



**Swansea Bay University Health Board (SBUHB)
Minutes of the Board Meeting held on
31 July 2025 at 10:15am**

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
Jackie Davies	(JD)	Independent Member
Marie Davies	(MD)	Executive Director of Planning and Partnerships
Deb Lewis	(DL)	Chief Operating Officer/Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Anne-Louise Ferguson	(ALF)	Independent Member
Andrew Griffiths	(AG)	Independent Member
Darren Griffiths	(DG)	Executive Director of Finance and Performance
Matthew John	(MJ)	Director of Digital
Keith Lloyd	(KL)	Independent Member
Nicola Matthews	(NM)	Independent Member
Reena Owen	(RO)	Independent Member
Gill Richardson	(GR)	Interim Executive Director of Public Health
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:		
Jo Abbott-Davies	(JAD)	Assistant Director of Insight, Engagement & Fundraising
Kimberley Cann	KC	Consultant in Public Health
Alison Clarke	(AC)	Deputy Director of Therapies and Health Science
Pat Dunmore	(PD)	Chair, Stakeholder Reference Group
Hazel Lloyd	(HL)	Director of Corporate Governance
Sharon Miller	(SM)	Associate Service Group Director
Sue Moore	(SMo)	Service Group Director – Morriston
Carys Richards	(CR)	Senior Corporate Governance Manager
Claire Taylor	(CT)	Llais
Nerissa Vaughan	(NV)	Interim Director of Strategy
Mel Walker	(MW)	External Reviewer
Craige Wilson	(CW)	Deputy Chief Operating Officer



Observing:

Dr Penelope Cresswell-Jones	PCJ	ST5, Medicine
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Apologies:

Christine Morrell	(CM)	Executive Director of Allied Health Professions and Health Science
Patricia Price	(PP)	Independent Member
Richard Thomas	(RT)	Director of Insight, Communications and Engagement

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	CMHT	Community Mental Health Teams
LA	Local Authority	MH	Mental Health
LD	Learning Disabilities	DDRI	Digital, Data, Research and Innovation Committee
QSC	Quality and Safety Committee	SRG	Stakeholder Reference Group
PFC	Performance & Finance Committee	HCF	Housing with Care Fund
UEC	Urgent and Emergency Care	RCN	Royal College of Nursing
ED	Emergency Department	EMRTS	Emergency Medical Retrieval and Transport Service
HV	Health Visitor	AI	Artificial Intelligence
PHC	Population Health Committee	PHW	Public Health Wales
AAA	Abdominal Aortic Aneurysm	DESW	Diabetic Eye Screening Wales
EPRRA	Emergency Planning Resilience and Response Annual	LA	Local Authority
SEP	Strategic Equity Plan	CAMHS	Child and Adolescent Mental Health Services



HCAIs	Care Associated Infections	NHSPI	NHS Wales Performance & Improvement
JCC	Joint Commissioning Committee	LTAs	Long Term Agreements
DPoC	Delayed Pathways of Care	IPC	Infection Prevention and Control
DHCW	Digital Health and Care Wales	WelshPAS	Welsh Patient Administration System
PDSA	Plan Do Study Act	GMS	General Medical Services
HEIW	Health Education and Improvement Wales	LINAC	Linear Accelerator
HR	Human Resources	PADR	Performance Appraisal and Development Review
EPR	Electronic Patient Record	AAA	Alert, Assure, Advise

The meeting began at 10:15.

Minute Ref:	Agenda Item
PART 1. PRELIMINARY MATTERS	
1.1 WELCOME AND INTRODUCTORY REMARKS	
115/25	<p>JW welcomed everyone to the meeting, extending a warm welcome to PCJ and KC from the Public Health team. She also acknowledged that it would be the last formal Board meeting for JD, whose second term concluded at the end of August. JW signalled her intention to return to this at the end of the meeting.</p> <p>JW outlined the role of the SBUHB Board as a strategic population health body, with a statutory duty to promote and protect public health. As well as providing health services, SBUHB had a role in reducing health inequalities and focusing on those wider determinants of health that impacted on population health and wellbeing.</p> <p>As the Governing Body of the organisation, the Board had stewardship of £1.765bn of public money, making it one of the largest public bodies in the UK. As the highest level of decision-making, the Board had responsibilities for: maintaining a future focus through strategic direction-setting; building and sustaining strategic partnerships; setting strategic risk appetite and overseeing strategic risks; scrutinising delivery against in-year plans; maintaining good</p>



	<p>governance across all domains, including: corporate, clinical, financial, cyber, information, partnership and the climate /sustainability agenda.</p> <p>JW then mapped the key agenda items against the above responsibilities, referencing the important role of Board Committees in undertaking a significant amount of 'heavy lifting' on behalf of the full Board. There were matters that the Board reserved to itself, including oversight of the four 2025/26 organisational objectives set by the Cabinet Secretary. These related to mental health, maternity and neonatal, and unscheduled care services, together with financial management and effective regional joint working with Hywel Dda UHB.</p> <p>For the record, JW confirmed that the Board took a rounded approach to decision-making, considering safety, quality and risk alongside financial management responsibilities. The Board did not take performance-related decisions without taking into account the overall resource position.</p>
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1.2 APOLOGIES FOR ABSENCE

116/25	<p>Apologies were noted from:</p> <ul style="list-style-type: none"> • Christine Morrell, Executive Director of Allied Health Professions and Health Science • Patricia Price, Independent Member • Richard Thomas, Director of Insight, Communications and Engagement
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1.3 DECLARATION OF INTERESTS

117/25	<p>There were no declarations outside those already on the Declarations of Interest Register.</p>
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1.4 CHIEF EXECUTIVE'S REPORT

118/25	<p>Introducing the Chief Executive's Report, AH drew attention to:</p> <ul style="list-style-type: none"> • The change in escalation status for Maternity and Neonatal Services from Enhanced Monitoring to Targeted Intervention. The recent quarterly meeting with Welsh Government (WG) had provided an opportunity to update WG on work underway to drive progress towards de-escalation and AH agreed to share the slide deck used at the meeting. Action 01: AH
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- On Maternity and Neonatal Services, the Oversight Panel engagement lead continued to assist SBUHB in shaping the improvement programme, as well as influencing work on strengthening engagement arrangements across the range of services. The all Wales Assessment of Maternity and Neonatal Services, announced by the Cabinet Secretary, would follow the methodology set out in the SBUHB Independent Review report. WG has also indicated its intention to identify a nominee to join the local Oversight Panel, as it reconvened to oversee progress against the SBUHB Improvement Plan. AH advised that the Board would receive a detailed report at its September Board meeting. **Action 02: LR/HL**
- The intention to consider the final NHS Performance and Improvement assessment of Mental Health Services report alongside the subject matter expert advisor's findings. Both would inform the work of the transformation programme and bespoke improvement plan.
- The recent improvements in Urgent and Emergency Care (UEC), also referenced in a later agenda item.
- The continuing concern around the financial position; the Board acknowledged the need to deliver safe, sustainable services in parallel with effective performance and prudent resource management.
- The *Organising for Success* work continued at pace; a recent visit to Somerset NHS Foundation Trust had identified opportunities for learning and improvement. A further visit would focus on governance and oversight.

JW thanked AH for the update and invited questions:

NM referred to the improvement work undertaken on UEC and asked about the impact on staff morale. DL cited positive media coverage of the improved position and advised that staff had responded positively to the changes made, commenting on the benefits for patients and a better working environment for themselves. The ED was now operating more effectively with more improvements planned. AH confirmed that the Board would have detailed briefings at both forthcoming Board meetings and development sessions.

