Swansea Bay University Health Board (SBUHB)
Minutes of the Board Meeting held on
29 January 2026 at 10:45am

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/ Interim Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Nicola Matthews	(NM)	Independent Member
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Tina Ricketts	(TR)	Executive Director of Workforce & OD
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
Nuria Zolle	(NZ)	Independent Member

In Attendance:		
Alison Clarke	(AC)	Deputy Director of Therapies and Health Science
Kathy Greaves	(KG)	Clinical Director of Midwifery
Ffion Green	(FG)	Programme Lead (Corporate Nursing and Patient Experience
Matthew John	(MJ)	Director of Digital
Hazel Lloyd	(HL)	Director of Corporate Governance
Miranda Metha	(MM)	Llais
Theresa Ogbekhiulu	(TO)	WG Development Programme
Carys Richards	(CR)	Senior Corporate Governance Manager
Richard Thomas	(RT)	Director of Insight, Communications and Engagement
Sara Utley	(SU)	Audit Wales
Hugo Van Woerden	(HVW)	Deputy Director of Public Health

Apologies:		
Helen Annandale,	(HA)	Associate Board Member
Martin Lloyd	(ML)	Independent Member
Christine Morrell	(CM)	Executive Director of Therapies and Health Science
Gill Richardson	(GR)	Executive Director of Public Health (Interim)
Claire Tailor	(CT)	Llais

Acronyms			
AMU	Acute Medical Unit	APB	Area Planning Board
BCI	Business Continuity Incident	BCUHB	Betsi Cadwaladr University Health Board
CAMHS	Child & Adolescent Mental Health Services	CHC	Continuing NHS Healthcare
C.diff	Clostridioides difficile Infection	COP(s)	Clinically Optimised Patient(s)
DCHW	Digital Health and Care Wales	DU	Delivery Unit
ED	Emergency Department	HCAI(s)	Healthcare Acquired Infection(s)
HDUHB	Hywel Dda University Health Board	HIW	Healthcare Inspectorate Wales
HIE	Hypoxic Ischaemic Encephalopathy	IMTP	Integrated Medium-Term Plan
KPIs	Key Performance Indicators	LA	Local Authority
MAG	Ministerial Advisory Group	MEWS	Maternity Early Warning System
MHLD	Mental Health & Learning Disabilities	NCCD	National Complex Care Database
NOF	Neck of Femur	OPAU	Older Persons Assessment Unit
PADR	Performance, Appraisal & Development Review	PFC	Performance & Finance Committee
PHC	Population Health Committee	PSBs	Public Services Boards
QI	Quality Improvement	QSC	Quality & Safety Committee
RJC	Regional Joint Committee	RPE	Respiratory Protective Equipment
RPB	Regional Partnership Board	SBUHB	Swansea Bay University Health Board
TI	Targeted Intervention	WAST	Welsh Ambulance Services NHS Trust

WG	Welsh Government	WLIMS	Welsh Laboratory Information Management System
WODC	Workforce & Organisational Development Committee	WTE	Whole Time Equivalent
YNP	Your Next Patient		

The meeting began at 10:09.

Minute Ref:	Agenda Item
PART 1. PRELIMINARY MATTERS	
1.1 WELCOME AND INTRODUCTORY REMARKS	
001/26	JW opened the meeting, extending a warm welcome to all those attending in person and on Teams; she went on to welcome those observing the meeting online, indicating that this was the first 'live streaming' of a Board meeting. JW extended a particular welcome to Dr Mina Saad and Mr Ishtiak Mahamud, both of whom were observing the meeting. As the Governing Body of the organisation, the Board constituted the highest level of decision making, with stewardship of £1.8bn of public money, the employment of 14,500 whole time equivalent (WTE) staff, and the provision of services for approximately 400,000 people across Swansea and Neath Port Talbot. This made SBUHB one of the largest public bodies in the UK. JW outlined the role of the Board as a strategic population health body, with a statutory duty to promote and protect public health. The agenda for the meeting covered the breadth of the Board's responsibilities, and the delivery of its responsibilities across three time horizons: the long term, medium term and the here and now. The agenda for Board meetings covered these responsibilities and time horizons. JW then mapped the key components of the agenda against the Board's responsibilities, highlighting the scale of the challenges and the importance of the meeting. She emphasised the fact that the Board had two non-negotiable targets to meet by 31 March 2026: delivery of the savings target of £55.4m and to end the financial year no more than

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	£58.7m in deficit. JW had adjusted the agenda to allow sufficient time to consider these matters; the Board would consider reports on Virtual Wards and Community by Design at the March 2026 Board meeting. SBUHB was a people-based organisation; working with staff, the Board set the tone and culture of the organisation and was committed to ensuring that people could come to work without being subject to any disadvantage or discrimination and with the opportunity to thrive. The Board had to stay grounded and understand 'frontline' issues. The meeting always included a patient or staff story and the patient story for this meeting aligned with the agenda items on perinatal services.
1.2 APOLOGIES FOR ABSENCE	
002/26	JW then turned to the agenda and recorded apologies from: Martin Lloyd, Helen Annandale, Gill Richardson and Chris Morrell. She welcomed Hugo Van Woerden, deputising for GR, and Alison Clarke, deputising for CM.
1.3 DECLARATION OF INTERESTS	
003/26	There were no declarations of interest outside those already on the Declarations of Interest Register.
1.4 CHIEF EXECUTIVE'S REPORT	
004/26	Introducing the report, AH drew attention to: • Staff responses to the increased pressures experienced from the New Year onwards that had led to the declaration of a business continuity incident (BCI). Joint working with the Welsh Ambulance Services NHS University Trust (WAST) and local authority (LA) partners had aimed to ensure that clinically optimised patients (COPs) could return home in a timely manner. A review of the incident was underway, as was a second Welsh Government (WG) sprint exercise. • The temporary move of patients from Gorseinon Hospital to Ward 3 Singleton Hospital; AH extended her thanks to the staff who had supported and managed the move. Senior staff were visiting the ward regularly to communicate with both staff and patients. She confirmed that the Board would hold a special meeting on 26 February 2026, to consider the matter further.

- Joint working with Hywel Dda University Health Board (HDUHB) and on regional commissioning programmes; the Ministerial Advisory Group (MAG) had recommended the exploration of sustainable pathology services on a regional basis, and this formed one of the Regional Joint Committee (RJC) key programmes. Work continued at pace to develop the preferred option and the Board would hold a special meeting on 17 February 2026, to comply with the timetable for submission to WG on capital requirements.
- On mental health improvement, the establishment of the formal transformation programme was building on the work undertaken over the last nine months. As agreed at the November 2025 Board meeting, urgent discussions were underway with WG on capital solutions, with one meeting held and a follow up meeting pending between WG and NHS Performance and Improvement (NHSPI). The interim, medium-term solution was subject currently to a WG challenge and the March 2026 Board meeting would consider this, together with possible courses of action.

Before inviting questions, JW welcomed Theresa Ogbekhiulu to the meeting as a member of the WG Aspiring Board Members programme.

JC asked two questions: (i) on mental health transformation, she sought assurance on the monitoring of patient and staff welfare, from a quality and safety perspective, whilst the longer-term work was underway, and (ii) on the reference to the Betsi Cadwaladr University Health Board (BCUHB) data reporting errors, JC sought assurance on the accuracy of the reporting position for SBUHB.

