



**Swansea Bay University Health Board (SBUHB)
Minutes of the Board Meeting held on
25 September 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
Christine Morrell	(CM)	Executive Director of Therapies and Health Science
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Gill Richardson	(GR)	Executive Director of Public Health (Interim)
Tina Ricketts	(TR)	Executive Director of Workforce & OD

In Attendance:		
Amelia Cole	(AC)	Corporate Governance Officer
Emily Davies	(ED)	Head of Nursing for Transformation
Rhodri Edwards	(REd)	Consultant Geriatrician/ Associate Medical Director
Ceri Gimblet	(CG)	Service Group Director
Kathy Greaves	(KG)	Director of Midwifery (item 6.4)
Lesley Jenkins	(LJ)	Assistant Director of Nursing
Hazel Lloyd	(HL)	Director of Corporate Governance
Osian Lloyd	(OL)	Head of Internal Audit
Sharon Miller	(SM)	Associate Service Group Director (item 4.7)
Claire Mulcahy	(CM)	Corporate Governance Manager
Ashleigh O' Callaghan	(AO)	Chief Business Officer



Theresa Ogbekhiulu	(TO)	Welsh Government Aspiring Board Members Programme
Amol Pandit	(AP)	Consultant Urologist
Sharon Price	(SP)	Service Group Nurse Director (item 6.4)
Carys Richards	(CR)	Senior Corporate Governance Manager
Deidre Roberts	(DR)	Assistant Director of Digital Transformation.
Claire Tailor	(CT)	Llais
Richard Thomas	(RT)	Director of Insight, Communications and Engagement
Hugo Van Woerden	(HVW)	Deputy Director of Public Health

Apologies:

Matthew John	(MJ)	Director of Digital
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
Nuria Zolle	(NZ)	Independent Member

Acronyms

SBUHB	Swansea Bay University Health Board	DoI	Declarations of Interest
WG	Welsh Government	AC	Audit Committee
AW	Audit Wales	IMTP	Integrated Medium Term Plan
AGM	Annual General Meeting	RPB	Regional Partnership Board
CHC	Continuing NHS Healthcare	WODC	Workforce and Organisational Development Committee
HDUHB	Hywel Dda University Health Board	CAMHS	Child and Adolescent Mental Health Services
LA	Local Authority	MHLD	Mental Health Learning Disabilities
	Learning Disabilities	DDRIC	Digital, Data, Research and Innovation Committee
QSC	Quality and Safety Committee	EIA	Equality Impact Assessment
WTE	Whole Time Equivalent	IPC	Infection Prevention and Control
JCC	Joint Commissioning Committee	APB	Area Planning Board
RPB	Regional Partnership Board	CVUHB	Cardiff and Vale University Health Board
NPT	Neath, Port Talbot	PET	
SARs	Subject Access Requests	AI	Artificial Intelligence
GDPR	General Data Protection Regulations	IGCAG	Cyber Security Assurance Group



HDUHB	Hywel Dda University Health Board	HCAIs	Healthcare Acquired Infections
KPIs	Key Performance Indicators	ED	Emergency Department
PFC	Performance and Finance Committee	HPV	Human Papilloma Virus
PADR	Performance Appraisal and Development Review	RJC	Regional Joint Committee
ESR	Electronic Staff Record	MCA	Mental Capacity Act
SRG	Stakeholder Reference Group	AAA	Alert, Advise, Assure

The meeting began at 10:00.

Minute Ref:	Agenda Item
PART 1. PRELIMINARY MATTERS	
1.1 WELCOME AND INTRODUCTORY REMARKS	
151/25	<p>JW welcomed everyone to the meeting, extending a particular welcome to Amol Pandit, Consultant Urologist, Rhodri Edwards, Consultant Geriatrician/ Associate Medical Director, and Ashleigh O’ Callaghan, Chief Business Officer.</p> <p>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 12,800 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.</p> <p>JW outlined the role of the Board as a strategic population health body, with a statutory duty to promote and protect public health. The Board also had a collective statutory duty for the safety and quality of services; the four clinical Board members had a specific role in alerting the wider Board to patient safety issues. On notification of any ‘red flag’ safety concern, the Board had a responsibility to act; red flags raised in respect of patient safety issues on West Ward, Gorseinon Hospital, had been the subject of a Special Board Meeting on 11 September. The Board had approved in principle the proposal and planning needed to transfer the 30 inpatient beds to Singleton Hospital; today’s meeting would see the Board review the matter in detail and make a final decision on the transfer.</p>



	<p>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 themselves 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.</p> <p>For the longer term, the Board had responsibilities for setting the strategic direction and building and sustaining strategic partnerships, recognising the importance of collaborative working.</p> <p>JW then mapped the key agenda items against the Board’s responsibilities, highlighting the scale of the challenges and the notable change agenda facing the organisation. Board members would need to take courageous and ambitious decisions to drive a return to service and financial stability. Board Committees had oversight of strategic risks and discharged a key role in undertaking detailed work on behalf of the full Board. 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.</p>
<p>1.2 APOLOGIES FOR ABSENCE</p>	
<p>152/25</p>	<p>Matt John, Liz Rix, and Nuria Zolle had extended their apologies for the meeting; JW welcomed DR and LJ, deputising for MJ and LR respectively.</p> <p>JW then introduced and welcomed Theresa Ogbekhiulu, attending under the Welsh Government (WG) Aspiring Board Members Programme.</p>
<p>1.3 DECLARATION OF INTERESTS</p>	
<p>153/25</p>	<p>NM declared an interest relating to the Gorseinon Hospital agenda item; there were no other declarations outside those already on the Declarations of Interest Register.</p>
<p>1.4 SERVICE CHANGE CONSIDERATIONS</p>	
<p>154/25</p>	<p>LJ referred to the detailed report and summarised the position, beginning with the concerns that staff had raised about West Ward at Gorseinon Hospital. Despite a significant number of mitigating</p>



actions, those concerns continued and, at the 11 September Special Board meeting, the Board had approved in principle the proposal to implement a phased transfer of the inpatient beds to Singleton Hospital, on an urgent, temporary basis. LJ also outlined the staff engagement and support arrangements in place.

JW thanked LJ and invited RE, as Medical Director, and one of the clinical members of the Board, to give his professional advice. RE emphasised the Board's statutory duty in respect of patient safety; a number of concerns, including the high percentage of temporary staff, had led to difficulties in establishing a cohesive team. The isolated nature of the ward had compounded the risks and compromised the quality and safety of the service, to the extent that it was now at 'red flag' level of concern. The urgent, temporary transfer solution proposed mitigated these risks, through the senior leadership support and access to medical cover available on-site at Singleton Hospital.

JW thanked RE for his advice and invited RE to comment, from the perspective of the Consultant Geriatricians. RE highlighted the risks associated with a high percentage of temporary staffing; he also reflected on the development of rehabilitation services over time, with a large part of these now taking place in community settings. Patients in need of hospital-based rehabilitation were by definition more vulnerable and in need of access to 24 Hour medical cover, not available in Gorseinon Hospital. The proposed temporary transfer to Singleton Hospital would provide support through the medical on call service. RE and his colleagues supported the urgent, temporary transfer and were committed to engaging in the forthcoming work to design the right service model for the coming years.

NM advised the Board that, as a local Councillor, she was well aware of the significant community concerns. She reflected on the history of Gorseinon Hospital as a donated hospital site; people feared that the proposed ward transfer was the first step towards closure. NM sought confirmation that this was not the case, and that the transfer of 30 beds was a standalone issue, prompted solely by 'red flag' patient safety concerns. She asked about the possibility of providing additional community-related services on the site and emphasised the need to engage with local people, as plans for the future use of the site started to take shape.

Responding, AH confirmed that she had heard the views of both local Councillors and the community; the ward formed the base for a sub-acute, step-down service for the western part of SBUHB, not exclusively for the Gorseinon locality. Port Talbot Hospital provided a



similar service for the eastern area. She welcomed the opportunity to work with the local community on the future shape of community services; AH also confirmed that Gorseinon Hospital would continue to provide a range of essential, community-based services, with the potential to develop further as a dynamic Community Hub. The proposal before the Board focussed solely on the 'red flags' around patient safety concerns and the need for urgent, temporary action. JW thanked LJ, RE, REd and AH for their professional advice and explanatory comments; she then invited questions.

JC asked about the arrangements made to support both Singleton and Gorseinon staff in preparing for the transfer. LJ summarised the detailed work underway with staff on both sites and agreed to circulate the full Transition Plan, to enable the Board to take assurance.

ACTION: LJ

RO referred to the risks associated with 50% temporary staffing and sought further information on the plans in place to avoid this continuing, should the service transfer to Singleton Hospital.

Responding, LJ advised that the transfer would enable the ward managers to call on the substantive workforce on site at Singleton and thereby avoid the use of temporary staff.

JW asked RO and TR to include oversight of the impact of the transfer on the level of temporary staffing in the Workforce and Organisational Development Committee (WODC) work programme for the second half of 2025/26.

ACTION: RO/TR / Remitted to WODC oversight of the staffing and associated issues and QSC oversight of the impact on patient safety.

RE commented further on NM's points and confirmed that all conversations and discussions had centred on Gorseinon Hospital remaining a vibrant location for a range of community services. The forthcoming Clinical Services Strategic Plan would include engagement with the Gorseinon community; this would give local people the opportunity to share their views and help to shape future service models.

AG reminisced on the hospital's origins and confirmed his support for its continuing role as a site providing a range of community services. He reinforced the need to respond to patient safety concerns, welcoming the commitment to a vibrant future for the hospital, along with the confirmation of ongoing Committee level oversight.