AH provided an update on a recent health and safety visit by the Royal College of Nursing (RCN); collaboration with RCN colleagues would strengthen the original action plan, with further work needed



	<p>to benchmark ED security service provision. JW asked the Quality and Safety Committee to oversee the plan, in line with its health and safety remit. Action 03: JC/DG</p> <p>NZ referred to the outcome of the recent Judicial Review centred on proposed changes to the Emergency Medical Retrieval and Transport Service (EMRTS); she sought a paper for AC, for assurance purposes. AH agreed and commented on current hosting and commissioning arrangements. Action 04: HL</p> <p>The Board RECEIVED and CONSIDERED the Chief Executive’s Report and took ASSURANCE from its content and from the discussion.</p>
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1.5 RISK REPORT

119/25	<p>Introducing this item, JW referred to the work underway to review the Board’s Risk Appetite; Board members would consider this further at the October 2025 development session.</p> <p>HL summarised the risk management reset underway, designed to give a clear line of sight of risks included on strategic, corporate and operational risk registers. The Good Governance Institute was providing expert support. There were currently 32 risks on the SBUHB Risk Register, and all were subject to review, to ensure accurate and complete framing of the risk. Since the last report, two additional risks had emerged: one on clinical coding and the second on pathology systems.</p> <p>AH advised that the Executive Team would review the framing of Maternity and Neonatal Service and Mental Health Service risks and update the Board at the September meeting. Action 05: AH</p> <p>LR confirmed that she was working through the risks associated with delivery of the Independent Review recommendations and would add this to the Risk Register when complete. Action 06: LR</p> <p>JC reported on discussions at the Performance and Finance Committee (PFC) on the need to increase the visibility of risks positioned at different risk levels, to assist Independent Members. She also referred to the review of risk appetite scoring, using the positioning and scoring of cancer services as an example. DL indicated that, whilst cancer services were included as part of planned care for Board reporting purposes, the delivery of cancer services could be scored separately on the risk registers.</p> <p>NZ also reflected on risk tolerance; she welcomed the developments to date and recognised the need to challenge the scoring and make explicit the level of risk tolerance. AG agreed that framing risks and</p>
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making descriptions explicit would help to calculate and evidence the risk score.

ALF asked about two issues:

- (i) clinical coding; and
- (ii) Best Interest Assessors; the evident toleration of both risks for such a long time indicated the need to reassess their status as possibly 'issues' rather than risks.

On clinical coding, AG confirmed that there was a plan in place, although this would take time to deliver. JW reflected on a recent visit to the clinical coding team; their knowledge and expertise was impressive, and she asked about the potential of AI to drive process change. MJ confirmed that AI may have a role in clinical coding but that this would take time. He briefed the Board on current discussions at Executive level to help manage the backlog by coding principal diagnoses only, for a specified trial period.

NZ welcomed the discussion; it gave the Board some assurance and further reviews of tolerance levels could build on this.

DL noted the implications of delayed Best Interest Assessments on the Continuing NHS Healthcare (CHC) assessment process; such assessments were out of place in acute hospital settings and should take place in a patient's own home setting.

The Board:

- **RECEIVED** the current Health Board Risk Register
- Took **ASSURANCE** from the update on progress with the development of the strategic risk register
- **CONSIDERED** and **AGREED** the need for further assurance on risk framing, risk tolerance and associated actions & controls at the different levels of risk
- **RECOGNISED** the dynamic nature of the Risk Register and **SUPPORTED** the further work planned for the Board Development Session in October
- **APPROVED** the revised Risk Management Policy, acknowledging that this was a dynamic document.

PART 2. PATIENT/STAFF EXPERIENCE

2.1 PATIENT STORY



120/25	<ul style="list-style-type: none"> - Angharad’s story about health visiting and Flying Start - Dad Josh’s experience of health visiting <p>LR shared the stories of Angharad and Josh, parents of baby Dexter. Angharad described how she had lacked confidence after Dexter’s birth; at their first meeting, her Health Visitor (HV) had shared information on a number of groups in Swansea, including local groups that Angharad could access more easily and was within walking distance. She found the experience beneficial and positive, and this led to her having the confidence to join a walking group and develop new friendship groups. Angharad enjoyed being involved and participating, making new friends over time, and becoming more confident in speaking to other parents.</p> <p>Josh described how Angharad’s growing confidence led to him also joining the walking group and engaging with new people. He now shared parental development time and often took Dexter swimming. Both parents recognised the role of their HV in supporting them to engage more with their local community, enriching both their and Dexter’s lives. LR commented on the way in which the HV service provided wrap around support for the new parents as well as for the baby.</p> <p>NM welcomed hearing such a positive story and the resumption of many support groups post pandemic. This was very good news. NZ also welcomed hearing more about how the HVs were reaching into, and engaging with, local communities; she raised the possibility of using the HV service more widely as part of population health actions.</p> <p>RO welcomed the engagement and inclusion of fathers in a whole family approach.</p> <p>The Board WELCOMED the patient story, THANKED Dexter’s parents for sharing their experiences and WISHED the family well.</p>
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PART 3. SETTING STRATEGIC DIRECTION

3.1 POPULATION HEALTH COMMITTEE KEY ISSUES REPORT

121/25	<p>SS drew attention to three alerts from the June PHC meeting:</p> <ol style="list-style-type: none"> 1. Disparities in screening uptake; these were of concern, with some communities taking up screening opportunities less than others. 2. Issues relating to vaccination including:
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- (i) the disappointing rate of staff vaccination against influenza and the related risks of sickness absence;
 - (ii) a below target position on public influenza vaccinations; and
 - (iii) the costs associated with uplifting the rate of vaccination;
3. The less-than-ideal investment in primary and community services as a key factor in population health; the PHC was of the view that this should increase over time.

JW invited comments and questions:
 TR advised that WODC had considered a report, had raised some concerns about resourcing and was waiting for a response.
 RO confirmed that, after considering vaccination rates, WODC had concluded that plans currently in place did not provide sufficient cover. A follow up report in August would look for greater assurance on staff vaccination rates.
 GR commented on the availability of venues and the work underway to increase the number available.
 JC asked whether plans were in place to reflect the additional costs associated with greater uptake. AH referred to work underway on resourcing across the public health agenda, including the specialist public health resource, spend on prevention and early intervention and the use of resources vested in cluster neighbourhood models. The Cabinet Secretary’s agenda included public and population health priorities, as did SBUHB plans. DG was considering the current distribution of resources as part of his work on allocative efficiency. DG commented on the significance of this work to the future financial sustainability of SBUHB services. He advised of discussions with Hywel Dda University Health Board (H DUHB) colleagues on the allocation of resources to support the population health and prevention agenda. The Board would receive updates on the work in the coming months. **Action 07: DG**
 NZ concurred with AH’s comments and the need to look at the Clinical Service Plan through a population health lens, to optimise the ‘shift left’ of resources.
 JW asked PHC and WODC to work together on staff vaccination rates, with PHC researching the evidence of what worked, to assist WODC oversight of action plans, particularly to inform this coming winter.
Action 08: RO/SS
 The Board **CONSIDERED** the report and took **ASSURANCE** from the update provided and proposed actions.



3.2 SCREENING SERVICES REPORT

122/25

Introducing the report, GR drew attention to the following facts:

- Cancer affected one in three of the population in Wales.
- Four in ten cancers were preventable.
- Cancer had the most affect on those in deprived areas.
- Early diagnosis delivered the best outcomes.
- Screening had a role as an essential public health tool.

KC provided more detail on the epidemiology, highlighting that cancer was the leading cause of death in Wales, with mortality rates significantly worse in deprived areas. This gap was increasing. A recent Audit Wales Report had identified the diagnosis of 25% of cancers at Stage 4, and 18% at Stage 3. SBUHB Public Health team was working with Public Health Wales (PHW) to develop an action plan to address health disparities.

KC added that PHW led on six of the seven national screening programmes, with health boards responsible for antenatal screening. Three of the national screening programmes focused on cancers and KC summarised the epidemiological findings for these:

Bowel Screening uptake in SBUHB was 65%, slightly lower than the Wales average. There was a significant gap in uptake rates, with the most deprived areas having a 57% uptake compared with uptake in the least deprived areas of 75%. Variation was also evident by age, with younger people less likely to take up the screening offer. The five-year bowel cancer survival rate was decreasing.