On mental health transformation and assurance on current service provision, AH advised that the recently issued Healthcare Inspectorate Wales (HIW) report, based on a visit to Cefn Coed Hospital inpatient services, referred positively to the care delivered, concluding that it wads of good quality. The report highlighted the poor environment and infrastructure, particularly in caring for longer term patients. Whilst management had already identified and addressed many of the actions reported, AH recognised that the procurement and contracting of the urgent capital works would take some time to complete. These works had to progress while patients remained on the wards and this added to the complexity. The Executive Team kept a close eye on key quality and safety metrics, to identify and act on any concerns promptly. An

	appropriate staffing model was essential, and the Mental Health and Learning Disability (MHLD) Service Group was working through the number of vacancies. AH then referred to a recent Board session with clinical staff from MHLD services, when clinical colleagues had shared their views and experiences of working on the inpatient wards. The Executive Team would use these and other broader intelligence opportunities, including feedback from coroner cases and wider HIW comments, to inform improvement work. On the BCUHB data reporting error, DL confirmed that, whilst SBUHB used a similar system to monitor the waiting list for outsourced cases, she could absolutely confirm that SBUHB reported the data accurately and that the same errors did not apply. The process was subject to regular scrutiny to ensure compliance with reporting requirements. MJ also confirmed compliance and advised of work underway to provide additional assurance on waiting list validation, using artificial intelligence (AI). PP referenced the setting up of the Delivery Unit (DU); she emphasised the need to ensure appropriate levels of programme management skills and capability, given the purpose of the intended Unit in supporting SBUHB wide improvement. Any interim arrangement or model must not obstruct or delay the pace of improvement. Responding, AH summarised the active discussions underway at Executive level. She would share with independent members (IMs) a proposal for the model and the acceleration of implementation. AH also reflected on the value of the Deloitte work in understanding the factors contributing to the underlying deficit and the need to maintain the momentum. The new Managing Director of NHSPI, Chris Clayton, was reviewing the operation of the performance and improvement function across Wales and would clarify the support that health boards (HBs) could expect. JW reflected on the contribution of a DU team to enhanced governance, in addition to performance and improvement; she used the perinatal services work as an example and invited TR to provide further detail. TR confirmed the setting up of the DU at pace, to include the different staff whose current roles included business intelligence, performance and programme management. She estimated the numbers of staff

	involved and advised that the Board would receive an update at its next meeting. **Action: TR** AH invited AC to update the Board on the review and inspection of the radiotherapy service at Singleton Hospital undertaken on 28 January 2026. AC reported on excellent feedback, including the welcoming of advanced practice roles and innovation. The Board **CONSIDERED** and **TOOK ASSURANCE** from the contents of the report and the discussion.
1.5 RISK REPORT	
005/26	HL provided an update on the work to refresh the strategic, corporate and operational risk registers; further work on the operational risk register would drill down into the articulation of risk, risk scoring and underpinning actions. HL referenced one new risk around the integration of the digital mental health and primary care patient record. Responding as chair of the Audit Committee (AC), NZ welcomed the sterling work undertaken by HL and the team to reset the risk registers. She highlighted remaining work on assurance, around the scoring of impact; the narrative currently focused mostly on reducing the likelihood, with the need for a better understanding of residual risks, the high number of operational risks, and particularly those risks relating to patient harm. NZ sought support from Board colleagues in driving cultural change across the organisation, to support improvement and to identify the changes needed in line with SBUHB values. JW thanked HL and NZ; she then invited further questions: NM referred to Risk 89, related to nurse staffing levels at HMP Swansea, and asked about the actions underway to support the nursing team there. LR confirmed the inclusion of the prison nurse establishment in the biannual full establishment review; she had enhanced the support provided to the prison-based nurses, with the team included in all SBUHB development programmes. The matron was included in the Matron Development Programme and had welcomed the support from her peers. LR anticipated a reduction in the level of risk shortly.

JW reminded the Board of her previous correspondence with Ministers on the funding support for prison-based healthcare staff; she confirmed that she would write again and also remitted the matter to QSIC for further consideration. **Action: JW/JC/LR**

TR also advised that the Workforce and Organisational Development Committee (WODC) had considered the risk at its December 2025 meeting and would review it again at the February 2026 meeting.

RO referred to the population health risk and the unsatisfactory position; she sought assurance on the implementation of the Population Health Strategy, with clear timelines. MD confirmed its inclusion as part of the 2026/27 Annual Plan development process.

SS referred to the rollout of the Rio system for mental health and asked whether that addressed Risk 108. MJ acknowledged the progress, with the system due to go fully live in October; he expected the risk score to reduce following implementation.

RT referred to the role of the Public Health Team in raising awareness across SBUHB and also in acting as a bridge in the development of the Clinical Services Strategic Plan. JW also reported that a report on the state of population health in SBUHB would come to the March 2026 Board meeting. **Action: GR/HL**

JC reflected on the number of dashboard-related developments underway, many required at a national level; she suggested asking the Digital, Data, Research and Innovation Committee (DDRIC) to produce an organisation-wide reference map, setting out the strategic requirements underpinning each. Board members supported this and JW remitted the matter to DDRIC. **Action: AG/MJ**

The Board:

- **RECEIVED** the SBUHB Strategic Risk Register and Corporate Risk Register, and **REVIEWED** those overseen by Board Committees, together with a summary of movements,
- **RECEIVED** a summary of the risks recorded on Operational Risk Registers and managed at service/ specialty level through the Service Groups.

	• **AGREED** to request further assurance on the connections between operational, corporate and strategic risk registers, together with detail on the escalation process.
PART 2. PATIENT/STAFF EXPERIENCE	
2.1 PATIENT STORY ● **MATERNITY (TRIAGE)**	
006/26	LR introduced the patient story; this focused on the experience of a pregnant woman and her experiences at the Antenatal Assessment Unit. The patient talked about helpful communication, the reassuring nature of the assessment, and her inclusion in discussions about possible clinical treatment options. She had needed a second visit later in the pregnancy and, again, had experienced rapid attention and diagnosis and a helpful discussion with the doctor on the treatment options. Clinical staff accepted and respected her decisions. She described a positive experience on the antenatal ward, labour ward, theatre and post-natal ward. LR advised that the story included all parts of the care pathway, there was particular reference to the triage process and LR emphasised the intention to ensure that all women using the service experienced the same standard of care. JW thanked the patient for sharing her experiences and invited comments or questions of LR: TO welcomed the patient story, also asking about the documentation of less positive experiences and the action that resulted. LR confirmed that a daily review of all feedback included making contact with anyone who reported a negative experience, with an offer to meet and discuss the issues in more detail. JC referred to the Learning Conference on 19 November 2025; this had included both positive and negative experiences, with valuable learning to drive improvement. The Board **WELCOMED** the patient story, **THANKED** the new mum for sharing her experiences and **SENT ALL BEST WISHES** for the future.

PART 3. SETTING STRATEGIC DIRECTION	
3.1 POPULATION HEALTH COMMITTEE KEY ISSUES REPORT	
007/26	SS brought the following alerts to the Board's attention: 1. Inequalities in premature mortality through cardiovascular disease, with rates in SBUHB being twice as high as in some parts of the UK and rising. Hypertension was also a key factor, no longer monitored universally in primary care settings; PHC suggested developing a pharmacy-based screening system, subject to funding. 2. Smoking cessation services; these offered the optimum preventable service to reduce risk across many diseases. Help in hospital settings was available, but funding was short term. A long-term stable funding base would improve effectiveness. 3. Lung cancer screening/diagnosis; this was sadly often too late for effective treatments. A new screening process for 55–75 year-olds should be in place in 2027/28. SS advised that PHC members sought the inclusion of these matters in the forthcoming planning round, echoing ROs earlier point. HVW welcomed lung cancer screening as an exciting development across Wales that could save a significant number of lives. He mentioned that smoking cessation services were more embedded in the Neath Port Talbot areas than in Swansea; the management of cardiovascular disease in primary care was the key to optimising opportunities. The 2026/27 Plan would include reference to all three services. AH also welcomed the introduction of lung cancer screening, drawing attention to the importance of modelling the likely demand for thoracic surgery interventions and other treatments, as a consequence of the screening. She welcomed the powerful report from GR on cardiovascular disease, as SBUHB communities were among the most disadvantaged in the UK. Researchers at University of Swansea had identified the treatment gap – those in most need of treatment were the least likely to receive it – as a major health inequality. AH was keen to extend the research into targeted work on the reduction of stroke and cardiac disease and to work this up as part of the Annual Plan. MD acknowledged the continuing dilemma between the need to invest in prevention and early intervention and the costs of current service