TR reported on her intention to undertake an analysis of staffing and cultural issues, as part of work to develop a 'heat map', to act as an



early warning system; this would include a range of hard and soft workforce metrics. WODC would oversee this work and test the 'heat map' concept as it developed.

ML welcomed the work of senior managers in engaging with staff side representatives; there was a clear value in transferring patients to a setting that was functionally and clinically safer. He recognised the concerns of staff regarding the changes and thanked LJ, TR and Lisa Craddock for their work to support staff, recognising the importance of continuity of care.

SS indicated that the current focus on moving services from acute to community settings could be of advantage to Gorseinon Hospital, as it could become a Community Hub with a range of new services. He drew attention to the proposal in the report to transfer 30 beds; ward numbers had flexed at times to provide additional surge capacity and SS asked whether this would also happen in Singleton. LJ advised that the ward in Singleton Hospital was designed for 30 beds only. DL confirmed bed numbers had fluctuated over time, in response to service demands; the resource envelope provide for 30 beds. Transferring the service to Singleton would provide an additional opportunity to reconfigure patient management arrangements, optimising staffing establishments and bed availability to meet the needs of the population.

RO flagged the need to boost staff morale and for visible Board level leadership; she asked about the timeline for public engagement, as early contact could help to reassure the local community. The engagement process should also include an Equality Impact Assessment (EIA), to give added reassurance.

JW invited RT to respond; he confirmed that the Board papers included an EIA of the proposal, and that the engagement process underpinning the Clinical Services Strategic Plan would also have an EIA.

AH expressed her gratitude to the staff who had raised concerns and welcomed ML's helpful comments. She reflected on the timing and process for community engagement and the benefit of appropriate sequencing; this would ensure that the community had the full picture, and that people were as informed as possible; the discipline of an EIA would inform a systematic approach to the engagement proposals.

REd reminded the Board that Covid-19 had resulted in the 'pausing' of some services at Gorseinon Hospital; the refresh of the Clinical Services Strategic Plan could include the possibility of reintroducing some services.



ACTION: MD

JW welcomed CT from Llais and invited her to comment. CT asked about the actions taken to date to engage with the patients on West Ward and their families; she also queried the expected length of the urgent, temporary transfer.

LJ outlined the senior leadership staffing arrangements in place to provide visible leadership at ward level. Engagement with patients and families would follow on immediately from the Board's decision. JW confirmed that the proposal before the Board set out the timeline as being October 2025 - March 2026. During that time, WODC would oversee the staffing and associated issues, whilst the Quality and Safety Committee (QSC) would scrutinise the impact on patient safety.

JW also invited AH to set out the ways in which the refresh of the Clinical Services Strategic Plan would inform the next steps. AH confirmed the intention to explore developments in integrated community models of care and the design of dynamic Community Hubs. She assured the Board that both the local community and Llais would have regular updates and invitations to engage in the work. In closing the discussion, JW thanked all those involved in preparing for an urgent, temporary transfer of 30 beds from Gorseinon to Singleton Hospital. This resulted solely from the 'red flag' alerts to the Board on patient safety concerns. Despite a number of mitigating actions, the concerns had continued and called on the Board to exercise its statutory duty to protect patient safety; the Board had no ulterior motive.

In line with her declaration of interest, made at the start of the meeting, NW left the room and did not take part in the Board's decision-making.

The Board:

- **ACKNOWLEDGED** the safety concerns associated with Gorseinon West Ward service; despite significant actions to mitigate and resolve these concerns, they persisted and called on the Board to exercise its statutory duty to protect patient care.
- **ACKNOWLEDGED** the completion of the planning phase, with a plan in place to effect the urgent, temporary move of 30 beds from Gorseinon West Ward to Ward 3 in Singleton Hospital.
- **APPROVED** the urgent, temporary transfer of Gorseinon West Ward to Ward 3 Singleton Hospital from 1 October 2025.



	<ul style="list-style-type: none"> • REMITTED to WODC oversight of the staffing and associated issues and QSC oversight of the impact on patient safety. <p>NM rejoined the meeting at this point.</p>
--	--

1.5 CHIEF EXECUTIVE’S REPORT

155/25	<p>Introducing the Report, AH drew attention to:</p> <ul style="list-style-type: none"> • The revised and updated WG Escalation and Intervention Framework; this set out the criteria for reaching the threshold for de-escalation, including detail on explicit milestones. She agreed to circulate the final version to the Board. ACTION: AH • Maternity and neonatal services, and the update on the agenda. • Continuing progress across all workstreams in delivering the Mental Health Transformation programme, with engagement underway on interim options to improve environments. An additional option had called for further work, with the result that the Board would receive a review of all options at its November meeting. Work had progressed at pace on digital developments, with crisis teams and the home crisis team now included on PAS. AH indicated that Board members would receive a briefing note outside the meeting. ACTION: MJ/Dermot Nolan • The urgent need for essential infrastructure work on the Mother and Baby Unit at Tonna Hospital. Urgent roof repairs and heating improvements had necessitated a pause in admissions; the Joint Commissioning Committee (JCC) would commission services in England for the interim period, should that be necessary. A permanent, longer-term solution would form part of the wider transformation programme for inpatient mental health services. • The Strategic Estates Plan and its role in supporting the Board in strategic developments; the need for service reconfiguration, enabled by strategic capital investment, was essential, and would require prioritisation of the limited capital funding from WG. AH raised the proposed road improvement off the M4 motorway at Llangyfelach as a key enabler.
--------	--



- The *Organising for Success* programme, led by TR, would be essential in designing the appropriate organisational structure to drive change and delivery; work was underway to explore how best to accelerate some components of the programme, overseen by WODC.

JW thanked AH and invited questions:

NM welcomed the improvement work underway in Tonna Hospital; she asked about support for families, particularly if the need for specialist inpatient care meant temporary admission to a unit in England. AH outlined the discussions underway with the JCC on the possibility of community-based alternatives to admission; she recognised the difficulties that families could experience following an admission many miles from home and confirmed that the clinical team and the JCC would look to support families.

On the new road access to Morrison Hospital, DG confirmed that the City and County of Swansea had received a full planning application; the Planning Committee would consider it in October/November and DG agreed to provide an update to the Board following this. KL welcomed the progress, reminding the Board that the work on the Swansea city Deal first identified the need for a new road.

ACTION: DG

The Board:

- **CONSIDERED** the update provided and took **ASSURANCE** from its contents and the discussion.
- **ACKNOWLEDGED** the need to suspend admissions temporality to the Mother and Baby Unit, Tonna Hospital, during infrastructure improvement works, and took **ASSURANCE** from the appropriate mitigation measures were in place, to ensure both continuity of care and safety.

PART 2. PATIENT/STAFF EXPERIENCE

2.1 PATIENT STORY

156/25

JW emphasised the importance of a clear line of sight from the Board to frontline services; patient and staff stories facilitated this and she invited LJ to introduce the patient story about palliative care. The story focused on a patient, Suzanne, diagnosed with bowel cancer five years ago, and her journey through treatment to current



palliative care from the Ty Olwen team. Suzanne described her initial fears about what admission to a hospice meant, how her experience had dispelled those fears and helped her and her family to come to terms with the diagnosis and to get on with life. Suzanne found the service and support to be life enhancing and she could not speak highly enough of her care.

JC reflected on what palliative care meant and the need to communicate to the public the role and benefits that accessing palliative care services could offer, both through the Ty Olwen inpatient service, but also through care at home in the community. ML viewed the patient/staff story as one of the most powerful ways to demonstrate the value of local health services, together with the high-quality care delivered by staff, on this occasion in partnership with Ty Olwen.

RE welcomed the commitment and motivation of staff who worked so hard to make a difference for people who found themselves in Suzanne’s position.

TO praised the service for the ways in which staff could improve people’s quality of life, regardless of diagnosis; it was important to share the story more widely as it could help change perceptions of hospice care.

JW asked LJ to thank Suzanne for sharing her story, and to convey the Board’s thanks to the staff at Ty Olwen. She and NW had visited a couple of times recently and found the experience to be uplifting.

The Board **WELCOMED** the patient story and **THANKED** Suzanne for sharing her experiences.

PART 3. SETTING STRATEGIC DIRECTION

3.1 POPULATION HEALTH COMMITTEE KEY ISSUES REPORT

157/25

SS drew attention to two alerts:

- The key statistical findings in the Cancer Mortality Report; SBUHB bowel cancer screening rates were suboptimal when compared with other health boards, with differences in uptake depending on a range of factors, including deprivation levels; age; ethnicity; overcrowded accommodation; and owner/renter status. Many people presented at Stage 3 and Stage 4,



accessing treatment options late and requiring more intensive treatments.

SS paused and invited questions on this alert:

PD indicated that the Stakeholder Reference Group could add additional detail to build on this report. GR thanked PD and agreed to meet with PD to progress her suggestion. **ACTION: GR**

RO had missed the Committee meeting and so had not heard the presentation; the findings were of significant relevance to the population health agenda, and she asked about the action that would follow.

Responding, RE advised that, from a population health perspective, the preferred focus would be more upstream, encouraging healthier lifestyles that would reduce the overall risk. Only 20% of modifiable factors related specifically to health services, with others relating to broader factors including housing, employment, levels of poverty and the environment. All these had an impact on outcomes.

GR agreed that many of the measures referenced were proxy measures for deprivation; she supported RE's view that primary prevention was the key, with a key focus on smoking, alcohol misuse and obesity, through encouraging public health literacy around healthy diets and lifestyles. Supporting early diagnosis through triggers and 'red flag' signs and symptoms would also play a key role in timely referral, the aim being referral at Stage 1.