Breast Test Wales uptake was the highest in Wales at 73%; the deprivation gradient was 64% for most deprived areas, up to 75% for the least deprived. Again, uptake was lower for younger people. The ten-year survival rate in the SBUHB area was less than in Wales as a whole; there was, though, a decrease in ten year survival rates evident across Wales.

Cervical Screening Wales uptake was 69% of those eligible for screening, ranging from 63% in the most deprived areas to 75% in the least deprived. The five-year survival rate was significantly lower than the Wales average.

The remaining screening programmes were: Abdominal Aortic Aneurysm (AAA) screening, Diabetic Eye Screening Wales (DESW) and Newborn Hearing Screening. In addition, a lung cancer screening programme was under development in Wales; both five and ten-year survival rates for lung cancer were currently low.



KC then invited questions:

JC referred to the challenges in improving screening uptake; she suggested that trend data, tracking the position over time, possibly over the last five years, would provide useful information to support further progress.

NW welcomed the paper as an informative read and asked about work in primary care, on a cluster basis, to improve uptake. GR indicated that she would respond later in the presentation.

RE welcomed the report and asked about the reference to the DESW percentage as 'coverage', rather than 'uptake.' GR clarified this point. Returning to the report, GR advised that, in the absence of a Screening Equity Strategy in place, the approach mirrored that of the Vaccine Equity Strategy.

The PHW Screening Team was working with both Swansea and Neath Port Talbot Councils voluntary sector representatives to engage with some clusters, utilising the expertise in the PHW Vaccine Team in inclusive health. A pilot scheme would contact people who had not responded to a screening invitation; those already health aware responded more positively and there was a need to increase health literacy and apply 'Make Every Contact Count' principles, to encourage take up.

Cwm Taf Morgannwg UHB would probably host the lung cancer screening pilot site but GR confirmed that SBUHB would benefit from early learning.

On NW's question about the role of clusters. GR advised that clusters engaged through partnership working and Public Service Board (PSB) sub groups; she proposed sharing the paper with partners to prompt further conversation about their role in encouraging uptake across the screening programmes.

JC suggested applying the learning from the Maternity and Neonatal Services Independent Review around engagement and improving visibility at community level.

JAD referred to SBUHB outreach workers, whose role focussed specifically on vaccination and screening; work was underway to consider developing this model. Ongoing engagement with the voluntary sector would help to reach more parts of the community.

AH agreed on the need for further work, citing the welcome from community leaders as part of the Independent Review. Engagement with seldom heard groups would expand as SBUHB redesigned its engagement model.

ALF referred to the stark statements in the report about overcrowding increasing the risk of cancer by a factor of seven, and



social housing by a factor of three; she suggested discussion with local authority partners to consider how they could impact on this through, for example, embedding information in personal and social education lessons and using school nurses. GR confirmed that schools had programmes in place, referencing also the lower uptake in Human Papilloma Virus (HPV) that school nurses and others could influence.

NZ viewed the report as incredibly important, requiring a multifaceted approach to address the need for trusted sources of advice at community level, with an emphasis on understanding ethnicity. A 'one size fits all' approach did not deliver equal outcomes; a blended approach, aligned with the Strategic Equality Plan, would support better outcomes for all.

KL reflected on the possibility of the financial deficit impacting adversely on the Board's ability to discharge its role as a strategic public health body; he reflected on the PHW 2 day per week post that covered the SBUHB area, recognising that more local support would be of value. GR agreed and outlined plans to increase the staffing resource to focus on equity, vaccination and screening, when that was possible. She also confirmed discussions with PHW to consider additional resources; these discussions were progressing.

RE asked about three points:

- (i) the range of reasons why people did not take up screening offers; there was a richness in this contextual data that would help inform service planning;
- (ii) the environmental factors, including smoking, that caused cancers; RE queried whether other government departments also had a role in addressing these modifiable determinants of health; and
- (iii) whether there was any evidence of greater costs associated with improving uptake in areas of greater deprivation. GR referred to the work undertaken by the central screening engagement team; screening services delivered through general practices helped to address barriers, including lack of transport. More was required to provide services at a time and location that people could access, for example, after school hours or evening options for those in work.



	<p>JW asked PD whether the SRG would welcome a presentation on the report and associated issues; following her positive response, JW asked JAD to arrange this. Action 09: JAD</p> <p>PD asked whether any of the Independent Members had a lead role for poverty; whilst this was not the case, NZ had a long track record of engagement in the anti-poverty agenda.</p> <p>AH welcomed the paper and the discussion. She confirmed that SBUHB was working closely with PHW, and at a regional health economy level, to draw out explicit actions, including having access to behavioural science expertise, to enhance a population health approach. She also referred to the role of health professionals involved in the care and treatment of those with cancer reaching out into communities on an early intervention basis to reinforce the avoidability of some cancers through prevention.</p> <p>JW thanked GR and KC for the informative and thought provoking report and presentation; she remitted ongoing oversight to the Population Health Committee, as part of this role in overseeing the implementation of the SBUHB Population Health Strategy. Action 10: SS/GR</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED and CONSIDERED the report, REGISTERING concern at the scale of the disparities identified. • Took ASSURANCE from, and ENDORSED, the emerging plan, emphasising the need to optimise all efforts, both internally, and through partners, to encourage improved uptake rates in derived communities. • REMITTED ongoing oversight to the Population Health Committee.
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3.3 PLANNING AND PARTNERSHIPS REPORT

123/25	<ul style="list-style-type: none"> • 2024/25 Emergency Planning Resilience and Response Annual Report <p>MD referred to the detailed Report and appendices and drew attention to:</p> <ul style="list-style-type: none"> • The work undertaken collectively to refresh the strategic programmes; the planned launch of the organisational strategy in September 2025; the completion, by the end
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of 2025, of the process to refresh the Clinical Services Plan.

- The refresh of the annual planning process, with the timeline to deliver an updated plan for 2026.
- The Integrated Medium-Term Plan (IMTP) required further strengthening, including a greater focus on population health. Attention was also focused on reflecting programmes of work including the Maternity and Neonatal Services Review, the Mental Health Review, and Unscheduled and Emergency Care improvements, in the overall strategic approach.
- The introduction of an integrated quarterly planning and performance review; this would support delivering the planning process in a more co-ordinated and cohesive way.
- The detailed schedule of Regional Partnership Board (RPB) plans, priorities and deliverables; the range of actions required risked making unsustainable demands on SBUHB teams. Partners had agreed three priorities for the 2025/26 year:
 - (i) older people and infirmity;
 - (ii) collaborative mental health service improvements; and
 - (iii) long term care and CHC. These presented opportunities to use funding to better effect and meet people's needs in the best way possible by delivering best value.
- The recent Public Service Board event had considered access to food, affordability, and the availability of unhealthy foods.
- The Regional Joint Committee meeting in May had focused on clinical services; she also referred to the Swansea Bay City Deal annual report. SBUHB was a partner in some of the programmes.
- The Regional and Specialised Services Provider Planning Partnership (RSPPP) work with Cardiff and Vale University Health Board (CVUHB) on specialist services; there were challenges in developing the hepatobiliary network and the interim arrangements would meet patients' needs.



- Work with the Joint Commissioning Committee (JCC) on managing delivery of plans in the context of financial and provider risks that the JCC had not funded fully. The working relationship with JCC colleagues enabled an open dialogue and the report set out the significant challenges and priority areas.
- The pausing of the voluntary sector commissioning model, to reflect on, and address, stakeholder views.
- Progress with the Area Planning Board draft substance use service commissioning strategy, following detailed engagement.
- The greater focus on contracting and commissioning of CHC, with an accelerated approach to develop a joint commissioning model with local authority (LA) partners.
- On sustainability and climate change, MD advised that SBUHB had won four awards at the recent NHS Wales Sustainability Conference and Awards. The Gwaun Cae Gurwen dental practice; the Cardiac Intensive Therapy Unit; Cae Felin Community Supported Agriculture project; and Annie Hill, an occupational therapist at Cefn Coed Hospital, had all won awards.
- The Emergency Planning Resilience and Response Annual (EPRRA) Report, this demonstrated the breadth and depth of work underway to ensure the required response.