	models. The RJC STAR project on diabetes prevention and management was exploring timely and systematic prevention opportunities across care pathways through the resource allocation process. DG acknowledged the value-added contribution that prevention and early intervention made. NHS Wales Directors of Finance had recently discussed policy matters associated with this to ensure the factoring in of financial implications. RO referenced the urgent need to consider weight management and obesity, particularly affecting children; she sought confirmation that SBUHB planning would include these issues. MD confirmed this. ALF referred to January being staff welfare month and asked whether there were opportunities for staff to have heart healthcare checks; if so, she sought detail on the level of uptake. TR confirmed the offer of health screening for all staff and agreed to feedback on the uptake rate outside the meeting. **Action: TR** NZ drew attention to the need for better resource mapping and urged a balance between effective interventions and the need to avoid over treatment. JW thanked all for their contributions and asked MD to include reference to the points made in the 2026/27 Annual Plan. **Action: MD** The Board **TOOK COGNISANCE OF** the contents of the report and **SUPPORTED** the actions identified.
3.2 PLANNING AND PARTNERSHIPS REPORT	
008/26	In introducing the report, MD referenced the range of documentation accessible in the Reading Room. The documents set out many of the actions required to support the planning processes, some of which formed part of other Executive portfolios. She acknowledged the need for greater focus on population health as a cornerstone of strategic planning; MD also highlighted the need to ensure alignment of local plans with national policy requirements, and the imperative of working collaboratively across regional partnerships to deliver services. MD then turned to the 2026/27 planning process; this was a new approach and required leadership to address the challenges and build a coherent suite of actions. The NHS Wales Planning Framework described the WG requirements and the 2026/27 plan had to incorporate these.

	MD outlined the high-level timeline, including a gateway review, to ensure that the Board could consider the final plan at its March 2026 meeting. MD went on to summarise the breadth of SBUHB partnership working, referencing the role of the Audit Committee (AC) in overseeing good partnership governance. She provided updates on the Regional Partnership Board (RPB) programme of work, collaborative working with the Public Service Boards (PSBs) and a number of matters associated with the commissioning of services. MD concluded by outlining the recommendations to the Board. JW thanked MD for the wide-ranging presentation and invited questions: JC welcomed the wealth of information set out in the report and asked for further detail on the following: • Whether the work on Community by Design required a separate oversight group. • The proposed changes to the resourcing of both clinical and non-clinical services through the Area Planning Board (APB) mechanism; this linked with an earlier discussion on funding for prison health services. JC sought assurance on the availability of funding for these proposed changes. • On the National Complex Care Database (NCCD), whether individual HB systems would replace the national system. MD responded as follows: On the implementation of Community by Design, Directors of Planning were considering how best to respond to the explicit direction set by WG, given the number of overlapping programmes. DL added detail on the requirement for a specific Steering Group, the intention being to build on the work of a Group already in place. On the APB update and the change to the leadership of services currently sitting within the Criminal Justice system, these were still subject to agreement. The service model needed review, to ensure that it was affordable and underpinned by appropriate health governance and oversight. The APB would make interim arrangements until the resolution of these matters; they were multiagency in nature and required the engagement of all partners.

On the NCCD, this would continue in 2026/27 until there was agreement on an appropriate alternative; ongoing discussions included the Joint Commissioning Committee (JCC).

RO asked for sight of the State of Population report and MD agreed to circulate this. JW advised that the March 2026 Board meeting would include a report on this. **Action: MD**

RO sought further information on funding for Continuing NHS Healthcare (CHC) and on further action in respect of carbon sustainability.

MD advised that CHC was an NHS service and the sole responsibility of the NHS to commission and fund. Joint funding referred to the broader commissioning of 'continuing care' for people on a longer-term basis, whose needs required ongoing support from both health and social care and was a matter of joint responsibility with LAs. There was an ambition to propose a joint approach for this type of commissioning; the work was underway and should conclude in year.

She then referred to the scale of investment required at NHS and LA level with work on right sizing and repatriation being important considerations, to ensure good governance.

MD then outlined the implications of Direct Payment for CHC, being implemented from 1 April,2026

ALF queried whether any other UK nations had effective Direct Payments systems from which to learn. MD confirmed that such models were available and that SBUHB was working locally with LA colleagues to look at advice from England and develop an integrated approach from the start. She confirmed that the Board would receive and consider a report on the proposed operational systems and processes at its March 2026 meeting. **Action: MD**

On climate sustainability, MD acknowledged the work of the team and agreed to include the contribution from this team when targeting resources.

RO queried which of the partnership programmes could address current pressures and reduce demand in the short term. MD replied that they

	all had potential, in line with the underpinning mandate to work together. The landscape was crowded with multiple policy strands; the AC maintained clear oversight on relationships, interfaces and responsibilities. JW concluded the discussion by thanking everyone for their contributions; given the significance of the CHC Direct Payments policy and the service changes associated with APB requirements, she looked to PFC to oversee both matters. **Action: PP** The Board: • **CONSIDERED** the report and reviewed the progress made to deliver the WG RPB 2025/26 action plan. • **SUPPORTED** the ongoing work programme with PSBs. • **CONSIDERED** the actions underway to strengthen strategic and partnership commissioning. • **DISCUSSED** the progress in awarding the contract for non-clinical services under the WB Drug and Alcohol Alliance and **REVIEWED** the planning work underway to enable SBUHB to assume responsibility for delivering clinical services, under the Alliance commissioning model • **ENDORSED** the SBUHB Climate Change Risk and Opportunities Assessment. • **APPROVED** the SBUHB Severe Weather Procedure. • **REMITTED** to PFC the oversight of the introduction of Direct Payments for CHC and the changes to the resourcing of clinical and non-clinical APB-related services.
PART 4. IN YEAR DELIVERY: QUALITY, SAFETY, PERFORMANCE AND RESOURCES	
4.1 PERINATAL SERVICES • **PERINATAL COMMITTEE REPORT** • **PERINATAL IMPROVEMENT PLAN**	
009/26	The Perinatal Committee Report JW welcomed CG and FG to the Board, at what was a milestone in progress made since the publication of the Independent Oversight Panel report - *SBUHB Independent Review of Maternity and Neonatal*

	Services- in July 2025; she congratulated KG, FG and everyone involved on the production of both the Perinatal Committee report and the Improvement Plan, acknowledging the challenges associated with doing so. JW then invited LR to introduce the two items, beginning with the Perinatal Committee report. LR drew attention to the range of measures taken, including the setting up of the Programme Board and the development of the Board Champion roles. She reported that, in November 2025, 238 women had given birth with 249 babies delivered, an indication of the scale of the service. LR then drew the Board's attention to the range of indicators in the Perinatal Committee report: • The rising caesarean section rate: this was in line with a national trend across the UK. In some areas, caesarean section rates had overtaken vaginal births; a specific group would provide comprehensive and balanced information to support individual and family decision making. • The infection rates for maternity were generated mostly from community samples. The service continued to monitor 28-day infection rates even though the reporting requirement was now 14 days. • The learning from mortality and morbidity data, recognising the two-year reporting lag. • The rates of stillbirths: all were reported and investigated and were in line with the UK average. • The inclusion of Neonatal death data. • Rates of hypoxic ischaemic encephalopathy (HIE): these were reported on a 12-month rolling basis, with a 45% decrease seen since a peak in April 2024. These reports generated significant learning. • The use of the Birmingham specific triage system: this provided the ability to monitor responses, and more than four thousand women had used this system over a year. • The inclusion of third- and fourth-degree tears: each case was investigated and the position in SBUHB was lower than England. • The reduction in post-partum haemorrhage rates. • The changes and improvements in Incident Reporting. • The current position on patient feedback and experience, with an engagement midwife now in place to focus, specifically on this.