JW asked MD how the data and evidence would inform the 2026/27 planning process. MD referred to the need to adjust resource allocation towards preventative and population health services, a challenge in the context of the overall resource position. Despite this, collaborative work was underway, both internally to reduce resource duplication and free up funding, and with other strategic partners, including discussions at the Area Planning Board (APB) and the Regional Partnership Board (RPB).

AH supported the need to ensure that primary prevention actions helped to embed healthy lifestyle choices; she also welcomed the focus on earlier referral, to improve outcomes. She proposed detailed population level work with Public Health Wales and the National Cancer Network to identify how best to allocate resources and prioritise actions that delivered optimum impact. On access and treatment, AH emphasised the importance of timely access and treatments, supported by effective and streamlined pathways.

RO was keen to see strategic plans address the major inequalities identified across the SBUHB area.



DG recognised the need to address the strategic challenges posed by inequalities; work to reshape and redirect strategic service models should progress despite the current financial challenge. The meeting would later focus on value-based healthcare, regional developments, and actions to address chronic conditions and frailty; resource allocation should inform both short and longer-term planning. CM referred to work underway to improve pathways, using co-production at primary care cluster level, to reach into and access underserved populations and seldom heard groups. For JC, the discussion emphasised the need to use business intelligence to support prioritisation, alongside increased efficiency and productivity. RE advised that secondary prevention was effective for some conditions, using stroke services as an example. Treatment to address hypertension and atrial fibrillation had a quick impact in reducing the incidence of stroke; other conditions may need several years of interventions to impact on outcomes. Summarising the discussion, AH referred to the need to improve screening compliance and reshape services over time, using the evidence that was already available. The second alert referred to the all-Wales Diabetes Prevention Programme in place across all eight clusters in SBUHB. Public Health Wales had reviewed the effectiveness of the programme, with its report anticipated in the near future. Funding arrangements differed across the clusters, with five clusters funded through external resources, expected to end in March 2026. Collectively this would result in a loss of £430k, and maintaining the programme would require SBUHB to provide this additional resource. DG acknowledged the challenge in identifying resources but recognised the value of the programme. He would make enquiries about the funding position for 2026/27 and possible options. **ACTION: DG** JW invited any further questions. JC sought assurance that SBUHB did not allow the sale of 'slush drinks' on the health board's premises; Scotland had issued a health alert indicating that such drinks were not suitable for children under 10, as they contained glycerol. Wales had not followed suit. JW asked GR to follow up on this and brief Board members outside the meeting. **ACTION: GR** The Board **CONSIDERED** the report and took **ASSURANCE** from the update provided and proposed actions.



3.2 PLANNING AND PARTNERSHIPS REPORT

158/25

MD provided an overview of the planning, partnership and commissioning landscape; the appendices provided further detail and MD drew attention to:

- The launch of the SBUHB Organisational Strategy at the September Annual General Meeting (AGM); detailed work with key stakeholders would now follow, to develop a refreshed Clinical Services Strategic Plan.
- Formalisation of the benefits realisation mechanism, as part of the business case process.
- The development of a planning maturity matrix at the request of WG; the November Board meeting would include an agenda item on this.
- The financial position, both in year and for 2026/27; this set out the scale of the recovery and sustainability agenda.
- Work underway through the RPB, recognising the breadth of the work programme and limited resources; this called for a focus on shared priorities.
- The establishment, in partnership with Swansea and NPT Councils, of a Forum centred on the strengthening of integrated services for older people. This would operate in parallel with the Community Services Review underway currently.
- The refocusing of the Emotional Well-being and Mental Health Programme, to deliver partnership solutions, involving both Councils and Third Sector partners.
- Work to improve the commissioning of longer-term care; for SBUHB, that focused on Continuing NHS Healthcare (CHC), looking to ensure better value from services commissioned.
- The work of the Commissioning Programme Board and the positive partner engagement in that work.
- The report responding to the Future Generations Commissioner's report; an Audit Wales report and its suite of recommendations underpinned this response
- RPB developments, including a formal, signed Memorandum of Understanding, as required by the Audit Committee.
- The alert related to the blood and bone marrow transplant services; Cardiff and Vale University Health Board (CVUHB) was the lead partner, with a forthcoming accreditation visit.



- The services commissioned through the JCC.
- The voluntary sector recommissioning process was nearing completion; this set out the benefits to the local population and to SBUHB.
- The pending publication of the Drugs Commission report; this would coincide with the Area Planning Board (APB) meeting that related specifically to the commissioning and delivery of services around substance use.
- The integrated approach to alliance commissioning through the APB.
- The position on sustainability, including emissions and adaptation plans; on adaptation, WG viewed SBUHB as a frontrunner.
- The commencement of Operation Pegasus, a UK-wide pandemic training exercise.

JW asked MD to provide Board members with a briefing note on the timelines associated with some of the updates set out in the wide-ranging report. **Action: MD**

JC asked about the ongoing treatment costs related to cancer services generally and, specifically, to the cost of the PET scan delays in southeast Wales, due to radio isotope production issues.

Responding, MD referenced earlier discussions on how best to predict, plan for and resource cancer diagnostic developments, to improve screening, early diagnosis and interventions. The demand for treatment already exceeded the resource envelope, requiring action to improve and streamline pathways and provide greater efficiency. She outlined the structured approach in place, including liaison with Public Health Wales.

JW invited DG to comment on the resource allocation process, and he outlined the specialty costing approach. SBUHB provided £140m to assist JCC services and there was then a need to ensure that SBUHB received the right funding level for its services. This was explored in detail as part of the full pathway approach to budgeting, providing a different perspective on the distribution of resources. There could be an 'information lag' in respect of service provision; 2024/25 data would be available in October, following completion of the accounting process.

JW asked DG to supply a detailed briefing outside the meeting.

Action: DG



Returning to earlier discussions on stage of presentation, DG reflected on the fact that late presentation resulted in both more complex and costly courses of treatment.

RE welcomed the detailed information provided in the report and its suite of supporting papers. Local Development Plans would have a bearing on those wider determinants of health that influenced cancer and were outside the control or influence of the NHS.

PP welcomed the incorporation of the benefits realisation framework into the business planning cycle; she asked about 2026/27 planning and the timeline for delivery. On delayed pathways of care, she asked about the role of the RPB.

On timelines, MD offered to provide the PFC with a detailed critical path setting out the timeline up to submission of the 2026/27 Annual Plan to WG on 31 March. **Action: MD**

On clinically optimised patients whose pathways of care were delayed, MD summarised work underway with DL to accelerate the pace of discharge and access to community-based support; this included the use of the Trusted Assessor role to speed up the process. DL confirmed that this was the main focus of conversations with Social Services colleagues.

SS advised that the Cluster Planning Group would shortly begin their 2026/27 Integrated Medium Term Plan (IMTP) discussions; he sought assurance that the SBUHB IMTP process would incorporate the Cluster Group IMTP. MD provided that assurance.

SS also asked for the detail of the RPB priorities. MD advised these would focus on (i) older people's services and integrated service planning for clinically optimised patients, (ii) mental health transformation and (iii) commissioning and CHC.

The Board:

- **CONSIDERED** and **ACCEPTED** the 2025/26 Plan update, acknowledging the need for a further prioritisation process.
- **EMPHASISED** the need to deliver the 2025/26 savings requirement and the best year end position possible.
- **SUPPORTED** the range of plans and actions set out in the report to strengthen strategic and partnership commissioning arrangements.
- **RECOGNISED** and **ACKNOWLEDGED** the breadth and depth of the commissioning role set out in the report.
- **APPROVED** the proposed response to the Future Generations Commissioner.



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

4.1 DIGITAL, DATA, RESEARCH AND INNOVATION COMMITTEE KEY ISSUES REPORT

159/25

AG drew attention to three alerts, two of which related to Information Governance:

- The challenge in meeting the compliance regulations for Subject Access Requests (SARs).
- The General Data Protection Regulations (GDPR) requirements, also related to SARs.

On these two alerts, the Committee had highlighted the challenges associated with deliverability at the Information Governance and Cyber Security Assurance Group (IGCAG).

- The third alert referred to risks outside SBUHB control that could impact adversely on delivery of the Digital Strategy and Plan; the Committee was able to take assurance from the first version of the Plan, setting out the actions, resources and groundwork needed to enable focused monitoring.

In addition to the three alerts, AG highlighted:

- The Substantial Assurance rating from the Business Intelligence Audit Report.
- Work to identify the opportunities of regional level working in driving transformational change.
- A planned briefing session on the application of the Dashboard across the organisation, regional opportunities, and governance related to Artificial Intelligence (AI).
- The alignment of future Committee meetings to Board meeting dates, to ensure timely updates.