MD closed by drawing attention to the Audit Committee led work on developing a tracker to record and audit partnership governance arrangements, with specific emphasis on levels of delegated authority.

NZ acknowledged the significant commitment to partnership working, and thanked MD for her work in scheduling the range of planning and partnership work underway. AH agreed and referred to an annual health check on working with partners; Good Governance Institute had provided some advice on how to undertake this and HL agreed to progress this. **Action 11: HL**

On the pause around the third sector commissioning model, RO was of the view that the sector was unclear about the intentions and the positive benefits; changes for small third sector organisations could be problematic and RO cautioned against change without consideration of unplanned consequences. She commended MD for



	<p>the excellent and detailed report that provided clarity on the range of partnership working and its role in population health. The Board:</p> <ul style="list-style-type: none"> • CONSIDERED and AGREED the items as requested throughout the report. • CONSIDERED and SUPPORTED the approach to developing the 2026-27 Annual Plan. • CONSIDERED the Area Plan and Action Plan Priorities for 2025-2026. • In line with its statutory duties, took COGNISANCE of close working with both Swansea and Neath Public Service Boards, to ensure continuous alignment with SBUHB strategic and tactical planning and delivery processes. • ENDORSED the work to establish Regional Joint Committee governance to ensure delivery of the Regional Joint Committee agreed Objectives. • CONSIDERED the Swansea Bay City Deal Portfolio Annual Report 2025/26 • SUPPORTED the actions in hand to strengthen SBUHB strategic and partnership commissioning arrangements, to reduce risk and improve the quality of services provided to citizens and specialist services patients. • SUPPORTED the planning work to support the refreshed Climate Action Plan and ACKNOWLEDGED SBUHBs leading role in good work that had attracted national recognition. • CONSIDERED priorities and progress in the development and delivery of the EPRR programme.
<h3>3.4 STRATEGIC EQUALITY PLAN</h3>	
124/25	<p>JAD referred to discussions at the May 2025 Board meeting on the draft Strategic Equity Plan – <i>We All Belong</i>; the Board had asked for a further report setting out the statutory requirements and clarifying the different references to equality and equity and proposed change in terminology. JAD outlined the rationale for the change in terminology from equality to equity, based on the premise that SBUHB would respond</p>



differently to the needs of different groups in a way that would reduce inequity; this differed from earlier iterations, in which the approach centred on a proportional response.

The report set out the statutory equality context and how the Strategic Equity Plan (SEP) would deliver against this and ensure compliance with the legislation. Matrices in the report described how the strategic objectives related to, and applied across, the range of protected characteristics. A review of the action plan, scheduled for September, would inform the 2026/27 annual planning process. JW thanked JAD for the additional work undertaken and invited questions:

NZ acknowledged all the additional clarification and welcomed confirmation that the SEP complied with the Equalities Act, together the additional specific duties that applied in Wales. NZ was clear that the 'ask' of the Board was consideration of equity rather than equality; this would require a shift in resources in support of those people/groups in greater need. NZ asked about the readiness of the Executive Team to shift clinical service resources in response to this change in emphasis and the Board's commitment to setting strategic direction accordingly.

PD welcomed NZ's comments. She drew attention to two points:

- (i) the reference at Page 9 to most people having at least one protected characteristic. PD pointed out everyone had at least five – age, sexual orientation, religion, sex, and race; the tendency was to think of the characteristics as specific to individuals but they applied to all, an;
- (ii) the reference to an ethnicity percentage on page 13, she sought clarification of the reference. JAD confirmed this related to a population breakdown.

TR was of the view that a Board development session would give Board members the opportunity to consider the implementation of the SEP, given that it applied across SBUHB functions and services, including population health, workforce, and patient experience. Appropriate governance and oversight arrangements would be essential. JW agreed and was pleased to confirm that the Board development programme already included such a session. JAD highlighted the transformative nature of the SEP and the importance of the Board appreciating the implications of a change towards an equitable model. Thanking JAD, JW confirmed that, at this stage the Board would be accepting the principles underpinning the



	<p>SEP, recognising the need for further consideration of the implications, prior to approving an action plan.</p> <p>The Board:</p> <ul style="list-style-type: none"> • REVIEWED the statutory requirement to produce a Strategic Equality Plan and took ASSURANCE that the Strategic Equity Plan complied with all legislation relevant to Wales. • CONSIDERED and APPROVED IN PRINCIPLE the Strategic Equity Plan, ACCEPTING the rationale for the change in terminology. • AGREED to consider the implications of implementation at a forthcoming Board Development Session. • AGREED to consider the action plan following that session.
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3.5 DAN Y DERI DEVELOPMENT

125/25	<p>DG referred to the Business Case; this sought Board approval prior to submission to WG to seek funding. Both the PFC and the RPB had considered and endorsed the Business Case. DG confirmed that the detailed supporting documents were available in the Reading Room. The Business Case sought £9.9m of capital funding, through the Regional Partnership Housing Fund rather than through the usual NHS capital process. The proposal involved redevelopment the existing Dan y Deri complex to provide modern Learning Disability (LD) accommodation and facilities. The existing buildings were subject to indefinite closure, as they were no longer fit for their purpose. The investment would support SBUHB patients requiring these services, allowing for the repatriation of some patients currently receiving care and treatment out of area. He confirmed that Swansea City Council had granted planning permission and there was a preferred provider, although confirmation depended on capital approval. Q2 of 2027/28 was pencilled in for completion of the work, with the revenue consequences subject to discussion across LD Services as a whole, as the service model redesign progressed. DG then invited questions:</p> <p>JD welcomed the bid and the plan to provide modern accommodation. She was aware that the proposal did not provide any increase in capacity and queried consideration of a more ambitious bid, to provide increased capacity. DG agreed to provide further information outside the meeting but confirmed that the proposal took into account LD services in the round, and included the</p>
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views of the two other health boards that commissioned LD services from SBUHB.

JW asked whether the site allowed for further development in future; DG confirmed the scope for some limited additional development on site.

The Board:

- **APPROVED** the Business Justification Case to seek £9.930m capital funding from Welsh Government via the RPB HCF.
- **APPROVED** the procurement outcome and award of a 16-month contract for the construction of the Dan Y Deri Challenging Behaviour Unit.

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

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

126/25

Introducing the report, AG drew attention to three alerts:

- The impact of the challenging financial position in delivering the Digital and Data Strategy; vacancies held as part of the contribution to cost savings limited progress against the ambitions set out in the Strategy.
- Issues related to clinical coding, discussed in some detail earlier in the meeting.
- Records management:
 - (i) ensuring that records management policies applied across the HB, and;
 - (ii) responding to Subject Access Requests. AG could assure the Board that there was a plan in place to improve performance.

In response to a query from JW, DG confirmed that the Board had approved the Digital and Data Strategy on the principle of its revenue neutrality.

MJ reflected on the financial challenge of contributing to deficit reduction whilst progressing the Strategy at pace and with ambition. Current vacancies included some technical posts and were challenging in terms of recruitment.

JW thanked AG and MJ, before inviting questions: DG recognised the nature of the challenge that MJ articulated and the need to make progress; he offered to work with the digital team to



explore this further. JC also suggested reviewing the rationale for returning funding in 2024/25, when this might have underwritten some recruitment costs. DG agreed to do so. **Action 12: DG/MJ**
The Board **CONSIDERED** the report and took **ASSURANCE** from the update provided, together with the actions proposed.

4.2 QUALITY AND SAFETY COMMITTEE KEY ISSUES REPORT

127/25

JC drew attention to three of the four alerts identified in the report:

- A patient story involving a baby loss; this had highlighted the need to share compassionate care principles across Service Groups.
- Current stroke performance: this did not meet the required standards, QSC was reviewing the improvement plan.
- The delays in death certification occurring following new legislation; QSC was assured that all necessary actions to resolve delays were underway.