	• The current position on induction of labour and any delays, with no harm reported for some time. • The key workforce metrics, demonstrating successful recruitment to key posts. • The implementation of infection prevention audits. • The findings of the perinatal audit process. • The detail in the Risk Register outline. • The detail in the Quality Improvement methodology included. • The number of national awards. JW thanked LR for her detailed presentation of the statistics and invited questions: JC commented on the difference in the breadth of information provided in the report, when contrasted with that available a year ago: the Quality and Safety Committee (QSC) now had a wealth of data to analyse. JC paid tribute to everyone involved in reaching this point and thanked LR for introducing benchmarking, given the beneficial impact of this. JC went on to raise the safety and quality implications of two-site working and the interface with unscheduled care (UC), confirming that QSC would consider this. PP welcomed the range of data and insight now available, welcoming the fact that there were no negative outliners in terms of elements of care. She asked about discussions with WG on the de-escalation requirements. LR outlined the discussions to date and the data shared with WG; she advised that WG was waiting for the outcome of the *all-Wales Maternity Assessment* expected on 9 February 2026. JW also referred to the role of the Oversight Panel in scrutinising the Improvement Plan and that of the Observer, Professor Ann Gow, appointed by the Cabinet Secretary to the Panel; there were, therefore, a number of external parties providing advice to the Cabinet Secretary on de-escalation. (Professor Gow's first report to the Cabinet Secretary, on 11 December 2025, is attached as Annex 1 to the minutes). RO and NZ were both impressed by the data sources now available and expressed an interest in understanding more about the increase in caesarean section rates. KG explained that there were a number of reasons associated with this, including: fear of repeated birth trauma; the demographic and socioeconomic factors; and choice. KG reported that choice played a large part and professionals needed to encourage pregnant women and families to ask questions and understand their

	options and choices. LR emphasised the importance of choice and supporting women to make the choice that was right for them. NZ followed up with a question on the lessons identified and implemented to date, particularly around triage; KG confirmed that the learning was significant and that she would return to this in the following item on the Improvement Plan. AH welcomed the additional real time data available for operational management, trend analysis and planning. A Quality Improvement (QI) approach was vital; she was pleased to see the focus on QI in the report. NM endorsed this, indicating that the report was easy to read with a wealth of information. She asked about the impact of the bereavement midwife and the training of other midwives to cover her absence; NM also sought an update on the refurbishment of the bereavement room. KG outlined the training for all staff on bereavement care with an annual update for everyone on compassionate care and the loss of a baby. She was pleased to confirm significant progress in the development of the bereavement room; this would make such a big difference to families at such a devastating time. TO asked about the workforce implications of choice, with the potential need for more staff, given more invasive delivery options, and the mitigation of workforce-related risks. TO went on to suggest Equality Impact Assessments (EIAs) to support the perinatal QI programmes. LR confirmed that every health board had to respond to parental decisions on choice and work was underway to assess the different levels of care necessary to meet that choice, citing access to anaesthesiology as an example; she also assured the Board on the inclusion of EIAs. JW thanked everyone for a very rich and informative report and the detailed questioning on the content. The Board: • **ACCEPTED** the advice, assurance and alerts set out in the report. This followed on from the role of the Perinatal Committee, as reported to QSC, in overseeing all aspects of quality, safety, patient engagement and experience outcomes (business as usual). • **ACKNOWLEDGED** that the Perinatal Committee met monthly, **REVIEWED** all key metrics for perinatal services, on behalf of the full Board, and **INTENDED** to review the content of the report regularly.

The Perinatal Improvement Plan

LR expressed her pleasure in bringing the Improvement Plan (IP) to the Board; she framed the work underway through the grouping of the ten recommendations set out in the *SBUHB Independent Review of Maternity and Neonatal Services* (July 2025) report into four workstreams:

- Clinical safety.
- Family engagement.
- Workforce leadership and education.
- Governance and assurance.

LR advised that the IP not only addressed the recommendations. but set out to transform the service, so that it provided safe, reliable and compassionate care for every family. The work was underpinned by strengthened governance processes, with AH chairing the Perinatal Improvement Programme Board and important roles for the two Board Perinatal Champions. She summarised the progress made across the workstreams, as set out in the IP.

LR indicated that the Board would receive worked examples on two of the recommendations: triage and two-site working, now interpreted as 'care pathways for all pregnant women in non-maternity settings'. She then invited KG to talk about triage.

KG provided a scenario to demonstrate the safety and consistency of the new urgent access telephone triage pathway. (The script is attached to the minutes as Annex 2 to the minutes). In response to a question from JW around auditing of the new triage system, KG confirmed that such auditing was already in place and that QSC would receive regular reports.

RE then talked through the implications of care pathways for all pregnant women in non-maternity settings. This extended the concept of two-site working to multiple-site working, with a Standard Operating Procedure developed jointly with relevant clinical staff.

RE also took the opportunity to explain the concept of a safety huddle and to outline the use of Maternity Early Warning System (MEWS) scores, launched in July 2025. The system was now in use in all acute areas in Morriston Hospital, with training provided for all staff. RE then provided examples to show how the additional actions taken supported the care of pregnant women. (A copy of the script is attached as Annex

	3 to the minutes). He assured the Board that the new approach was systematic and provided immediate escalation. JW thanked both KG and RE for their worked examples, aimed at providing the Board with systematic assurance; the Board had to assure itself that both triage and the procedure for multi-site management of pregnant women were consistent and reliable and not dependent on individual practice. Both KG and RE were clear that consistent and reliable systems were in place; there was recognition across Wales of the importance of this, with SBUHB being one of two health board teams selected to trial a Quality Management System Learning and Development Programme. JW thanked KG and RE for their informative examples and explanations; she then invited comments and questions. JC referenced two-site working and welcomed the additional work undertaken to make procedures applicable for pregnant women across all care settings. She asked about the capture of learning on a consistent basis, and any measure in place to capture harm; she sought further detail on the comparison between the models in SBUHB and Liverpool. Responding, AH outlined how the Perinatal Improvement Programme Board exercised oversight of actions and impact, to ensure consistent application of the improvement programme. RO asked about extending the learning to the Neath Port Talbot Birthing Centre and about the financial implications of the IP; she sought confirmation of the inclusion of these in the 2026/27 Annual Plan. LR confirmed that all staff were involved in learning processes, with formal rotation of the Neath Port Talbot Birthing Centre staff under current consideration. She confirmed that the current resource envelope included much of the current work to date, rather than requiring new funding. There would be future resource implications, and these would be subject to further debate at Executive level; she also highlighted the links to population health and the risks associated with deprivation. Population health actions could assist as part of the comprehensive model of care. JW concluded the discussion by thanking all involved and asking LR and KG to thank everyone who contributed to producing the IP. The Board looked forward to the next progress update, to be provided quarterly.

	Denise Chaffer, chair of the Independent Oversight Panel, would join the Board at its March 2026 meeting, to provide feedback on the IP.
	
	On the Perinatal Improvement Plan, the Board:
	• **TOOK ASSURANCE:**
	  ◦ that the organisation had a comprehensive plan to address the recommendations of the *SBUHB Independent Review of Maternity and Neonatal Services*, *Family Led Review of Maternity Services*, and *"Having a baby in Neath Port Talbot and Swansea Report"* Llais Report, and any actions required after the imminent publication of the All-Wales Assessment of Perinatal Services.
	  ◦ On progress made since the publication of the Independent Review in July 2025, on key safety actions.
	  ◦ On the robust governance and assurance structure underpinning the Perinatal Improvement Plan.
	• **TOOK COGNISANCE OF**:
	  ◦ The strong national steer that there would be an All-Wales maternity triage service developed as a recommendation from the All-Wales Perinatal Assessment. The Perinatal Improvement Plan Executive Programme Board had agreed to pause development of a standalone SBUHB model, pending publication of the Assessment (due end of January 2026). February 2026 would see the introduction of the mitigating action- a single point of contact triage phoneline. A single telephone entry point would direct women to the appropriate department, based on their needs, and would be subject to ongoing safety and quality monitoring.
	  ◦ The outsourcing of paediatric radiology provision as an interim mitigation measure. There was a need for a potential regional solution to provide long term assurance and sustainability of service provision.
	• **APPROVED** in principle the Perinatal Improvement Plan (including worked example scripts) for submission to the Independent Oversight Panel for scrutiny.