DR provided further information on:

- An implementation plan to respond to the SAR and GDPR alerts; this included the procurement of software, operational from December, to expedite data collection from a range of sources, including emails, and digital and clinical information systems.
- The roll out of the NHS Wales App. SBUHB had 25,000 patients using the App, by far the highest across Wales. This empowered patients to manage their care closer to home,



	<p>accessing blood results and appointment letters through the App.</p> <ul style="list-style-type: none"> • Publication of the <i>Open Eyes</i> Report; this supported the regional eye care work. • Progress at pace with the diagnostic programmes <p>JW extended her thanks to AG and DR for the updates and invited questions and comments: On the <i>Open Eyes</i> Report, DL thanked DR for delivering the work on schedule; SBUHB had hoped to go live in tandem with Hywel Dda University Health Board (H DUHB) in September, but some challenges in H DUHB had led to a revised 'go live' timeline for them of March 2026. The SBUHB team hoped to assist in bringing this forward.</p> <p>The Board received the Committee updates and took ASSURANCE from the paper and the discussions.</p>
--	---

4.2 QUALITY AND SAFETY COMMITTEE KEY ISSUES REPORT

160/25	<p>(i) July 2025 (ii) September 2025</p> <p>JC referred to the verbal update on the July Quality and Safety Committee (QSC) presented at the July Board meeting; she focused on the September QSC and drew attention to the following alerts:</p> <ul style="list-style-type: none"> • Staffing levels at HMP Swansea: the Community Services Review would include a review of staffing and would include the use of benchmarking data to provide a more detailed understanding of the requirements. • On Healthcare Acquired Infections (HCAIs), the lack of improvement in rates of C. diff, despite considerable efforts. • Compliance against stroke targets and the ring fencing of acute stroke beds remained challenging, despite work underway to improve flow between Morriston and Neath Port Talbot Hospitals. In addition, funding to implement the 24/7 consultant rota was still not available. Continuing high compliance against thrombolysis, swallow and therapeutic assessments was positive. A revision of the stroke pathway would hopefully improve performance against the national Key Performance Indicators (KPIs), as this remained poor,
--------	---



particularly for mechanical thrombectomy and door to needle time for thrombolysis.

- The health and safety fire report; this identified a number of outstanding actions relating to fire risk assessments; none of these risks were 'high' and were subject to regular monitoring. The QSC highlighted an alert on the risks of beds blocking fire exits.

JW invited RE to comment on the HCAI position.

RE acknowledged that the limited progress was a matter of concern; the Dashboard demonstrated that SBUHB was not meeting the monthly or quarterly HCAI targets. HCAI acquisition took a number of forms and actions had to address that fact. SBUHB had the highest rate of C. diff in Wales; diagnostic testing was now more advanced, with genetic testing able to assist in mapping the spread of the infection over time. This had identified several people in a community as having contracted C. diff from a patient from that community in hospital several months previously; this highlighted clinical environment risks.

The position on antimicrobial stewardship was positive, with compliance on antibiotic prescribing guidelines and in movement from intravenous to oral antibiotics at 72 hours. Despite this, RE recognised the challenges in gaining traction and improving performance and he had reformed the IPC Group. On C. diff, he set out a number of actions taken:

- The establishment of a High Incidence Management Group to provide more timely information and actions.
- The introduction of new C. diff standards, together with a risk assessment governance framework.
- The setting up of a small-scale project on the 72-hour antibiotic review, hopefully with WG funding to support the work.

Risk continued because of the following; increases in bed numbers; a shortage of isolation facilities; and the sub optimal number of cleaning hours at Morriston Hospital.

JW thanked JC and RE and turned to DL for her comments on stroke services and fire alerts.

On the latter, DL confirmed that the Fire Enforcement Officer (the Officer) had raised concerns about the positioning of beds in front of fire doors; she and other Executive colleagues had met with the Officer and briefed him on the risk assessment process and monitoring in place. Whilst still recognising the risks, the Officer had



approved the plans in place to manage the risks. DL advised that the introduction of extra beds resulted from the decision to reduce the number of patients in the Emergency Department (ED); work underway to reduce the number of delayed pathways of care should reduce the need for this additional capacity.

On stroke services, DL shared the concerns that JC had raised; she drew attention to some positive data across the stroke pathway:

- A 10% increase in admissions to the stroke unit since the change to the pathway through the ED.
- A 40% increase in consultant assessments within 14 hours.
- A 15% increase in physiotherapy assessment within 24 hours.
- In August, a 32% increase in discharges.
- A 33% increase in transfers from the acute unit in Morriston Hospital to the rehabilitation unit at Neath Port Talbot Hospital.
- Of the 13 patients presenting with a stroke in the previous week, nine had received a CT scan within one hour; the new target of 20 minutes would be challenging for all health boards. In addition, more than 50% of patients were admitted to the stroke ward within four hours.
- 15% received thrombolysis, above the Wales average, with 23% of patients referred for thrombectomy.

Whilst collectively the data demonstrated improvements across the stroke pathway, DL acknowledged the need to appoint to the two additional consultant posts. to allow for 24/7 cover. This had to form part of the discussions around priorities, given the scale of the financial deficit.

JW thanked DL for her personal leadership of the service areas under discussion, and the Board welcomed the improvements made. JW then asked DG to add his comments.

On fire risk, DG recognised the operational response to the situation in ED. He also referred to the fire risk assessments undertaken by the in-house team, under his leadership, and prioritised accordingly. DG accepted delays in undertaking fire risk assessments elsewhere. A new Head of Health and Safety would come into post shortly; this would enable a review of the team structure and work programme. SS referred back to staffing numbers at HMP Swansea, a long-standing alert; staffing levels were based on a prison population of 250 but was currently at above 400.

JW recollected her correspondence with WG ministers and discussions with DG on the extent to which the NHS resource allocation formulae



made provision for prison health care. She agreed to forward the correspondence to JC.

Action: JW

SS commented on the involvement of the Ministry of Justice in respect of specialist nursing provision and JC agreed to review all the documentation available on the matter, together with the terms of reference for the Community Services Review. She agreed to provide a further update at the November Board meeting.

Action: JC

Before moving on, JC drew attention to receipt of the detailed and evidence-based Organ Donation Report; she commended the quality of the drafting.

JC also reported on consideration of the Perinatal Report discussion at the September QSC meeting; the Perinatal Committee had replaced the Gold Command arrangements and had held its inaugural meeting. QSC had taken assurance from the following:

- Compliance with the Maternity Workforce Birth Rate Plus.
- Personal annual development reviews and mandatory training all being on track.
- No elements of care identified as a negative outlier, with the Obstetric Unit maternity services being fully established.

The alert identified related to the single point of access maternity triage service; this was scheduled to launch in March 2026, dependent on midwife recruitment. Appointment to the 0.8WTE neonatal consultant vacancy was required to ensure compliance with the British Association of Perinatal Medical Standards medicine standards.

JW invited AH to comment on the recommendations in the Independent Review Report.

AH confirmed that the Board had committed to fully implementing the recommendations of the Independent Review; some recommendations would take longer to complete than others, although the Board was mindful of its commitments to the population and to staff. Some changes would require resourcing, secured through working differently and freeing up capacity to deliver all actions. DG was working through all the resource implications, both in-year and recurrently.

JW thanked JC and Committee members for their diligence in discharging their role.



4.3 PERFORMANCE AND FINANCE COMMITTEE KEY ISSUES REPORT

161/25	<p>(i) July 2025 (ii) August 2025</p> <p>PP reported that the alerts considered by the Performance and Finance Committee (PFC) over recent meetings had related to the financial position; she proposed discussion on these as part of the financial plan discussion. Other alerts had focused on the service group positions for Morrison, Singleton, Neath Port Talbot and Primary and Community. She advised all of these had reported a lack of sight to the full savings delivery requirement, with a significant shortfall and variable pay levels running way too high, at times at the same levels as 2024/25. The Morrison Service Group had identified reductions, but these were not in line with the required position. One of the alerts at the July meeting related to stroke performance and the absence of a stroke on call rota; this provided a significant risk to service continuity and patient outcomes. Mitigation centred on recruitment to two unfilled consultant posts and DL reference her earlier comments in this respect. PP paused at this point and JW invited DG to present the Financial Report.</p>
--------	---

4.4 FINANCE REPORT

162/25	<p>Introducing the report, DG referred to the detailed report in the pack and drew attention to the salient points:</p> <ul style="list-style-type: none"> • The report followed the usual format, with the addition of Section 6; this set out the position on the savings delivery plan included in the 2025/26 Annual Plan submitted to WG in March 2025. • The requirement to deliver a minimum of £55.4m of savings to achieve the deficit requirement of £58.7m, as set out in that submission. • The position at Month 05 of: <ul style="list-style-type: none"> - A £5.98m deficit, the best performance to date, but clearly not meeting required savings. - A £37.8m overspend to date, £13.3m off the plan. - £16m savings gap; realising the savings would see SBUHB marginally ahead of plan.
--------	---



- Only £21m of headroom remained, meaning that SBUHB could only overspend by £3m or under per month until year-end, with the best month to date at £5.98m. The scale and pace of the challenge was significant.
- A breakdown, on Pages 7 and 8, of the variance, both in month and for year to date.
- On capital, the current overspend stood at £800k; DG was confident that capital spend was under control and discussions with WG included the management of any slippage.
- The pending completion of the land transaction at Morriston Hospital site, following several years' work to acquire the land.
- On cash, August had closed with a heavier cash balance than expected because of delays in the payment of litigation claims; these were paid in September.
- The table at Page 12 set out the year-end cash deficit forecast of £58.7m.
- Discussions continued with WG, but to date with no certainty of any further strategic in-year funding; this could challenge SBUHB in meeting its credit requirements during the final months of the year, the same position as for other health boards in deficit. DG would continue to work to address or mitigate this challenging position.

JW invited any questions at this point on the Month 05 position and DGs analysis. There were none.

On savings, DG drew attention to:

- Section 6 of the report, a new section that updated Board members on key discussions with WG following the 11 September Special Board meeting.
- The WG response was set out at Appendix 3 to the report. A key paragraph asked about the ways in which the Board planned to deliver the £55.4m and close the savings gap.
- At the WG meeting, AH and DG had reported a high level of confidence in the delivery of the £36.6m described in Section B, along with the £6.8m in Section C, totalling £40.4m, with further discussions on the remaining gap of £15m.
- The table on Page 17 summarised the work underway to close off the £15m.