JC also provided a brief update on the following risks on the QSC agenda:

- Access to Unscheduled Care.
- Planned care risks to patients of a failure to diagnose and treat in a timely manner.
- Access to cancer services, including the Covid-19 backlog.
- Child and Adolescent Mental Health Services (CAMHS) failure to meet the required standards of performance, due in part to key workforce gaps.

LR added detail on the work underway to reset QSC and optimise its safety and quality assurance role, on behalf of the full Board.

JW thanks JC and LR, going on to invite questions:

On stroke services, DL reported that, following a meeting with the stroke team, there was now an improvement plan in place, with some early progress.

NZ referred to the patient story and compassionate care; she asked about the work underway across SBUHB on trauma informed services.

Responding, LR summarised the range of work underway on compassionate care, aimed at enabling staff to consider, and reflect on, the feelings and emotions of those undergoing a traumatic experience. She referred to the Harmed Patients Group that Denise Chaffer (Chair of the Independent Review) had mentioned. LR had



made initial contact with the Group, as she sought to shape staff development needs.
The Board **CONSIDERED** the report and took **ASSURANCE** from the update provided and the actions identified.

4.3 PERFORMANCE AND FINANCE COMMITTEE KEY ISSUES REPORT

128/25

- i. May 2025**
- ii. June 2025**

SS referred to both the May and June meetings and the alerts concerning month 01 and 02 financial positions. He confirmed that the August PFC meeting had repeated this alert for Month 03, because of the lack of evidence of impact of the variable pay cap up to and including Month 03.

SS also flagged the gap between the savings target set and the actual savings found to date, together with the 'red' RAG score for some savings schemes, suggesting that these would be problematic to realise.

The Morryston financial position, on both variable pay and the savings target/delivery gap, was of concern.

A separate alert identified at the August PFC related to concerns about stroke performance:

- (i) lack of utilisation of some funding;
- (ii) the lack of a 24/7 on call stroke rota; and
- (iii) below target performance for both thrombolysis and for mechanical thrombectomy.

JW asked DL to build on her earlier comments on stroke services as part of her update under the Integrated Performance Report.

JW asked whether the PFC level of confidence in delivery against savings plans had changed. SS responded that it had not, although PFC members had taken more assurance from discussions with the Deloitte team and the latter's optimism that SBUHB had a number of opportunities to exploit.

RO agreed that Deloitte had impressed her with their approach and the phasing of their intended action to address the issues; they were confident of driving down the run rate, having achieved this in other organisations. RO welcomed their scrutiny of both UEC and CHC but emphasised the need for honest and robust conversations with staff, to gain ownership of the situation.



	<p>Thanking SS and other PFC members for their update, JW acknowledged the rigour with which PFC was discharging its scrutiny role and ensuring parity of discussion around financial management and performance.</p> <p>The Board CONSIDERED the report and took COGNISANCE of the updates provided.</p>
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4.4 FINANCE REPORT

129/25	<p>Presenting the finance report, DG reinforced the serious nature of SBUHB financial position, whilst acknowledging the need to balance quality, safety, performance and resources. He reminded the Board of the levels of scrutiny in place, through the Recovery and Sustainability Board, the PFC and the full Board, including the Special Board meeting in July. Monthly data updates were shared with Executive Directors and Independent Members as soon as they became available, as they were with WG. Another letter to WG would follow from the meeting.</p> <p>Referring to the finance report, DG drew attention to:</p> <ul style="list-style-type: none"> • SBUHB 2025/26 Annual Plan, with the overall deficit target of £58.7m; this remained unapprovable. Whilst WG had specified a year-end deficit of £42.5m, DG could not give the Board confidence around deliverability. SBUHB had developed a mathematical formula, and an underpinning plan to meet the revised deficit target, but this depended on delivery against the savings plan and that was uncertain. • The overall financial indicators, at page 5, set out the actual performance against the target areas, identifying an in month overspend of £7.1m leading to a £24.1m overspend in the year to date, and a capital overspend of £0.44m. Cash balance and invoice payments were both on target. • The graph on page 6 showed that the £7.1m overspend for Month 03 was an improvement on £9m at Month 1 and £8m at Month 02 but there was an urgent need for accelerated improvement. To meet the required targets, SBUHB had to limit overspends by £2m per month from Month 04 onwards. • DG acknowledged SS comments regarding savings and the scale of the challenge required to meet those savings requirements.
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- The key drivers of spend set out at Page 7 summarised the variance position against delegated budgets; there were additional cost pressures for mental health services linked to the need for adult placements. DG was pleased that the visit to Somerset NHS Foundation Trust had identified alternative options to meet care and treatment needs that could offer improved quality of care at a more cost-effective price. He would explore this further.
- External support from Deloitte started on 14 July, with an assessment of the underlying deficit and a review of all savings opportunities. Deloitte would begin work with each Service Group within the next week.
- The role of the Executive-led workstreams to support savings' realisation.
- The addition of planned care to the Deloitte schedule of themes, increasing the number to six.
- Formal confirmation from WG that the Board could revisit its forecast in September, once the month 05 position was clear. WG also required a report following six weeks of support from Deloitte, and DG flagged the need for a special Board meeting.

JW thanked DG for the update and invited questions:

JC suggested a focus on non-pay trends for the past two years; DG confirmed that work was underway on this, with the procurement workstream looking at choice, volume and procurement decisions. JW asked about the work related to recouping income from other health boards, and from the JCC for specialist and tertiary work undertaken on its behalf. DG advised that WG and the NHSPI had agreed the specification for Deloitte and that this had not included the income recovery work that JW had highlighted. DG confirmed that his internal finance team would undertake this work; preliminary results suggested the importance of further analysis, as there appeared to be drift between income and spend. DG would liaise with the Joint Commissioning Committee (JCC) as part of this work and would also revisit Long Term Agreements (LTAs).

AH reflected on the possible significance of the sums involved for specialist and tertiary work; she was confident that data was available to evidence costs. AH also referred to the need to meet urgently with the JCC to understand their overrun financial position; any disinvestment by the JCC could add additional risk for SBUHB.



JW referenced the work underway with PHW on the impacts of deprivation on demand for services, given that late presentation resulted in both poorer outcome and higher costs. AH confirmed that discussions continued with PHW, given that the Population Needs Assessment evidenced the higher care needs associated with late presentation, and a PHW report cited the impact of inequity on driving demand for services.

ALF referred to the impact on carers of caring for family members who had presented late; higher care needs placed extra demands on carers, who might then be unable to cope and become ill themselves. On stroke services, ALF considered the possible long-term impacts for people who could not access a dedicated assessment service.

AH agreed that presenting late led to a more difficult recovery or poorer outcomes. As women discharged the greater percentage of carer roles, AH thought it important to include support for this role in the Women's Health Plan.

On late presentation, JW asked KL if the University health economics discipline could supply any evidence about the impact of late presentation. KL agreed to explore this. **Action 13: KL**

Following on from an earlier comment about the need for staff ownership of the challenging financial position, JW asked about dissemination across SBUHB of the strong message included in the Chief Executive's latest Mid-week Message. TR advised that she had spent time with staff side representatives reinforcing that message and seeking their engagement in sharing it. This was an uncomfortable time for all involved and the Board acknowledged that. JW rehearsed the Board's decision not to approve the 2025/26 Annual Plan and the absolute commitment on the part of all Board Members to practise parity when considering financial discipline, service risk, safety and quality. The Board had heard and understood the messages from WG and was determined to optimise financial performance, taking this in the round with safety, quality and risk considerations.

JW proposed a Special Board meeting on the 9/10 September, following respect of the month 05 financial information.

The Board:

- **ACKNOWLEDGED** that the 2025/26 Financial Plan remained unapprovable and **AGREED** to hold a special Board meeting on 9/10 September, to consider again the year-end financial forecast and WG requirement to deliver a £42.5m deficit in 2025/26, in line with the 2024/25 Outturn.