4.2 QUALITY AND SAFETY COMMITTEE KEY ISSUES REPORT	
010/26	JC provided an update on the following alerts:

	• The Single Point of Access Maternity Triage System, acknowledging that the expected decision at national level to implement an all-Wales triage system had superseded the alert from the Committee. • Mental Health Transformation Programme: concerns around the 94 open serious incidents, including 47 cases breaching the 120 day investigation target and an average of 12 new incidents arising each month. The backlog and delays continued to present a material risk to SBUHB, with a restructure of staffing and processes needed to improve the timeliness and quality of Serious Incident investigations. Planned work should significantly reduce, if not close, the backlog by end March 2026.-day investigation target and an average of 12 new incidents arising each month. The backlog and delays continued to present a material risk to SBUHB, with a restructure of staffing and processes needed to improve the timeliness and quality of Serious Incident investigations. Planned work should significantly reduce, if not close, the backlog by end March 2026. • Governance related to 'Your Next Patient' (YNP). There was a need for clearer evidence of the consistent application of risk assessments and safeguards and the next QSC meeting would receive a deep dive report on: the closure of surge beds, the delivery model for the new wards opened in Singleton and the management of those beds; a plan to reduce the risks of blocking fire doors; and oversight of YNP. The Board would receive a report at its next meeting in March 2026. • Health and Safety: a deep dive would include: estates and capital report; failures in respiratory protective equipment (RPE) with potential wider weaknesses in routine equipment governance partly addressed through a new training programme. • An incoming referral from WODC to QSC, regarding a Minor Injuries Unit (MIU) report that staff felt unsafe, for oversight and follow-up. There were serious concerns around staff safety, environmental risks within the MIU, and gaps in security capability, including the inability to lock down the department, alongside a rising trend in violence and aggression. The Committee requested a review of the current risk score.

	JC then outlined those matters identified for advice and assurance. JW thanked JC for her detailed report and invited LR to add detail: On complaints management, LR confirmed action in hand to incorporate all investigation and complaint matters under the responsibility of one team, to strengthen consistency of approach. The revised operating model had led to an early reduction in complaint numbers, with an emphasis on early resolution. New targets under *Listening to People* would come into effect on 1 April, focusing on a more comprehensive approach through initial conversations rather than immediate letter-based responses. On YNP and related issues, DL confirmed that a report would go to the next QSC, with JW indicating that bed management would also form part of discussions later in the meeting. On health and safety, DG confirmed a change in the information reporting to QSC to provide greater transparency. He also commented on equipment replacement and the continuing cascade of training. On the MIU, DL confirmed some immediate actions on safety matters including the possible introduction of body-worn cameras. She would liaise with HMP Parc to ensure that prison staff understood referral routes, given that the Princess of Wales Hospital was nearer to the prison. She also assured the Board that she would commission any additional actions needed and would report back to the Board accordingly. The Board **TOOK COGNISANCE OF** the contents of the report and **SUPPORTED** the actions identified.
4.3 INTEGRATED PERFORMANCE REPORT	
011/26	DG outlined the structure of the report and invited his Executive colleagues to comment in turn. DL referred to the slides and drew attention to:

	• Escalation levels, providing an update on performance against all the metrics; despite improvements across many areas, targeted intervention status remained unchanged. • December performance for cancer services; SBUHB had achieved the de-escalation criteria in July, August and September 2025. DL had asked WG officials to confirm that the organisation had met the de-escalation criteria. • Comparative data between 2024 and 2025; this demonstrated significant improvement in delivery and performance. • A reduction in the number of ambulances delayed for more than an hour- 600 ambulances in 2024 compared with 379 in 2025. • Organisational recovery following a BCI during January and a long period of intense demand. Four Welsh HBs had declared BCI status at the same time. • On Health Care Acquired Infections (HCAIs), RE set out the progress against targeted intervention (TI) matters. Covid, C.diff, 'flu and norovirus had all presented a challenge. Reductions in C.diff and other infections signalled the progress made. SBUHB set its own targets to complement those that applied under the TI regime; when differentiated by site Neath Port Talbot had seen a 55% reduction, Singleton 48% and Morriston 17%. This was good progress, despite not yet reaching the target required under TI. There was cause for optimism. • Maternity and neonatal performance services, subject to a detailed discussion earlier in the meeting. Financial details would follow later in the meeting • DL then commented on those services under enhanced monitoring; SBUHB was now delivering against all three Child and Adolescent Mental Health Services (CAMHS) criteria; she was confident that further recovery would follow. Planned care remained green and on course to deliver both the 104 and 52-week targets. A slight drop in the 8-week diagnostic target was linked to additional diagnostic work relating to the Cabinet Secretary's requirements. Additional funding from WG to support endoscopy had led to the commissioning of an additional unit on the Morriston Hospital site; some technical issues had reduced the intended impact on waiting times. DL outlined the plans to potentially make use of other capacity on site at the Royal Glamorgan Hospital as a backup. The work undertaken to date

	had reduced 6000 breaches down to the remaining 1000 breaches. JW thanked DL and invited questions: NM expressed concern at the November 2025 stroke data; she sought an explanation for the current position. DL acknowledged that admission to the stroke unit could be problematic and the requirement to offer a CT scan within 20 minutes was generally only feasible if patients arrived by ambulance. She outlined the experience in the previous week of 10 stroke patients. AH was conscious that time was critical and that scanning across the stroke pathway, in addition to looking at each target, would be helpful. WAST was keen to help reduce time delays, with imaging and direct access to clinicians being two areas needing improved access. On behalf of PFC, PP expressed concern about some performance measures, one of these being stroke. At the December 2025 PFC meeting, members had acknowledged some improvement on moving from acute to rehabilitation services, but the ongoing absence of 24/7 stroke cover was of concern. Other services of a similar size had 24/7 cover. JW asked MD about references to stroke services in the 2026/27 Annual Plan and the calculation of the level of funding that SBUHB should allocate to the service. She referenced JCs regular comments on the need to compare budgets and spending. DL accepted that, when compared with other health boards, SBUHB probably invested less, with opportunities to improve pathways of care. MD referred to work underway through clinical services planning and advised that stroke services would benefit from a regional approach. There was a strong national drive to develop such an approach and provide 24/7 cover. JC expressed concern at the lack of traction in improving some services, citing endoscopy as an example. When performance did not improve in the way intended, she asked about 'outside the box' thinking. One example concerned the water ingress in Ty Meddwl. DG outlined discussions with the landlord and the need for a roof replacement. Following on from JCs point, NZ asked about providing alternative premises for the mental health teams, rather than reducing outpatient activity, until the end of April. DL agreed to explore this. **Action: DL** PP raised the number of children waiting for neurodevelopment diagnosis and intervention; this was of concern, as was the position on

	fractured neck of femur (NOF) target, which was well below the Wales and UK average. DL indicated that last year SBUHB had received additional funding to address CAMHS waiting times. 2025/26 had seen additional funding but at a lower level than that for other health boards; the service had optimised the use of the 2024/25 resource and was looking at how to engage with education colleagues effectively to direct referral and assessment appropriately. NZ commented on the need for scrutiny on this matter and confirmed that the AC would consider it. **Action: NZ** JW sought confirmation from MD that the 2026/27 planning round would include consideration of land use and asset management, including a reduction in the number of sites used currently to provide services. MD confirmed that this was the case. JW also asked HL to forward to those IMs not members of the RJC a copy of the meeting papers, as these set out the scale of regional working. **Action: HL** On NOF timeliness for surgery, DL advised that bed availability post-surgery was a constraining factor; she acknowledged that demand was the second highest in the UK and compliance requirements included the full pathway. DL advised of current delays for 11 patients admitted with NOF and in hospital post-surgery; this impacted on compliance. Stroke issues also affected the whole pathway as did the effective management of discharges; current actions to address the discharge pathway should result in some improvement. RE referred to the eight key performance indicators (KPIs) relevant to stroke and indicated that SBUHB performed better than the UK average for five of them; however, performance was poor against admission rates to dedicated stroke units. From a population health perspective, HVW confirmed that work was underway with Public Health Wales (PHW) to improve data flows. On quality and safety, LR then provided an update on the revised arrangements for managing complaints. She also flagged positive feedback from patient satisfaction surveys and the reduced number of falls.