- The table on Pages 18/19 set out with increasing certainty the components of the £15m.
- All the component parts of the £55.4m savings plan were now set out; the plan was complex and would stretch the organisation in terms of both the capacity and capability to deliver.
- The increasing recognition that delivery of such a significant service transformation programme, alongside a paradigm shift in efficiency and productivity, called for the retention of external support, whilst the organisation built up in-house skills and expertise.
- The final section of the report itemised the risks in delivering the £55.4m savings required to deliver the year end £58.7m deficit. New, additional risks had emerged in year and these needed mitigation through clear actions and choices, as there were no further savings available to offset them.

DG expressed his thanks to Board members for the time and effort they had collectively committed to scrutinising the financial delivery requirements.

JW thanked DG and asked PP, as chair of PFC, to resume her report and set out the advice from PFC to the Board:

PP highlighted the following key points:

- Deloitte team members attendance at the last PFC meeting to share their views; with their input, the £59.4m savings plan was now significantly more robust.
- PFC members acknowledged the scale of organisational savings, with £40m of recurrent savings identified in 2024/25; with the expected savings in 2025/26, SBUHB would deliver more than £95m in savings over a two-year period.
- The formulation of executive led savings programmes; with support from Deloitte these would deliver £6.8m of in year savings and £29.5m recurring full year effect. Such programmes had clear targets, actions and milestones.
- The main concern related to delivery confidence, given the need to formulate and deliver multiple actions within short timescales to achieve in year savings.
- In addition, the financial challenges would continue into 2026/27 and onwards, and organisational processes had to change, to embed the improvements needed. A further £77m



of savings, coupled with new cost pressures and risks, would mean a requirement over the next two years to deliver an additional £100m in savings. This would require significant service change and improvements to operational efficiency, effectiveness and performance.

- Deloitte input was scheduled to end on 3 October; they had echoed the concerns expressed by DG and PP about whether SBUHB had internal capacity to drive this challenging agenda. In Deloitte view, SBUHB had a credible plan in place, but delivery would require extensive programme management support.
- Given the need for robust arrangements to drive delivery, PFC members recommended the retention of Deloitte' services for an interim period post 3 October; this would allow SBUHB to undertake a rapid assessment of its own delivery capability and capacity.

JW thanked PP and PFC members for their rigour in scrutinising the savings plans and for their advice to the Board. She then invited questions.

SS welcomed the line of sight to the £55.4m savings, recognising that this would be challenging to deliver. He supported the retention of Deloitte services post 3 October, to continue to drive the savings agenda.

The Deloitte team had advised DG that they were available to continue, subject to the Board making a rapid decision. DG reflected on the team's knowledge and expertise, and the momentum that had built up over the past few weeks, based on a trusted working relationship with the in-house team. The Board would need to consider the timeline and scope of any further commission and DG would ensure due process.

AH agreed that further input would allow for both continuation of work already undertaken and support the build up of delivery capability.

On mitigation, DG reminded Board members of the draft schedule of difficult choices that he and AH had shared in principle with WG officials. Further work would quantify the potential savings and implications, for the Board's further consideration.

RO supported PP's summary of the PFC meeting and the retention of external support. She also suggested proceeding at risk, on an invest



to save basis, to improve the chances of SBUHB delivering the savings required.

JC also supported the recommendation. She urged WG to reflect on the three-year trajectory and the broad range of savings options, including organisational design and service delivery, whilst not compromising patient safety. The Board was committed to delivering the required savings but needed support and time to deliver.

ML sought further information on the schedule of difficult choices; DG advised that this was in draft and at a high level. The Board would need to review and confirm those schemes that warranted further exploration. JW explained that, as the schemes were still in skeleton form, they were not ready to come into the public domain, and the Board had a responsibility not to cause unnecessary concern or alarm.

AH set out the possible principles against which to assess the options, again acknowledging the need for further detailed work.

JW then invited TR to comment on the workforce agenda.

TR advised she was designing a benchmarking exercise, to map SBUHB workforce against those of other health boards in Wales and similar organisations in NHS England. This work would include determining the opportunities to explore different ways of working, or with a different skill mix. She would present a report to WODC later in September; this would include areas for transformation.

JW invited AH as Chief Executive and Accountable Officer to give the Board her advice.

AH reflected on the significant work undertaken in the last year; she referenced *Organising for Success* and the opportunities that would bring in driving improvement and creating momentum.

The process that underpinned the identification of savings opportunities was detailed and rigorous. Deloitte had brought a level of programme project management expertise and a metrics-based approach to drive change at scale and pace. She referred to the recent Auditor General's report on the 2024/25 annual accounts of NHS Wales bodies; this concluded that NHS Wales was not financially sustainable and required a fundamental and transformative approach to achieving sustainability.

The SBUHB approach reflected this requirement; the organisation needed a clear vision of its portfolio of services and delivery model, to give WG confidence that the plans were credible and deliverable.

AH also supported the retention of Deloitte to drive delivery and help strengthen in-house capacity and capability. Public engagement



would be essential, as would exploiting digital opportunities to work more effectively and efficiently.
AH welcomed the support of the Board and advised that she would meet shortly with the incoming Chief Executive of NHS Wales and would brief her on the Board’s position.

The Board:

- **ACKNOWLEDGED** the 2025/26 Financial Plan, and the fact that, given the projected deficit was £58.7m, neither the Board, nor WG, could approve it.
- **CONSIDERED** and commented upon the SBUHB financial performance for Month 5 2025/26.
- **CONFIRMED** that the actions set out in the financial plan paper addressed the £15m gap from £40.4m to £55.4m.
- **AGREED** the implementation of the actions to address the £15m gap.
- **AGREED** that delivery confidence in the plan required the retention of additional external support.
- **APPROVED** the retention of external support from 03 October 2025, the scope and timing of which to be subject to due process, under the direction of AH and DG, with advice from PP, as chair of PFC.
- **APPROVED** the rapid assessment and implementation of a sustainable programme management model for Recovery and Sustainability, building on the assessments made through the external support work.
- **DISCUSSED** and **ACKNOWLEDGED** the unprecedented risks that had emerged since the formulation of the 2025/26 Financial Plan and the need to mitigate these through specific choices and actions.
- **APPROVED** the rapid assessment of those choices and actions, to determine impact and deliverability.

4.5 INTEGRATED PERFORMANCE REPORT

163/25

Introducing the report, DG confirmed that he would invite Executive leads to report on their specific areas and invited GR to present the public health section.
GR drew attention to:



- The immunisation statistics, with 90.3% of children up to date with their scheduled vaccinations at age 5, compared with the Wales average of 87.7%.
- The vaccination of 89.5% of 15-year-olds against Human Papilloma Virus (HPV), compared with a Wales average of 71%.
- The seasonality of COVID-19 vaccination rates.
- Smoking cessation target of 5%: inpatient rates were at 4.5%, but no validated community data was available
- Newborn baby hearing screening rates: these continued at 98% plus.
- Newborn baby blood spot screening testing: this remained over 90%

DG drew attention to the detailed information available in the Reading Room. He then invited DL to provide an update on performance data; she highlighted those indicators not subject to discussion earlier in the meeting.

- On planned care, the positive performance position continued; a digital anomaly had identified two patients not previously identified. Plans for both patients would avoid breaching targets.
- A deterioration in therapies performance related solely to the endoscopy work programme. The mobile unit was expected in days and would go live early in November, still enabling SBUHB to deliver the plan to time. The mobile unit would concentrate on the backlog only.
- On unscheduled care, performance continued to be positive, with ambulance handovers within the 45-minute target, placing SBUHB third in Wales for those patients conveyed to the ED by ambulance. Work was underway with the JCC to capture and count all pathways, in readiness for the formal measure starting on 1 October. Further improvement in the 12 hour waits in the ED was testament to all the improvement work undertaken; data identified a 9% increase in the number of people admitted by ambulance, reflecting the increased number of ambulances released from long waiting times.
- On cancer, DL was pleased to report the appointment of a new Assistant Director for Planned Care and Cancer Services, who would be working with her to review growing backlogs. NHS



Performance and Improvement had work scheduled with SBUHB on urology, an area of concern across Wales for cancer performance. December should start to see an improvement in waiting times.

DL paused and invited questions:

NM asked about mental health patients waiting over 26 weeks for therapy and the support available to those waiting. She also asked about Child and Adolescent Mental Health Services (CAMHS), given the low numbers seen within the target time.

Responding, DL referenced a review of psychological therapy delays, to explore how best to improve the position. This was a complex and time-consuming form of therapy, with challenges across Wales. Group therapy was one option, if patients were content to access this. DL agreed to provide a briefing note with further information.

Action: DL

CM referred to the shortage of psychological therapies; many patients preferred individual rather than group sessions. More people were coming forward for these services, particularly post COVID-19 and, whilst digital applications could increase, staffing shortages were acute.

DI then handed over to RE, who drew attention to:

Infection prevention and control (IPC): (i) a spike in E. coli infections in July, predominantly in primary care rather than in hospital. The IPC team had investigated and nearly all the cases were associated with urinary catheters, possibly due to dehydration during the heatwave that occurred over the same period. (ii) Klebsiella numbers were higher than they should be, linked to patients awaiting gallbladder surgery. (iii) C. diff numbers were high compared with the rest of Wales; a high number of people locally were asymptomatic carriers of C.diff. The new WG Chief Medical Officer (CMO) had heard about this during a recent visit and work was underway to explore the drivers underpinning it.