	<ul style="list-style-type: none"> • CONSIDERED and COMMENTED on SBUHB financial performance for Month 03 2025/26. • DISCUSSED the risks to the position at Month 03 • SUPPORTED all actions and updates to support the management of the 2025/26 financial position. • AGREED that internal work begun by the SBUHB finance team should continue, as being material to understanding the relationship between the costs of service provision and the income received from other health boards and the JCC. DG and the finance team should progress this work alongside that of Deloitte, to identify further opportunities for financial improvement.
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4.5 INTEGRATED PERFORMANCE REPORT

130/25	<ul style="list-style-type: none"> • Unscheduled Care Test of Change <p>Introducing this item JW firstly welcomed SMO, Morriston Service Group Director, and then shared a message received from the Cabinet Secretary for Health and Social Care, offering his congratulations on the improvements in the Morriston ED and extending his thanks to all involved.</p> <p>Referring to the detailed report and slide deck provided, DL drew attention to:</p> <p>a) Targeted Intervention areas:</p> <ul style="list-style-type: none"> • The HB had met the de-escalation criteria for cancer, a lag in reporting meant recognition of this in September WG data. • UEC reporting at amber; this was subject to separate reporting. • RE would cover Health Care Associated Infections (HCAIs) with finance, maternity and neonatal covered under separate agenda items. <p>b) Enhanced Monitoring areas:</p> <ul style="list-style-type: none"> • A reporting anomaly for Child and Adolescent Mental Health Services (CAMHS), improvements continued; staff recruitment would improve the position from October. • Disappointment at the enhanced monitoring status for planned care; whilst the endoscopy position was rated as red she
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confirmed the position was green against the trajectory plan agreed with WG.

c) On stroke services:

- The slides demonstrated the position up to March 2025 and DL would provide more recent data, including pathway improvements, resulting from looking at the whole pathway across Morriston and Neath Port Talbot sites.
- The direct to CT pathway was in place for those stroke patients arriving by ambulance, with thrombolysis administered if necessary and the patient then admitted directly to the stroke ward. This provided early access to interventions that could significantly affect the outcomes for those with a stroke; it also reduced the call on ED services.

d) On delayed pathways of care (DPoC):

- A reduction in numbers reported; the position had stabilised recently at around 180 delays at any one time. The number of days delayed had also reduced significantly and should continue.
- The highest reasons for delay continued to centre on people awaiting a social worker assessment and delays in accessing a reablement package of care in the community.

e) On enabling actions, DL confirmed that work was underway to agree metrics.

DL invited RE to provide an update on HCAIs. He drew attention to:

- The information on the Dashboard on HCAIs; c.diff remained the biggest challenge and SBUHB remained an outlier for both the overall rate and hospital acquired infections.
- The low number of Staph aureus cases.
- A spike in e.coli cases in primary care in the last two months, with investigations underway.
- The small number of Klebsiella cases.
- The refresh underway on infection prevention and control (IPC); improved flow would assist but RE also commented on cleaning standards, especially at the Morriston site, and the work required to achieve compliance.
- A plan for c.diff, signed off by the Management Board.
- The planned work to consider whether burns and vascular patients were at higher risk.



- Disappointment that some areas had challenged IPC staff when they pointed out poor compliance rates, evidencing the need for improvement in attitudes and culture.

LR reminded the Board that quality improvement walkabouts included looking out for 'bare below the elbow' compliance. Failure to comply could invoke the disciplinary procedure. She also pointed out the staff had access to videos describing IPC requirements.

TR commented on experience in other health boards of staff behaviours changing following Covid-19.

JW asked WODC to assume oversight of the IPC compliance agenda, together with the OD/cultural implications. **ACTION 14: RO/TR**

LR provided an update on patient experience, highlighting:

- An overall good reporting culture: a thematic analysis would help improvement.
- Greater scrutiny and analysis of serious incidents.
- The position on falls of 3.6:1000 bed days compared with a national average of 6.6; the falls team supported care homes and provided advice, guidance and community education. The falls team had secured a nomination for an NHS Award.
- A 50% reduction in serious tissue injury compared with 2024/25; education work continued to focus on preventing harm, including simulation training.
- Complaint responses were falling below target. Work underway focused on compassionate responses and a reformatting of the documentation. Response letters would be more concise, with the investigation and outcome appended as a separate document. The Singleton and Neath Port Talbot Service Group would trial this approach.
- Positive feedback received from patients and families, with an overall 92% satisfied with their care.

MJ provided an update on digital issues:

- The inclusion of clinical coding for the first time.
- Two large projects underway – diagnostic pathology and radiology. On the lab system replacement, there was a revised plan in place with Digital Health and Care Wales (DHCW) to change the approach, given the high risk of non-delivery by the expected date.



- The plan to extend Welsh PAS into mental health settings to address the data gap; also looking to expand the system that worked between the HB and Swansea City Council.
- The disaggregation of SBUHB PAS and other systems from Bridgend services.

On UEC, DL invited SMO to provide an update; she began by commenting on:

- The previously untenable situation described in a staff story earlier in 2025; the position now was palpably different with a sense amongst staff of energy and pride in the improvements delivered.
- A number of changes that had collectively contributed to the improved position, including a managed approach to frailty, engagement with acute physicians, and supporting staff to make changes through a Plan Do Study Act (PDSA) methodology that gave permission to 'fail fast and recover quickly'. This had resulted in a social movement amongst staff across the site to improve flow.
- A range of PDSA cycles that focused on processing people effectively and safely through the ED, placing patients in the right place to receive the right care and treatment. A relaunch of 'your next patient' along with additional capacity provided through Anglesey Ward had been achieved at a cost of circa £100k. This funding resulted in a rapid decompression of the ED and a sense of positivity amongst staff.
- The highest number of ambulances presenting over the past two months, with a 128% improvement in turnover within 45 minutes; it was now unusual for ambulances to wait for hours to handover patients into the department. Ambulance crews could now cover 5/6 cases per shift.
- The near elimination of post take ward round numbers, as weekend cover enabled quick recovery on Monday mornings.
- The collective actions had resulted in a large drop in the number of patients in the department, 56 patients were now thought to constitute a 'busy' environment, whereas previously, there would be more than a 100 patients in the department.



- The maximum time patients waited in the ED could previously reach 170 hours, this had now reduced to 17 hours (longest wait the day before the Board meeting).
- The model now was one of quick patient assessment rapid referral and a plan for ongoing care.
- The number of patients waiting over four and twelve hours required further work and was more evident overnight. Site managers were now moving patients earlier in the day as part of a whole team approach.
- The number of delayed pathways of care (DPoC) had plateaued recently; however, the number of bed days delayed had reduced, mitigating the risk of patients decompensating as they were on the right pathway from an early stage.
- There had been no increase in Datix reporting.
- The refresh of the ED partnership forum model.

JW thanked SM for the presentation and described the changes implemented as inspirational; on behalf of the Board, she extended her grateful thanks and congratulations to all staff. JW then invited questions:

SS offered his congratulations to the team, welcoming the reduced numbers and improved flow.

DL commented on the reduction in sickness rates amongst paramedics in the SBUHB area and that this continued to fall.

RO welcomed the improvements; she welcomed the use of Anglesey Ward to help accelerate the pathway and access to services. DL advised of a reduction in the highest age profile in the ED, from 80-85 down to 30-40 years, as those at risk of deconditioning were actively managed through the system.

LR confirmed that the process would be subject to an evaluation, recognising that the PDSA improvement methodology was a key factor; the evaluation would also identify those indicators that would measure sustainable change.

DG also offered his congratulations and the impact was good to see. He confirmed that the cost-benefit evaluation would capture the level of improvement. The changes also allowed for a more managed and strategic approach to further ED developments.

AC welcomed the success, as it had empowered and enabled all professionals to contribute to improvements. QSC had deconditioning on its agenda.