On digital, MJ commented on the introduction of new digital metrics; these would be subject to further refinement over the coming months and he encouraged feedback.

MJ also alerted the Board to a delay in replacing the Welsh Laboratory Information Management System (WLIMS) with a replacement cloud-based platform. Digital Health and Care Wales (DCHW) had now formally confirmed that the programme would not complete in 2025/26 as planned; instead, it would roll into Q1 of 2026/27. This would have financial implications for SBUHB, with an estimated additional financial risk for Q1 of £190k revenue and £180k capital, unfunded by WG. A similar sum would apply for implementation. The two main areas of concern were: (i) blood sciences, which would aim to complete during Q1; and (ii) blood transfusion systems. SBUHB was the only organisation using WLIMS for blood transfusion services, other health boards had different legacy systems. SBUHB would have to rely on an extended WLIMS contract to maintain blood transfusion services; this would also incur costs.

TR referred to performance appraisal reviews at 73%; this was improving and was key to addressing and reshaping the organisational culture. Sickness absence stood at 8% in December, TR advised that remaining at that level would mean the loss of the equivalent of 1000 WTE staff per year. TR and RO outlined the work underway at WODC on this statistic.

JW thanked everyone for the rich discussion across performance matters. She asked HL to review the format of the report to reduce duplication of information set out in earlier reports. **Action: HL**

The Board:

- **CONSIDERED** the monthly update in respect of performance against escalation measures and de-escalation criteria.
- **ACKNOWLEDGED** and **DISCUSSED** SBUHB performance against key measures and targets, **TAKING COGNISANCE** of the concerns raised by PFC.

4.4 FINANCE REPORT

012/26	JW advised that the Board was at a pivotal point in the financial year, with two months left to ensure delivery against the two non-negotiable financial targets: to make £55.4m savings and not to exceed a year-end deficit of £58.7m. The meeting was scheduled to hear from the Executive Team on those additional actions proposed for February and March 2026, and into 2026/27, to reduce the opening 2026/27 deficit position. The Board was in no doubt about the significance of its decision-making and the urgent need to both increase savings and reduce the monthly run rate. DG introduced the report; he began by commenting on the month 09 deficit of £3.83m. This was the lowest monthly deficit in the year to date, although it meant a cumulative deficit of £55.18m; the remaining three months would need to see significant reductions in the run rate to not exceed the year-end deficit of £58.7m. DG went on to itemise the current savings gap against the £55.4m; this totalled £12.6m. In addition, only £22m of the £44.8m identified to date was recurrent; if unchecked, this would result in a carry forward risk of £33m into the 2026/27 financial plan. The month 10 position would be available on February 6, 2026; in the meantime, the Executive Team proposed additional actions centred on: theatre utilisation; bed configuration; further variable pay controls; improvements in the rate of staff sickness absence and unavailability for work. There was also the possibility of one-off mitigations, as set out on page 8, although DG cautioned against reliance on these to secure the deficit target. He emphasised that work continued to implement the actions approved at the Special Board Meeting on 16 December 2025. DG then reported the position against the capital allocation, increased in year from a baseline discretionary allocation of £13.8m to around a £50m total Capital Resource Limit (CRL) for 2025/26, due to a number of national programmes. He also referenced relevant balance sheet issues, as set out in section 5.3.1, and the cash position. WG had confirmed the availability of strategic financial assistance to underwrite some cash requirements until the year-end.

In conclusion, DG advised the Board that the financial position remained very challenging, with a strategic risk score of 25.

JW thanked DG for his presentation, a sobering analysis of the scale of the financial challenge. She then invited PP, as chair of PFC, to give the Board the Committee's formal advice.

PP set out the PFC assessment and view:

On 2025-26:

- Following discussions with Executive colleagues in PFC on 27 January, the Committee had limited confidence in the achievement of the £58.7m planned deficit in the current year; the risk level remained at 25.
- Regarding progress on plans presented to the Board and to WG on the 16 December 2025:
    - There was a lack of delivery and traction in respect of enhanced variable pay controls. Early indications on non-medical variable pay in the first two weeks of January suggested a bounce back up to pre-Christmas levels (550 WTE/week).
    - There was no evidence in WTEs of the necessary reduction, in line with the 50% cap proposed in the December plan. This was due to the very high levels of staff unavailability, especially sickness, plus the need to cover high levels of HCSW vacancies.
    - There was a lack of robust and effective sickness management across the organisation, Closure of surge beds in Morriston following the opening of the new clinically optimised patients (COP) ward in Singleton had not happened, due to winter pressures and the ongoing high levels of COP across the system.
    - The picture in relation to non-pay and procurement would not emerge until Finance closed month 10.

On 2026-27:

- A lack of delivery around the Executive-led savings programmes that formed part of the September 2025 submission to WG had left a savings shortfall of £33m in 2026-27.

- Operational run-rate pressures had created a further carry forward risk into 2026-27 of £15.7m; a significant element of this related to Mental Health Services, including adult MH out-of-county placements, variable pay and Continuing NHS Healthcare (CHC).
- Overall, this had increased the opening deficit position by £48.7m.
- The 2026-27 planning process was progressing in a timely way and was far more robust. Plans on a page for the £44m 2026-27 savings were significantly ahead of the position last year and these would be subject to a rigorous test and challenge process over the coming months. The approach was more integrated – service, financial and workforce planning.
- There were clear plans emerging for utilising nursing staff resource and improving rostering. However, ongoing issues with managing unavailability/sickness would undermine these plans if left unchecked.

Taken overall, the PFC concluded:

- Failure to deliver the savings programmes had left SBUHB in a very challenging position moving into 2026-27. Radical plans to address the £48.7m must be developed at pace.
- The lack of progress in relation to the September and December savings plans meant that PFC members had limited confidence in the organisation’s ability to deliver the required actions/planned deficits in 2025-26 and 2026-27.
- PFC members were particularly concerned with:
  - The organisation-wide lack of accountability/ownership of the management of staff unavailability/sickness agenda.
  - The lack of progress in relation to the Executive-led savings programmes.
  - The lack of progress/ownership of Service Group savings targets.
- PFC members needed more detail to understand fully those actions that could reduce the number of COPs, acknowledging this may have negative repercussions on partnership working.
- PFC members would also welcome an update on the management of the acute MH out-of-county placements.
- PFC suggested that, as a consequence of the inability to deliver agreed outcomes/actions, the Board should meet to discuss these

