongoing need to strengthen responses to audit recommendations. JW had made good progress in stabilising the Board; additional refinement could include considering the Future Generations Act when responding to audit findings. Financial accountability at Service Group level was of concern; SBUHB also needed to focus on long term sustainable solutions, underpinned by population health and prevention. • For the Annual Audit Report, SU confirmed that the HB accounts were properly prepared and materially accurate, with no identified weaknesses in internal controls; Audit Wales provided an unqualified opinion on the 2023/24 accounts. • Two audits were out for comment currently: USC and Planned Care; Digital Services audit would follow in Quarter 1 of 2025/26. SU extended her thanks to the SBUHB team for their support and constructive and positive relationship working.

	<ul style="list-style-type: none"> SU indicated that The Audit Plan for 2025 set out additional performance domains assessment and included a deep dive into the management of estates and also a thematic review of cancer services. She agreed with JW on the timeliness of the earlier discussion on cancer services. <p>JW extended her thanks to SU for her constructive and helpful approach to the conduct of, and learning from, audit reports.</p> <p>The Board received the updates provided and took assurance from its contents and the discussion.</p>
48/25	BOARD ADVISORY GROUPS
	<p>HL referred to the reports for a full update; two advisory groups were currently working through a reset.</p> <p>The Board received the discussions of the: Health Board Partnership Forum held on 16 January 2025; the Stakeholder Reference Group held on 16 January 2025; and the Health Board Professionals' Forum held on 13 February 2025.</p>
49/25	KEY ISSUES REPORT FROM REGIONAL JOINT COMMITTEE
	<p>HL confirmed the date of the next meeting: 7 May. Dates for the remainder of 2025/26 would follow. JW confirmed that both Boards would meet again in October, with an invitation to the Cabinet Secretary to attend.</p> <p>The Board received and considered the key issues report.</p>
50/25	MINUTES
	<p>The Board received and approved the minutes of the 30 January 2025.</p>
51/25	ACTION LOG
	<p>HL updated the Board on actions set out in the Action Log.</p>

	The Board reviewed and took assurance from the update provided on the Action Log.
PART 7: ITEMS FOR NOTING	
52/25	CHAIR'S REPORT
	The Board received and took cognisance of the Chair's activities since the last Board meeting in January 2025.
PART 8: ANY OTHER BUSINESS	
53/25	ANY OTHER BUSINESS
	There was no other business.
54/25	REVIEW OF MEETING EFFECTIVENESS
	This took place following closure of the Board meeting.
The next meeting of the SBUHB Board held in public: Thursday, 29 May 2025	

The meeting closed at 3.53pm