	<p>RO was keen that the HB adopt the 'test of change' concept across the organisation. As previous use of Anglesey Ward had included that of a decanting facility, RO sought information on alternative facilities. DG confirmed that space was available on the Singleton site. AH added her thanks and congratulations. She encouraged Board members to access the data on the experience last winter, available in the Reading Room. The work would put the ED in a stronger position to manage any seasonal demand and form part of the winter planning arrangements.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ACKNOWLEDGED and COMMENDED the improvements made in the Morryston ED and the resulting improvement in performance against key measures and targets. • ACKNOWLEDGED the change in escalation status to Targeted Intervention for Maternity and Neonatal Services and the intention to bring the high-level Improvement plan to the September Board meeting.
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4.6 GENERAL MEDICAL SERVICES

131/25	<p>JW welcomed CW and SM to the meeting and invited them to present their report.</p> <p>CW indicated their intention to provide an overview of General Medical Services (GMS), as part of a series of reports on primary care services; this one followed on from that on GDS, considered at the May Board meeting. CW drew particular attention to:</p> <ul style="list-style-type: none"> • The overall approach to access and sustainability • The workforce delivering GMS services across the SBUHB area • An outline of supplementary services • The contribution of primary care services to winter planning, both directly through issues such as immunisation and more broadly in providing additional capacity wherever possible. • The position on the primary care estate, with both practice ownership and leasing arrangements in place. • A new contract assurance mechanism looking at 29 different indicators. • Digital arrangements and issues. • The role of the urgent primary care centre in supporting the ED and accepting patients by referral from general practice.
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JW thanked CW for the presentation and invited questions: NZ welcomed the helpful and detailed report; this provided a good overview of primary care GMS. She would welcome further information on the management of increasing demand and its impact on already stretched services. NZ also requested a demographic profile of the primary care workforce, including their skills and expertise.

CW referenced some two million primary care contacts in the last year, with the growing frail and older population accessing services on multiple occasions. Increased demand had sadly restricted the focus on prevention. CW also advised that community psychologists were now working with all clusters to identify issues, demand trends and actions to future proof services.

SM provided information on support arrangements for primary care services:

- Funding from Health Education and Improvement Wales (HEIW) funding across Wales had helped to establish a Primary Care Academy
- Support for workforce planning included sharing and development of skills across clusters to advance and enhance learning. An example was the trialling of undergraduate nursing placements in a number of practices, with pre-registration pharmacy training also in place.
- There was no shortage of GPs; at this point GPs who had completed their training were seeking posts.
- The use of salaried GPs in the out of hours service had helped to make that service more robust.
- Some GPs had expressed a preference for portfolio careers, working in a range of different services and settings; the workforce support as part of the Primary care Academy could assist this.

JW invited further questions:

RO asked about health inequalities and the equity agenda and sought information on any equity work in primary care settings, given that access in deprived communities access may not mirror that in less deprived areas.

CW advised that SBUHB had 19 of the highest deprivation areas in its footprint. Equity of access was a consideration and CW mentioned a valleys practice that was looking to develop minor surgery, to deliver a local service; there was a similar approach on access to optometry.



SM also referred to the mapping underway of schemes in each cluster, to record overall provision. Mapping also included inclusion and community services for those who were homeless, asylum seekers and the travelling community and other seldom heard groups. She confirmed the extension of the homelessness service in 2023 to also cover Neath Port Talbot.

SM also referred to the Royal College of General Practitioners project Deep End Cymru, this followed from the work of Dr Julian Tudor Hart on the Inverse Care law, recognising the additional support required for those in deprived areas. The Deep End Cymru project provided peer support for the top 100 deprived areas in Wales. Information and support packs on health inclusion and socioeconomic deprivation were available as part of the Strategic Workforce Plan for Wales.

JD invited any final questions:

GR commented on her helpful discussions with SM looking at portfolio GP careers and the specialisms available; some GPs were passionate about tackling inequality and HEIW had issued a new specification linked to a special interest in population health. Referring back to ROs question on equity, GR advised that the Deep End Cymru Project to date provided only a peer support function, with no funding attached. The Aspire programme run by the Office for Health Improvement and Disparities in England provided helpful and informative information but was not Wales specific.

DL extended her thanks to CW and SM for their detailed and helpful report and presentation; the series of Board updates on primary care services would continue to develop.

JW suggested that CW and SM return to a future meeting, with a specific 'ask' that the Board would frame, through the Population Health Committee, on the role of primary care in delivering the population health agenda. **Action 15: SS/GR**

The Board:

- **RECEIVED** and **CONSIDERED** a report, providing a broad overview of GMS delivered for the communities of SBUHB
- **ACKNOWLEDGED** the positive features of current services and key risks.
- **ASKED** the PHC to frame a further conversation around the role of primary care in delivering the Population Health Strategy.

4.7 5TH LINAC REPORT



132/25

Referring to the paper provided, MD drew attention to:

- The request for Board support to engage WG in discussions around a proposed Business Case to add a 5th Linear Accelerator (LINAC) . This would add to the current four in place, and create a 6th LINAC bunker space, to facilitate the replacement of the older machines due for replacement in 2026.
- The detailed modelling to underpin the proposed discussions. High level comparisons had identified ten LINAC machines available in southeast Wales, providing a ratio of 1:143k population, whilst southwest Wales had only four, resulting in a ratio of 1:230k population. Increasing to five machines would provide southwest Wales with 1:184k, still lower than the southeast Wales position and less than many other European countries.
- Without the fifth LINAC southwest Wales would shortly fall below required capacity, resulting in outsourcing at greater cost and potentially more travelling time for vulnerable patients.
- The Board was not asked to confirm any revenue support at this point, rather to support opening a dialogue with WG to gain its support for the development of a Business Case.

LR referred to the difficulties in recruiting therapeutic radiographers and asked about possible ways of attracting interest; MD thought that additional investment in a further LINAC would be invaluable in assisting recruitment.

AC agreed that these highly skilled roles were in great demand and that recruitment was not easy. There were radiotherapy workforce plans in place and AC agreed to supply a briefing note. **Action 16: AC**

DG referred to the carefully worded recommendations that made no commitments or expectations; they sought to open a discussion. However, should WG not approve the LINAC, SBUHB would have no alternative to outsourcing additional capacity, ALF picked up the reference in the report to the need for seven LINACS by 3031; given the commissioning time, she asked whether the plan should ask for seven LINACS now. DG advised that the bunker availability was key to providing new machines; including an additional bunker now would support the need for further LINACS at a later date, as part of longer term strategic discussions.



MD confirmed that the inclusion of a sixth bunker provided a staging position, giving SBUHB and HDUHB the time to identify an appropriate location for a seventh.

DL agreed with the options proposal, reiterating the point that outsourcing was the only alternative to additional LINAC capacity.

JC questioned the rationale underpinning the lack of parity in the distribution of LINACS across south Wales.

AH recognised JCs point and shared two observations:

- (i) the well-resourced National Cancer Network arrangement would explore future modalities and treatment options, this would assist in determining the regional allocation of radiotherapy services; and
- (ii) the commissioning relationship in southeast Wales between Velindre NHS Trust and the southeast Wales health boards required the latter to commission services from Velindre. The southwest Wales Cancer Centre in Singleton formed part of the SBUHB allocation. The different approach to resourcing warranted exploration.

The Board:

- **APPROVED** the 5th LINAC and 6th bunker brief, to support a request to WG for a scoping meeting, with a view to formally initiating the capital project
- **AGREED** that should WG grant approval to proceed, SBUHB, together with HDUHB, would consider the affordability of the revenue consequences and undertake a prioritisation exercise, taking other financial priorities into account.
- **ACCEPTED** that, given the growth in clinical demand, any delay to the commissioning of the 5th LINAC would require outsourcing alternative treatment capacity/mitigations. This would, in all likelihood, mean additional revenue costs to bridge.

PART 5. PEOPLE

5.1 WORKFORCE AND OD COMMITTEE KEY ISSUES REPORT

133/25

RO drew attention to three alerts:

- On sickness and absence, the Committee had requested a structured action plan to address sickness and absence in the



Primary, Community and Therapies Service Group. This was scheduled for the next WODC meeting, together with a detailed consideration of the effectiveness of staff support.

- The Committee could not take assurance from the service level action plans developed in response to the 2024 Staff Survey; RO highlighted the poor response rate to the Staff Survey and the need to encourage greater participation in the next survey.
- The poor uptake for influenza vaccinations and the limited assurance on plans for 2025.