	issues with the relevant Executive Directors and Service Group leaders, to explore confidence levels and options for delivery JW thanked PP for setting out the Committee's advice and asked other PFC members if they wished to comment. SS, JC and RO reiterated the Committee's level of concern, agreeing that the Board was at a pivotal point in its decision-making and was responsible for securing the return to service and financial sustainability. AH then set out the work that the Executive Team had put in train over the last week, to add to the actions agreed throughout the year, and particularly at the November and December 2025 Board meetings. As set out in the finance report, the actions centred on: bed configuration; enhanced management of sickness absence and staff unavailability to work; a focus on effective rostering; non-pay spend; deploying current areas of underspend; accounting adjustments. AH was clear that the actions had risks associated with them, acknowledging that the Cabinet Secretary for Health and Social Care had determined that both financial targets were non-negotiable. The Executive Team was, therefore, working on risk mitigations. On bed configuration, DL took the Board through the plan to reduce surge capacity in Morriston Hospital, with the proposal to: • Close surge beds in the Older Persons Assessment Unit (OPAU), with immediate effect. • Close such beds in the AMU, week beginning 13/2/26. • Close a ward at the end of the financial year, following the discharge of COP. • Close a further ward during 2026/27. This course of action aligned with the target of 100 delayed pathways of care by the end of March 2026. DL outlined the risks associated with this set of actions and described the ways in which partners could assist. MD added detail on RPB-level discussions and the implications. JW advised that she and AH had sought a meeting with LA colleagues and would welcome a briefing note for that meeting, to include a

	breakdown of the current numbers of patients subject to delayed discharge. She then asked AH to set out the Executive Teams' ask of the Board, AH advised that this was twofold: • to support the reduction in bed stock as outlined, to take costs out of the system; this was an action already agreed, the request sought support to accelerate the actions. • Support to take actions to reduce COPs to the agreed level of 100 maximum. On planned care, DL recognised the need to deliver on the 104 week target by year end; there were 613 patients remaining in the cohort to complete by the end of March and DL was confident of delivery. Proposed actions to reduce the deficit included a focus on productivity and efficiency, using core capacity wisely. Additional WG funding for the 104-week target in 2026/27 was unlikely, calling for more efficient use of core capacity. DL would be meeting with clinical directors within the next week to progress this. Both JC and PP recognised that efficient theatre utilisation both in year and in 2026/27 was critical to success. NZ sought confirmation from DG that accounting adjustments would not present any risk, and therefore, an alert to AC; DG confirmed that the accounting opportunities presented did not present a risk in terms of audit scrutiny; these being transparently listed in his report. On workforce related actions, TR advised that the proposals were designed to enhance the actions already agreed for 2025/26 and to support further actions in 2026/27. They included: further communications to staff focused on the impacts of sickness absence, not only on the resource position but also on staff wellbeing, patient care and the service that patients could expect; an explicit statement of actions to manage sickness; weekly meetings with Service Groups to focus on the main areas of sickness absence. This work would build on and share good practice identified in areas of SBUHB, to motivate other areas.

	JC and PP both emphasised the need to ensure access to key data at both Service Group and corporate level. <u>On non-pay</u>, DG highlighted three additional actions: (i) the deferment of in year spend to 2026/27; this was likely to amount to £355k; (ii) additional procurement-related savings, potentially amounting to £1.1m; and (iii) further actions on discretionary spend, including a possible hold on all Oracle orders until approved by a panel. JW summarised the proposals and asked DG when he would be in a position to quantify the impact; he advised that such quantification should be available one week after the Board meeting. The Month 10 position would be available on February 6. JW asked PP if PFC could schedule a PFC meeting the following week, to review the position. **Action: PP** LR raised the intensive work underway to improve rostering and sickness absence, with the Nursing and Midwifery Workforce Board meeting weekly and using data to focus on areas of potential improvement and savings. The Board: • **ACKNOWLEDGED** 2025/26 Financial Plan, and the inability of SBUHB and WG to approve it, given the planned deficit of £58.7m. • **EXPRESSED SIGNIFICANT CONCERN** at the month 09 financial performance, recognising the inclusion of cash, capital and balance sheet data. • **SUPPORTED** and **AGREED** a range of additional actions to reach year end targets, **REITERATING OWNERSHIP** of the need to implement actions to address the savings gap and run rate, to reach the £ 55.4m and £58.7m targets. • **SUPPORTED** the continued focus on the actions and choices agreed at 16 December 2025 Special Board and reflected in the Public Accountability Meeting. The urgent need to deliver these in full stemmed from the need to mitigate additional in-year costs and risks. • **DISCUSSED** the risks to the position as at month 09. • **AGREED** the development of further actions to counter any further adverse movement in month 10. These included: added variable pay controls; implementation of 104-week cohort delivery only (urgent, emergency and cancer care unaffected);

	implementation of a revised bed model; and further restriction of non-pay spend. **AGREED** to **REMIT** to QSC the following: - scrutiny and oversight of all the actions agreed to reduce the bed stock in Morriston, including risk assessment and mitigation to ensure delivery: surge beds in OPAU immediately; surge beds in AMU, w/b 13/2: closure of Ward E, first month in 2026/27; closure of second ward later in 2026/27. - scrutiny and oversight of the surge bed reduction plan for COP patients to 100 at the end of March 2026. There were risks associated with this plan, around engagement with partners and families; there were also 30 patients whose delay in discharge was down to SBUHB. QSC would give this a particular focus.
4.5 PERFORMANCE AND FINANCE COMMITTEE KEY ISSUES REPORT i. **NOVEMBER 2025** ii. **DECEMBER 2025**	
013/26	PP confirmed the coverage of matters of service and financial management during earlier discussions as part of the Finance Report. She drew attention to one additional matter, that of the absence of 24/7 stroke consultant access identified at the December meeting. Stroke service provision would feature in the 2026/27 Annual Plan. The Board **TOOK COGNISANCE OF** the contents of the report.
PART 5. PEOPLE	
5.1 WORKFORCE AND OD COMMITTEE KEY ISSUES REPORT	
014/26	RO summarised the alerts and drew attention to the following: • The MIU related safety issues, as already discussed. • The low level of compliance with Performance, Appraisal and Development Review (PADR) for the MHLD Service Group • The high level of health care support worker (HCSW) vacancies.

	• The review of all strategic risks related to workforce. WODC would consider a further report at its next meeting. RO flagged the advice to the Board around the absence of a comprehensive workforce plan across the organisation; WODC would consider this, aligned with the Financial Plan and the Annual Plan. The Board **TOOK COGNISANCE OF** the contents of the report,
5.2 ORGANISED FOR SUCCESS	
015/26	TR provided an outline of the three phases of the Organised for Success programme: (i) accountabilities from the Executive Team, down through the organisation, along with progressing the DU; (ii) moving the operational model from site-based Service Groups to a themed, Care Group model, ensuring that leaders demonstrated appropriate experience, behaviours and values to discharge their roles effectively; and (iii) ensuring that the Care Groups had appropriate levels of wrap around support to help them succeed. On workforce matters, TR summarised progress with the draft design of the DU, in two phases: an initial 'lift and shift' approach of the relevant functions followed by more detailed work to reorganise and refine the model. This would support the move from four Service Groups to six Care Groups, including the renamed Integrated Services Care Group (previously the Neighbourhood Care Group). Following consultation at senior level, and the lack of a clear view on the proposed leadership model, the Executive Team had decided to undertake wider engagement across the organisation, with a planned 'go live' date of 1 September 2026; this would give time for detailed planning. RO confirmed that WODC would receive an update report at every meeting. JW thanked TR for the summary and welcomed the detailed work that had led to this point. She invited questions: SS referred to the proposed Director of Delivery as a key post; he asked for confirmation of reporting lines. TR confirmed that, initially the post

	holder was likely to report directly to AH, and that work was underway on the job description and job advert. The Board: • **RECEIVED** the updated Executive Team portfolios, as at this stage. • **PROVIDED FEEDBACK** on the proposed functions of the Delivery Unit. • **CONSIDERED** the outcome of the consultation related to phases E&F, and the further engagement and consultation on the proposed leadership model. • **APPROVED** the planning and development of a new operating model (moving from 4 x Service Groups to 6 x Care Groups) with a' go live' date of 1 September 2026. • **APPROVED** the new name of Integrated Community Services Care Group in place of Neighbourhood Care Group.
PART 6. GOVERNANCE	
6.1 AUDIT COMMITTEE KEY ISSUES REPORT i. **NOVEMBER 2025** ii. **JANUARY 2026**	
016/26	NZ referred to the two sets of minutes provided and drew attention to two matters: (i) the need to improve timeliness in responding to Internal Audit recommendations, a new process would drive increased pace; and (ii) concerns in delays on mortuary and pathology accommodation; a deep dive exercise was planned at a later point. JW thanked NZ and other AC members for their robust scrutiny The Board **TOOK COGNISANCE OF** the contents of the report and **SUPPORTED** the actions planned.
6.2 CHARITABLE FUNDS COMMITTEE KEY ISSUES REPORT	
017/26	NM advised the Board of the Committee's approval of the Annual Accounts, the Charitable Funds Annual Report and Audit Wales findings.