JC asked about the identification of asymptomatic carriers. RE advised that, when stool sample testing, additional tests looked for the presence of the C. diff toxin; if present, it was an indication of infection. Genetic testing could also identify C. diff in the bowel, with a negative toxin indicating carrier status. In the event of an outbreak, testing could identify those individuals with the same genetic link, helping the tracking of spread. The higher number of carriers could have a link to deprivation, older populations and ongoing contacts



with healthcare; RE drew attention to the higher antibiotic use in areas of high deprivation; this could also impact on C. diff rates. PP asked about the dip since 2021 in staff flu vaccination rates; she asked about the policy position on staff vaccinations for 'flu and COVID-19. RE advised that, whilst vaccination was not mandatory, it was strongly encouraged and recommended. All staff had received a letter encouraging uptake, set in the context of professional and clinical responsibilities. Vaccination also helped to protect the families of healthcare workers, who risked passing viruses on to vulnerable family members. On communications, Richard referred to the current SBUHB campaign '*For me, for us, for them*' which emphasised the importance of vaccination. GR welcomed the positive response to the appeal for peer vaccinators. On COVID-19, she advised that the Joint Committee on Vaccination and Immunisation (JCVI) had not recommended occupational COVID-19 vaccination for the 2025/26 period and NHS Wales Chief Executives had accepted this advice.

- On mortality, the current mortality rate remained steady and was subject to close monitoring. RE drew members' attention to the graph on Slide 31; mortality rates in the ED had previously caused concern. Patients' length of stay meant that staff found themselves providing end of life care. The dramatic reduction since June 2025 resulted from the significant improvements in patient flow and a better experience for patients and families, with more patients receiving end of life care in a much more appropriate setting.

LJ provided an update on patient experience performance, highlighting:

- The collection of views and feedback through a number of systems and through Board Member visits, allowing the triangulation of data. Whilst feedback indicated improvement in unscheduled care services, there was more to do across the SBUHB footprint to improve patient experience.
- Work underway involving Service Groups and the corporate team to improve the approach to feedback; this included engagement events to reflect on the maternity review findings and encouraging early listening and action on concerns.
- In patient incidents remained well below the national average at 4.23 per thousand occupied bed days, compared with the national average of 6.64 per thousand occupied bed days.
- There were no new Never Events.



	<ul style="list-style-type: none"> • Improvement work with Care Homes to improve outcomes and reduce inappropriate conveyances to hospital. • A slight increase in pressure damage rates compared with 2024/25, but with a 50% reduction in harm reported for Singleton and Neath Port Talbot Hospitals and community settings. <p>JW thanked LJ and invited questions: JC welcomed the revised approach to reporting on performance; the underlying causes and the impacts were clear for the Board to consider.</p> <p>On Digital, DR drew attention to:</p> <ul style="list-style-type: none"> • On AI, the KPIs reflected the Integrated Medium-Term Plan (IMTP) commitments; work was underway to align these with the planned care, cancer and mental health transformation KPIs. <p>On Workforce, TR highlighted:</p> <ul style="list-style-type: none"> • An alert from the Workforce and Organisational Development (WOD) Committee related to Performance Appraisal and Development Review (PADR) appraisal rates; additional support put in place through the HR business partners had not resulted in an improvement. Outstanding appraisals were now followed through and progress monitored. • Concerns about sickness absence, subject to a separate paper later in the meeting. <p>Finally, DG referenced the finance section, subject to detailed consideration earlier in the meeting. JW welcomed the continued development of the Integrated Performance Report and the ways in which the data now enabled detailed analysis of specific issues.</p> <p>The Board ACKNOWLEDGED and DISCUSSED SBUHB performance against key measures and targets and took ASSURANCE from the paper and actions outlined.</p>
--	---

4.6 WINTER PLAN 2025-26

164/25	DL provided a summary of the Winter Plan (the Plan), with enhanced planning already in place, developed on a regional basis through the RPB. The format to date followed a self-assessment process, with WG
--------	---



receiving the full plan submission at the end of October; it outlined the arrangements between the HB and its partner organisations to optimise organisational and regional resources ahead of the winter period.

DL drew particular attention to:

- The indication from WG that there would be no additional resource for the 2025/26 winter period.
- The extension to the planning period to cover 1 December 2025 to 31 January 2026; the SBUHB plan already covered that period.
- The Plan mirrored that developed for the 2024/25 winter period; this had operated well.
- WG modelling of the best- and worst-case scenarios around winter demand.
- The identified priorities set out on Page 5, with Page 6 setting out the monitoring and reporting arrangements and the risks, including financial risks.
- The essential partnership working for full delivery of the Plan, including working with primary care colleagues to maintain vulnerable patients in the community.

Finally, DL advised that the Plan was robust, built on actions that had worked well the previous winter, and reflected constructive partnership working.

JW thanked DL and invited questions:

MD acknowledged that the Plan was a comprehensive piece of work, completed with partners.

AH referred to a forthcoming meeting with the Cabinet Secretary; winter planning would form part of the discussion at that meeting.

CM confirmed the plan for mortuary services over the Christmas period was in place, following joint work with medical examiners.

JC sought detail on the regularity of the self-assessment review, post-winter. DL summarised the monthly assessment process, including contingency planning; a business continuity plan was always in place.

DL acknowledged the work of MD and her team, together with the RPB team, for their work in compiling the Plan.

Commenting on the lack of any additional funding from WG, PP asked about the quantum available in 2024/25. DL advised that limited funding was supplemented by slippage; the 'further, faster' work had released resources to divert to the Plan last winter.



	<p>PP also asked about the impact of the Community Services Review and the expected completion date. DL reported that the team was one month into a three-month review period. MD added detail on the 'open book' approach, with full disclosure to RPB partners of all primary and community service costs.</p> <p>JW extended her thanks to all involved in developing and collating the work. Constructive partnership working with RPB partners gave the Board assurance on engagement, with robust arrangements in place to drive operational delivery.</p> <p>The Board:</p> <ul style="list-style-type: none"> • WELCOMED the update provided and the constructive engagement with partners. • Took ASSURANCE from the approach taken to the 'Regional Planning Together for Winter' self-assessment template, and the ongoing work to further populate the self-assessment template and develop robust operational delivery plans for the winter period. • Took ASSURANCE from the process and proposed governance and monitoring arrangements in place across the Health and Social Care footprint.
--	--

4.7 COMMUNITY PHARMACY

165/25	<p>JW welcomed SM to the meeting and invited her to highlight any specific issues:</p> <ul style="list-style-type: none"> • Community pharmacies in the SBUHB area compared well against the position across Wales, dispensing 10.8m items. • The strategic direction for community pharmacy centred on moving beyond dispensing to developing and providing a range of clinical services. • The Clinical Community Pharmacy Service enabled individuals to receive the same level of pharmacy service, irrespective of location in Wales. The services provided included: common ailments; emergency hormonal contraception; emergency medicine supplies; the recently introduced sore throat test and treat service; and the forthcoming urinary tract infection service. Pharmacies had supported this, with 100% uptake in the SBUHB area.
--------	---



- The planned work to undertake an analysis of the services provided by each pharmacy and to determine whether these were sufficient to meet the needs of the population. This built upon work undertaken four years ago on a pharmaceutical needs assessment. The Board would receive the outcome of the analysis in 2026.
- The development of independent prescribing in community pharmacies; by the end of 2025 all newly graduating pharmacists would hold the independent prescriber qualification; this would increase the number of independent prescribers, in line with the WG aim.

JW thanked SM for the update and invited questions:

ALF welcomed the comprehensive report; she asked about the measures in place to ensure that information and services were available in a range of languages and formats, beyond English and Welsh. SM advised that the health inclusion analysis work underway across primary care would capture this data; it would take approximately three months from October to produce an initial report.

SBUHB did not hold information on the translation facilities at individual community pharmacy level, but all pharmacies could access language line translation services JW asked SM to review the ways in which SBUHB could improve its records on language options available in community pharmacy settings. **Action: SM**

DL reminded the Board that community pharmacies were small/medium businesses and set out to serve their local communities. She agreed that further work on their approach to community inclusion would be helpful.

NM found the report helpful and informative. She asked SM how many of the 90 community pharmacies were open in the evenings and/or at weekends. SM confirmed that, in addition to the contracted 40 hours per week, community pharmacies could make a business decision to increase their hours beyond that requirement. A small number of pharmacies provided weekend cover across the SBUHB area, staying open until 10.30pm on Saturdays and 10pm on Sundays. Rates for these services were set nationally. SM confirmed that opening hours and coverage formed part of the health inclusion review and the pharmaceutical needs assessment.

SS welcomed the report, already subject to Population Health Committee review. He asked about the sustainability of the services,



	<p>recognising the shortages of pharmacists and, at times, medication. He asked about a particular pharmacy and SM confirmed that the pharmacy in question was currently closed, with management through the SBUHB contractual processes.</p> <p>JW thanked SM for her presentation; her subject matter expertise always helped the Board to have the most informed discussion across the primary care professions.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Received and CONSIDERED the report, providing a broad overview of pharmaceutical services delivered for the communities of SBUHB • ACKNOWLEDGED the positive areas of development and key risks. • Took ASSURANCE from the report and the discussions. • AGREED to receive a further report in 2026 on the outcome of the current health inclusion and pharmacy needs assessment reviews.
--	--

4.8 REGIONAL PATHOLOGY

166/25	<p>Referring to the detailed information in the paper, CM welcomed the support from SS, Eleanor Marks, Vice Chair of HDUHB, and Neil Miles, Programme Director, in progressing the programme of work. Through the Capital Realisation Programme WG, with a separate recommendation from the Ministerial Advisory Group, had identified the current pathology services model as unaffordable and had asked for potential, sustainable solutions. On cell pathology, the programme had worked with Life Cycle Consulting, a specialist pathology consultancy, to identify and explore five options; these ranged from maintaining the current model to developing a new laboratory Hub for SBUHB and HDUHB, with the Hub being the option of choice. An appraisal process was underway, following an exploration of site options; WG had requested a single Business Case on the preferred option. The Programme Team recommended the regional Hub model. CM then invited SS to comment. He referred to the joint working between SBUHB and HDUHB and advised that HDUHB was considering the same paper and recommendations at its Board meeting. This represented a flagship project for the Regional Joint Committee (RJC) that could demonstrate the value of regional working. The site selection process was underway.</p>
--------	---



Summarising, SS advised that current pathology services were suboptimal in both health boards, and the regional Hub model would provide an improved service and could attract additional expert staff. He advised that, once both SBUHB and HDUHB Boards had reached a decision, a process of staff engagement would begin; indications from informal discussions with staff suggested that they would welcome the direction of travel.