	Thanking NM and Committee members for their diligence, and the hard work of the team, JW reminded Board members of the Lord Mayor's Charity Coffee Morning on 4 February 2026. The Board **TOOK COGNISANCE OF** the contents of the report and **THANKED** everyone involved in developing the Charity's role and reach.
6.3 AUDIT WALES ANNUAL REPORTING • **AUDIT WALES' ANNUAL AUDIT SUMMARY** • **SBUHB STRUCTURED ASSESSMENT 2025**	
018/26	JW welcomed SU to the meeting and invited HL to provide some background. HL summarised the documents and extended her thanks to SU and other Audit Wales colleagues for their valuable input and invited them to present the Annual Audit Summary and the Structured Assessment Report. SU drew attention to the changes in the format and structure of the reports and the purpose behind the content of each report. The Annual Audit Summary for 2024/25 provided an unqualified true and fair audit opinion, but a qualified regularity opinion. SU summarised the reports completed, including the finalisation of the Quality Governance Report, completed after the Audit Summary. Work remained on digital, estates review, and cancer services. SU extended her thanks to all staff involved in helping to deliver the audit programme and invited questions on the Audit Summary Report. JC offered two comments: • The slow progress in implementing recommendations related to patient discharge, at Page 12 of the Report. She reflected on earlier discussions about the need for increased pace in responding to recommendations made by a number of bodies. • The reference to patient and staff feedback at Page 12; JC confirmed that QSC had included this in its work programme. JW thanked JC for her comments on pace and asked HL to progress this, in line with the AC actions supported under 6.1 above. **Action: HL** On the Structured Assessment, SU commented on undertaking of the work during the summer months; it represented an audit at a point in

	time. Overall, governance arrangements were viewed as good, with live streaming of the Board meeting now improving transparency. She recognised the work underway on risk management and on Organised for Success, and the ongoing action to embed the Performance Management and Accountability Framework. The financial position remained of significant concern, impacting on the Integrated Medium-Term Plan (IMTP) and the management plan. There were four recommendations and SBUHB had accepted them all. JW thanked SU and invited questions. On performance management, RO asked whether there were examples, either in Wales or across the UK, of a well embedded performance management framework from which SBUHB could learn. SU confirmed that she had shared some opportunities with DG, advising that Audit Wales linked with Audit Scotland and other regulators and could seek more examples, if helpful. JW thanked SU for this offer and agreed that further examples would be helpful. **Action: SU/HL** Also on performance, LR reflected on the principles of Organised for Success which should help SBUHB drive effective leadership and embed an organisational culture. AH confirmed that SBUHB had sought learning from other organisations in England, recognising that few had the breadth of responsibilities and services that would enable a complete benchmark. She recognised the need to recalibrate Organised for Success when the Care Groups structure was in place and to be clear on metrics that would drive progress and connect back to SBUHB Strategic Objectives. TR recognised the need to develop metrics that focused on the right things and at the right level, emphasising the need for digital sources of information wherever possible. NZ welcomed discussions with SU on improving performance, and the positive and supportive approach adopted, describing the position as an exciting opportunity for SBUHB. She confirmed that, in her role as chair of the AC, she had scrutinised the Structured Assessment and the response and could assure the Board accordingly. NZ extended her thanks to SU for her openness and transparency in communicating and inputting into AC meetings

	The Board: • **RECEIVED** the *Swansea Bay UHB Annual Audit Summary 2025* and the *SBUHB Structured Assessment 2025* • **TOOK ASSURANCE** from the reports and the discussions • **ACCEPTED** the learning and the recommendations identified. • **AGREED** with the need to accelerate the pace of management responses to recommendations from different bodies. • **WELCOMED** the constructive relationship with the Audit Wales team and **LOOKED FORWARD** to receiving further examples of good governance practice.
6.4 CORPORATE GOVERNANCE REPORT	
019/26	HL summarised the various matters included in the report. She drew attention to the December 2025 workshop with Committee Chairs, with a further workshop planned for June 2026. HL proposed combining the Developing Board Effectiveness Action Plan with the Structured Assessment, with oversight from AC. The Board: • **RECEIVED** for **ASSURANCE** and **TOOK COGNISANCE OF** the Matters considered In-Committee at the Board meeting: Welsh Health Circulars; the Common Seal Register; Board Work Programme; Cross Committee working. • **AGREED** to the Audit Committee overseeing the implementation of a combined Board Effectiveness Action Plan.
6.5 MINUTES OF PREVIOUS SBUHB BOARD MEETINGS **i. 23 OCTOBER 2025 (SPECIAL)** **ii. 27 NOVEMBER 2025** **iii. 16 DECEMBER 2025 (SPECIAL)**	
020/26	The Board **APPROVED** the three sets of minutes as a true and accurate record of the meetings.
6.6 ACTION LOG	

021/26	HL provided an update on the Action Log and the position against each action.
PART 7. ITEMS FOR NOTING	
7.1 BOARD ADVISORY GROUPS REPORT **i. HEALTH BOARD PARTNERSHIP FORUM** **ii. STAKEHOLDER REFERENCE GROUP**	
022/26	Introducing this item, JW advised that, in 2026/27, the Board would seek to reset its relationship with the SBUHB Partnership Forum and Health Professionals Forum. With respect to the Stakeholder Reference Group, PD referred to the helpful and informative discussion at the last meeting on the Patient Portal On the Partnership Forum, TR advised that she had shared with staff all control measures agreed by the Board on the financial position, along with an email from AH setting out the rationale for the stringent control measures. A meeting with staff side representatives had identified opportunities for enhanced engagement from now on. She confirmed that a staff side representative would join the SBUHB Recovery and Sustainability Programme Board and that she had also issued an invitation to a staff side representative to observe the Vacancy Control Panel. TR would also share the details of the actions agreed at this meeting. **Action: TR** The Board **TOOK COGNISANCE OF** the Health Board Partnership Forum and the Stakeholder Reference Group reports, and the actions being taken to ensure enhanced engagement with staff representatives.
7.2 CHAIR'S REPORT	
023/26	The Board **TOOK COGNISANCE OF** the Chair's report.
PART 8. ITEMS FOR DISCUSSION	

8.1 ANY OTHER BUSINESS	
024/26	There was no other business.
8.2 REVIEW OF MEETING EFFECTIVENESS	
025/26	DG provided feedback, as the Rapporteur for the meeting. He reflected on the gravity associated with holding public office and the way the Board collectively approached the challenges, commenting on the mature way in which members practised constructive challenge, conducted whole system conversations that always kept the population in mind, and the way that service change might impact on communities. The level of honesty was palpable, and DG would miss the quality of the debates. Thanking DG for his comments, JW took the opportunity to acknowledge his leadership of the finance function through the most complex and demanding of circumstances; he had always remained committed and focussed, with an impressive command of his subject. DG never lost sight of the fact that, behind the numbers, there were people and communities who depended on SBUHB for their health care. JW described DG as caring, steadfast and professional, generous with his time and always ready to offer support and advice. This was always welcome, as was DGs quiet sense of humour. Whilst Board colleagues would miss him, DG took with him every best wish for the future, and for a successful future career as Swansea University's Chief Financial Officer.
Next SBUHB Board Meeting: Thursday 26 March 2026	

The meeting concluded at 16:25.