JW thanked CM and SS and invited comments:

RO asked about the pace of this and about any risks anticipated over the coming 18 months, as the Business Case process progressed.

CM suggested that both organisations should begin to consider a shared approach to staffing and service requirements in advance of the actual infrastructure being in place.

AH welcomed the progress and extended her thanks to all involved; she reflected on the benefits for both patients and staff of delivering a regional sustainable model.

JW asked whether WG had provided a timeframe for submission of the Business Case; CM advised that WG required it as soon as possible.

DG reported reference to the scheme at a recent Capital Review meeting; WG had known of the capital requirement and was supportive of the Business Case progressing as quickly as planning and governance arrangements allowed.

JW moved to the recommendations, seeking Board support for Option 5, recognising that the market assessment indicated a lack of private provider interest, although that route would remain open. WG would receive the single Business Justification Case, confirming both health boards commitment to a single regional pathology service.

The Board:

- **ENDORSED** the development of a fully integrated regional cellular pathology service (Option 5) in a single facility for Southwest Wales.
- **ACKNOWLEDGED** that, based on early market assessment, it was unlikely to attract a provider interested in the full capital and service development for Southwest Wales. An NHS developed and managed regional service was, therefore, the preferred option.
- **ENDORSED** confirmation to WG of the intention to develop a Business Case to support the conversion of one of the two preferred site options for the development of a regional cellular



	<p>pathology service. The Business Case process would confirm the preferred site.</p> <ul style="list-style-type: none"> • SUPPORTED the continued exploration of external partnership opportunities (e.g. reporting service, managed service contract for specialist laboratory equipment). • CONFIRMED the commitment to developing a single regional pathology service hosted by SBUHB, as outlined in the Transitional Memorandum of Understanding, re-endorsed in March 2025 Board meetings. • AGREED to appoint an external Clinical Director for Cellular Pathology services to lead the service through this change, and support staff in this transition, through considering options for a regional service manager/programme lead. • AGREED to review any pathology leadership vacancies that emerged in either organisation, during the Business Case process, for regional replacements or alternative interim arrangements/consolidation. • AGREED to consider options to relieve pressure on Glangwili Hospital and implement a transitional plan to consolidate some services at Singleton Hospital (e.g. specialist services).
--	---

4.9 TAITH NEWYDD – CAPITAL CASE

167/25	<p>Presenting the paper, DG advised that, earlier in the week, PFC had considered and supported the Business Case proposal to reinstate a low secure ward destroyed by a fire in November 2024. Transitional arrangements were in place on the same site, but these constituted a single isolated ward, leading to increased revenue costs. Due to the nature of this specialist service, more patients required care out of area, resulting in additional costs. A Project Board had reviewed four options and DG drew attention to options three and four; these provided additional fire compartmentation and fire sprinklers, improving patient safety.</p> <p>The Project Board had assessed option three as being the optimal option, reinstating facilities more appropriate to patient needs and freeing up medium secure capacity. This option could also provide extended secure placement capacity and the team was in discussions with the JCC on this. DG also highlighted a correction to a drafting error in the contract.</p>
--------	---



DG went on to outline the revenue costs in addition to capital, with the £600k being a known pressure in the MHL Service Group; discussions were ongoing on risk share with the JCC, as the Commissioner. DG concluded by recommending option three. JC asked about clawback, should the contractor not perform against the contract provisions. DG assured the Board that the contracting process was rigorous, with penalties in place. He agreed to provide further information on this outside the meeting. **Action: DG**

The Board:

- **APPROVED** the Technical Business Case to seek £5.935m capital funding from WG, ahead of Board ratification.
- **APPROVED** the procurement outcome and award of a 12-month construction contract for the reinstatement of Taith Newydd.

PART 5. PEOPLE

5.1 WORKFORCE AND OD COMMITTEE KEY ISSUES REPORT

168/25

RO drew attention to three alerts:

- The position on PADR compliance, 75% of staff had received their annual review and this was of concern. She referred to the earlier discussion on actions underway to secure an improved position. The WODC would continue to monitor this.
- Speaking up Safely and the Guardian Service, particularly in relation to Gorseinon Hospital. Staff were keen that the Board heard their concerns.
- Poor Service Group attendance at the Workforce Delivery Group meetings; TR would be reviewing the Terms of Reference to ensure discussion of relevant issues across the organisation

On assurance, RO referenced a deep dive exercise into sickness absence across the service areas. WODC had also endorsed the new leadership and management development programme. RO invited TR to add any comments, following which JW thanked them both and invited any questions. There were none.

5.2 STAFF HEALTH & WELLBEING UPDATE - SUPPORTING MANAGING ATTENDANCE AT WORK



169/25

Introducing this report, TR drew attention to:

- The focus of the report on roles, responsibilities, and accountabilities for the management of sickness absence, with line managers having the relevant skills and confidence to tackle absences in their areas.
- Within the resources available, health and wellbeing services and support offered to staff were appropriate and fit for their purpose.
- The further work required to embed line management as the best interface point for the management of sickness absence.
- A focus on workshops for managers to ensure that they had the right skills and support.
- An audit to confirm that line managers were acting on the triggers in the policy, including escalation; TR indicated that audits should continue as a means of enhancing policy compliance.

JW thanked TR and invited questions:

RO endorsed the report; she advised that WODC had recommended that all line managers should have sickness absence management as one of their priority objectives. TR confirmed that she had drafted a set of corporate objectives for both sickness absence and budget management; managers had welcomed this.

ALF referred to the reference in the report to the weekly use of 650 WTE bank staff for nursing and healthcare support; she asked about the reasons, other than sickness absence and additionally, for this level of use.

TR agreed to provide a more detailed breakdown outside the meeting. **Action: TR**

ALF also asked whether job interview processes tested a knowledge of sickness absence management processes.

PP asked how robust the data was and about the embedding of the audit process as a source of management information.

NM asked about the 50% increase in mental health referrals in the preceding 12 months; she sought detail on upstream actions to support staff and to avoid a requirement for more formal support. NM followed up with a question about the specific support available for women in the workforce.

On PPs query about line management, TR advised that neither job descriptions nor person specifications made explicit reference to sickness absence management. She agreed to consider this further



and to ensure that the job interview process for line managers included questions to elicit evidence of experience in managing sickness absence. On data reliability, TR confirmed data extraction from the Electronic Staff Record (ESR) so there was confidence in its accuracy. In future, ESR would capture data on trigger meetings. On NMs questions, TR referenced the menopause workshops available through the Occupational Health Service; more work was needed on psychological support and stress risk assessments. The Brilliant Basics programme would include a module on such support. The Board:

- **CONSIDERED** the roles and responsibilities set out in the report, acknowledging the importance of the relationship between the line manager and member of staff, in the context of sickness absence management.
- **ACKNOWLEDGED** the benefits of a focused approach to sickness absence management, with support from HR Business Partners.

PART 6. GOVERNANCE

6.1 AUDIT COMMITTEE KEY ISSUES REPORT

170/25

6.1 Audit Committee Key Issues Report

JW invited PP, as vice chair of the Audit Committee, to provide an update.

PP referred to one alert, an Internal Audit assessment of the Strategic Equity Plan; this had provided limited assurance on governance arrangements, formulation, monitoring and reporting. JC confirmed that QSC also had an interest in this matter.

RE welcomed the productive discussion at Audit Committee and confirmed that the Management Board had a plan in place to review the Internal Audit findings.

The Board:

- **Considered** the Key Issues Report.
- **Took assurance** from its contents and from the discussion, **subject to** a further report on the plan to redress the limited assurance finding on the Strategic Equity Plan.

6.2 MENTAL HEALTH LEGISLATION COMMITTEE KEY ISSUES REPORT



171/25	<p>Introducing the Mental Health Legislation Report, ALF drew attention to one alert on Mental Capacity Act (MCA) training; SBUHB did not include this as part of statutory and mandatory training, whilst most other health boards did. There were difficulties in capturing information on ESR in a way that identified staff trained in the legislative implications; this could be a barrier to timely discharge or transfer to a more appropriate setting. There was no government funding to support this training and the Mental Health Measure did not include an indicator on compliance. Nevertheless, ALF was of the view that such training would be of benefit.</p> <p>Responding, TR accepted that, whilst ESR recorded all mandatory and essential role training, it did not currently enable the identification of staff trained in the MCA. She confirmed that work was underway to explore the use of other systems to capture this data; she also referred to the national procurement of a new ESR system, and the value of exploring including the data in this system, before considering other systems. WODC would oversee the work involved and track the timeline for introducing the new ESR system, projected to be April 2027, with SBUHB being the first to adopt it.</p> <p>ALF acknowledged that some data was available; however, data on take up of training was difficult to identify and collate; this impacted on the ability of Best Interests Assessors to discharge their role, and to assess outstanding training requirements.</p> <p>JW asked TR to follow up on these points outside the meeting and to advise the Committee of her findings.</p> <p>Action: TR</p> <p>ALF advised that there were no concerns about overall compliance with the Mental Health Measure (Wales) Act.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Considered the Key Issues Report. • Took assurance from its contents and from the discussion, subject to the further advice requested from TR.
--------	--

6.3 REGIONAL JOINT COMMITTEE KEY ISSUES REPORT

172/25	<p>HL advised there were no alerts following the 9 august regional joint committee (RJC) meeting; she drew attention to some of the issues considered including: the artificial intelligence (AI) presentation; the urgent and emergency care priorities that had emerged following the workshop; orthopaedic and eye care advances; joint theatre management using a single waiting list; and the regional health</p>
--------	--



	<p>economy. she confirmed that the RJC operated in line with the required governance principles.</p> <p>dl reported that the first regional orthopaedic list for HDUHB surgeons in neath port talbot hospital was scheduled for 30 September.</p> <p>ss advised that the HDUHB board had confirmed option 5 for the regional pathology development discussed earlier.</p> <p>the board:</p> <ul style="list-style-type: none"> • CONSIDERED the report of the RJC meeting held on 18 august 2025, welcoming the progress made in regional collaboration and 2025/26 work programme development. • RATIFIED the approval and adoption of governance arrangements and endorsed the direction of travel for all RJC sub-groups.
--	--

6.4 PERINATAL REPORT

173/25	<p>JW extended a warm welcome to KG and SP to the meeting and invited LJ to provide an update.</p> <p>LJ referred to the earlier discussion as part of the QSC report and drew attention to:</p> <ul style="list-style-type: none"> • The role of the Perinatal Committee, established to provide assurance on maternity and neonatal services, and to oversee the Independent Review Recommendations, as progressed by the Perinatal Steering Group. • The actions underway on two of the immediate recommendations on an ITU/neonatal unit SOP and remote radiology reporting. • The single point of access maternity triage service, scheduled for March 2026, dependent on recruitment. • The implementation of the all-Wales MEWS and foetal surveillance training. • In-house sourcing of project management support, with strong interest in the opportunity. • High compliance on training. • PADR compliance at 83%, with mandated training also on track at over 85%. • Earlier reference to the urgent recruitment for a neonatal consultant.
--------	--



- No current negative flags on quality and safety.
- A positive inspection from Healthcare Inspectorate Wales (HIW), with completion and closure of ten of the fourteen actions.
- Improvement in surgical site infection rates following targeted intervention.
- HIV rates comparative to those across the UK.
- A pilot site for the NHS questionnaire running at 46%, with a rapid response to the points raised.

JW thanked LJ for the update; she confirmed that the Board would receive the full Improvement Plan at its November meeting. The report to that meeting would also include details on the role of the Independent Oversight Panel.

KG thanked the Board for its support and for acknowledging the progress made to date.

ML welcomed the positivity in the report and the improvements made. KG confirmed that staff welcomed feedback and were keen to share their experiences.

NM also welcomed the report; given that the single point of access triage service was not scheduled until March 2026, she sought detail on the interim arrangements. KG confirmed that a nationally recognised triage system for maternity services was in place, enabling women to access the service through a single pathway.

JW referred to the remote radiology reporting issue and invited RE to comment; he began by outlining the features of a paediatric radiology service, with a full-time reporting system. It had taken longer to resolve and identify a suitable solution to meet three different, challenging requirements: (i) paediatric radiology (ii) neonatal radiology and (iii) cranial ultrasounds for neonates; SBUHB had only one paediatric radiologist and scaling up the service would be extremely challenging; work was underway to scope the possibility of commissioning the service from a third-party provider. The position on cranial ultrasounds was different, and RE was exploring a network arrangement, to support the local neonatologists.

ALF reflected on RE's points and asked whether NHS England had any Centres of Excellence, with specialist radiologists who might provide assistance. RE advised that he was exploring all options.

AH reported on a recent visit by the new CMO to the Maternity Unit in Singleton; Isabel Oliver had met with staff to discuss the improvements made already and those in train. Staff had identified access to radiology reporting as one of the most challenging of the



recommendations to implement and the CMO had agreed to support a wider conversation on support for small specialist services. In the meantime, SBUHB would focus on an interim solution.

ALF also asked about the recruitment of Band 5 midwives, whether the financial position had an impact on this and if the triage system could proceed without new staff. KG advised that ten newly qualified midwives were due to join the service shortly on a 22.5 hours per week contract; experience indicated that natural attrition rates would see an increase in those hours within a short timescale. KG confirmed that the launch of the triage system depended on approval of the business case under development currently. JW asked KG to provide Board members with a briefing on the triage service outside the meeting. **Action: KG**

JW invited AH to provide a summary of a recent meeting held with the Swansea Maternity Support Group; this provided an important opportunity to meet with families, some of whom had engaged with the Independent Review process, and to listen to their stories and concerns.

AH again offered sincere apologies for the harm caused and the trauma that some parents and families had experienced; the Family Led Review, the Llais report and the Independent Review report had all documented their experiences. She reflected on the need to support individuals and families who were pursuing complaints or legal action, to ensure that they understood the different processes in place and could navigate their way through them. AH emphasised the importance of saying sorry if a pregnancy and/or birthing experience was sub optimal, as the lack of an apology had a profound effect. Ken Sutton, the Independent Review Engagement Lead, was now working with SBUHB to build on family and community engagement arrangements. She and JW hoped that the Swansea Bay Maternity Support Group would form one of the 'sounding boards' in the new engagement model.

AH then referred to the forthcoming Learning Conference on 19 November. This would include the opportunity for families to share their learning. She concluded by outlining the plans in place for independent oversight of the Improvement Plan through the Oversight Panel, to be joined by a WG Observer.

The Board:

- **ACKNOWLEDGED** the plans in place to secure project management support to develop and monitor the Improvement Plan.



	<ul style="list-style-type: none"> • REVIEWED progress against the two immediate actions from the Independent Review report (relating to Intensive care/Neonatal Unit Standard Operating Procedure and remote radiology reporting). • Took ASSURANCE from the contents of the report, namely that: the Maternity Workforce was Birthrate Plus Compliant, Personal Annual Development Reviews and Mandatory training compliance were on track; the Perinatal Service currently had no Negative Outliers; the full establishment in respect of maternity services in the Obstetric Unit. • ACCEPTED that the launch of the Single Point of Access Maternity Triage service in March 2026 would depend on the recruitment of newly qualified Midwives. • ACCEPTED the recruitment of the 0.8 WTE vacancy for a Neonatal Consultant from September 2025, to maintain British Association of Perinatal Medicine standards.
--	---

6.5 CORPORATE GOVERNANCE REPORT

174/25	<p>HL confirmed that this report covered all the standard items, including: matters considered in committee; Welsh Health Circulars; the Common Seal; and interim amendments to the Standing Financial Instructions, as requested by WG.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the matters considered In-Committee at the Board meeting; Welsh Health Circulars; The Common Seal Register; Board Business Cycle; Protocol for Observation of Board Committees. • APPROVED the Committee Annual Report. • APPROVED the interim amendments to the Model Standing Financial Instructions – Chapter 11, as instructed in WHC 2025/012.
--------	--

6.9 MINUTES OF PREVIOUS BOARD MEETINGS

175/25	The Board approved the minutes from 31 July 2025 as a true and correct record of the meeting.
--------	---



6.10 ACTION LOG

176/25	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

177/25	<ul style="list-style-type: none"> i. Health Board Partnership Forum ii. Stakeholder Reference Group iii. Health Professionals Forum <p>The Board NOTED the reports. JW invited PD to raise any issues resulting from the Stakeholder Reference Group (SRG) meeting. PD welcomed the opportunity for the full SRG to meet with the Board in September and confirmed that an increase in membership was encouraging.</p>
--------	--

7.2 WELSH LANGUAGE STANDARDS ANNUAL REPORT

178/25	The Board NOTED the Welsh Language Standards Annual Report.
--------	--

7.3 Speaking Up Safely Annual Report

179/25	<p>The Board NOTED the Annual Report. RO reminded the Board that October was Speaking Up Safely month, and a recorded video would encourage staff to speak up. JW reflected on the importance of the line of sight from the Board and frontline staff and of Board member visibility. The Board NOTED the Speaking up Safely Annual Report.</p>
--------	---

7.4 CHAIR'S REPORT

180/25	The Board NOTED the Chair's Report.
--------	--

PART 8. ITEMS FOR DISCUSSION

8.1 ANY OTHER BUSINESS



181/25	No other business was identified.
--------	-----------------------------------

8.2 REVIEW OF MEETING EFFECTIVENESS

182/25	<p>JW invited AG to provide a summary of his review of meeting effectiveness:</p> <ul style="list-style-type: none"> • The responsibilities of the Board were set out clearly, as was the basis of discussions and decisions. • Board papers were manageable in length and detail, with further detailed information available in the Reading Room. He suggested reference in covering papers to any additional documents in the reading room. • The Board had considered and managed risks appropriately, dealing decisively with the matters arising. • The Agenda reflected the range and breadth of the Board’s responsibilities, including the development of planning and partnership working. • The Board’s increased scrutiny of primary care services, as with the community pharmacy report. • A conscious focus on the medium and longer term and not purely a focus on current pressures. • The depth and richness added from the patient/staff story. • Comprehensive consideration of business cases. • The AAA approach helped the Board focus on key issues.
--------	---

Next Health Board Meeting: 27 November 2025

The meeting concluded at 15:44.