RO also flagged an alert to WODC around the level of support for international nurses. Consideration of a comprehensive report had given WODC members assurance.

JW thanked RO and invited TR to provide an update on the workforce and organisational development section of the Integrated Performance Report. TR added detail on:

- The Performance Appraisal and Development Review (PADR) position; this stood at 73% against a target requirement of 85%. Human Resources (HR) business partners had provided additional prompts and were working with service group managers to have all dates in place by the end of October.
- SBUHB sickness and absence position, the highest in Wales. Some improvement in the rate of long-term sickness had resulted in a downward trend, due to focused occupational health and HR input; short term sickness had increased in the last month. Stringent implementation of the management policy including triggers and escalation meetings continued. The next WODC meeting would consider a report setting out the learning from the approach adopted in the Morryston Service Group.

TR reflected on her three months in post, and assured the Board on the following:

- The work underway to align the resources to the priorities set out in the People Strategy implementation plan, with updated for WODC and the Board planned for later in the year.
- The establishment of the Variable Pay Steering Group, with nine programmes of underpinning work, all of which were subject to weekly oversight.



	<ul style="list-style-type: none"> • Management Board consideration of the programme outline for Organising for Success. The Board would receive this for approval at the September board meeting. • Ongoing work around Executive portfolios. • Increased visibility of workforce planning through the WODC and Board, and work in hand to align with financial planning. <p>JW extended her thanks to RO and TR for the updates and invited questions: DG welcomed the updates and the value of the work in underpinning both immediate and longer term strategic plans. JD referred to the Morriston ED work that had reduced stress and anxiety in the workplace and hoped that this would result in lower sickness absence. The Board CONSIDERED the report and took ASSURANCE from the updates provided</p>
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PART 6. GOVERNANCE

6.1 AUDIT COMMITTEE KEY ISSUES REPORT

134/25	<p>i. May 2025 Part 1</p> <p>ii. May 2025 Part 2</p> <p>NZ advised that there were two reports to consider: the first predated the annual accounts approval process and the second highlighted two alerts:</p> <ul style="list-style-type: none"> (i) the limited assurance report on the population health strategy; and (ii) the limited assurance from SBUHB Head of Internal Audit. <p>NZ also drew attention to the reasonable assurance on</p> <ul style="list-style-type: none"> (iii) the Risk Management Policy; (iv) job evaluations; and (v) learning from incidents, with a substantial assurance report on business intelligence. <p>She confirmed the referral of the limited assurance reports to the relevant Committees. NZ then invited HL and DG to add any further comments; they had none and there were no other points raised.</p>
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	The Board CONSIDERED the reports and took ASSURANCE from the updates provided
6.2 MENTAL HEALTH LEGISLATION COMMITTEE KEY ISSUES REPORT	
135/25	ALF referred to the longstanding alert regarding Best Interests Assessors. In addition, she drew attention to an issue raised by JD on the reappraisal process for those members who sat on Discharge Committees. These were scheduled from April onwards, but dates arranged were subject to cancellation. To proceed, the Committee needed one of the Service Group triumvirate to attend; AH agreed to progress this outside the meeting. Action 17: AH The Board CONSIDERED the report and took ASSURANCE from the actions resulting from the discussion.
6.3 CHARITABLE FUNDS COMMITTEE KEY ISSUES REPORT	
136/25	NM had no alerts to raise; for assurance purposes, NM reported that Brewin Dolphin had provided an assessment of the charity’s portfolio. NM also referred to the recent successful event around the opening of Cwtch Clos and paid tribute to the small SBUHB team that had managed the event so well. In response to a query on progress with staffing matters, DG outlined the current position. NM concluded by welcoming the support from the Lady Mayoress for the Cwtch Clos campaign The Board CONSIDERED the report and took ASSURANCE from the update provided.
6.4 MENTAL HEALTH REPORT (Inc. Assurance Assessment From NHS Exec)	
137/25	JW welcomed MW and NV to the meeting, to present the second of a series of three reports to the Board; MW began with the following update: <ul style="list-style-type: none"> • Workstreams were progressing well overall, and MW was pleased to report progress in addressing limited access to data, an issue raised at the May 2025 Board meeting. Staff were enthusiastic about developing appropriate short-term solutions, whilst longer term planning continued. • By 1 September, there would be digital capture of single point of access information. MW thanked KL for sharing his experience as a consultant using the system.



- Collectively, the digital improvements placed SBUHB in a good position to progress discussions with WG on the funding of an electronic patient record (EPR) and other digital solutions, to improve access to key quality and safety data.
- Quality and safety meetings were scheduled and priorities agreed. MW and LR would meet in September to discuss aligning the quality and safety agenda with the transformation programme.
- Significant work underway on unscheduled care and crisis teams, alongside community based mental health teams and assertive outreach. Implications for the design of the wider model of care would emerge from this work.
- NV had developed the connection with the RPB, with an agreed set of priorities in place to secure a joint response to challenges, including to joint incidents.
- Limited progress on workforce to date, due to establishment reviews; work would now proceed at pace.
- The challenges facing parts of the estate, including how to move from unacceptable estate accommodation to more appropriate temporary facilities.
- Discussions with the communications team on previous consultations.
- Work with DG to scope the costs of the programme.
- A range of communication meetings, including with service users.
- A helpful visit by Llais to see the estate issues first hand.

NV added detail on a 'deep dive exercise' into the estate issues and associated actions. The Board would receive further information on this at the September Board meeting, in the third report of the series.

DL referred to the Executive Team visit to Somerset NHS Foundation Trust and the opportunities for shared learning.

AH commented on the digital system in use in Somerset- this was the same as that planned for SBUHB. She also reflected on the population health approach to delivering mental health services, rather than criteria-based access. This model included single point of access and assistance to individuals to navigate their required level of support. This worked well with very few out of area placements and the approach would offer SBUHB significant learning.



	<p>NZ asked about the inclusion in the transformation programme of opportunities to work with partners on service co-location. MW agreed to include this consideration, whilst recognising the need for a specific model for very acutely unwell people with specific needs and requirements. DL suggested the exploration of co-location for community-based services. Action 18: MW</p> <p>SS referred to the 34-month estimated timeframe for interim improvements to the estate and asked about the possibility of accelerating the work. He also noted the dispersed nature of some services, with low and medium secure services provided on the Glanrhyd Hospital site, owned by another health board, and the implications of JCC commissioning.</p> <p>MW acknowledged the lengthy timeline and explained the purpose of the phasing - to secure step change improvements across the service base. NV agreed to provide a briefing note, setting out the changes that service users would see as work progressed, advising that changes to adult services would take 20 months. Action 19: NV</p> <p>JW thanked MW and NV for the update.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the update on progress against the overall Mental Health Transformation Programme • CONSIDERED the existing position in relation to the Mental Health Service estate and ENDORSED the work in hand to address the risks. • CONSIDERED the content of previous consultation exercises and the commitments made at the time. • APPROVED the development of a comprehensive report on the Interim Solution, including proposed temporary moves. This would take the form of full option appraisal, capital and revenue considerations, with a recommendation on the preferred option.
<p>6.5 INSOURCING OF FIRST OUTPATIENT APPOINTMENTS - SOUTH WALES</p>	
<p>138/25</p>	<p>DG advised that the report set out an approach to increase the number of outpatients seen during the 2025/26 year; this formed part of the Cabinet Secretary’s approach to increasing the availability of outpatient appointments and reducing delays. WG had made funding available across Wales for health board implementation of a national contract. Page 5 of the report set out the expected volumes.</p>



Whilst the model was based on insourcing, the work would take place in SBUHB facilities at weekends, with additional staffing. Outsourcing would facilitate more outpatient appointments, although DG flagged the possibility of a backlog caused when patients then reverted to SBUHB for diagnostic procedures.

JW asked about the modelling of any potential backlog; DL assured the Board that there was a broad understanding of the demand and that this should mirror SBUHB core work. Whilst at this stage, WG had not included funding for the diagnostic implications; she and colleagues were raising it with WG officials.

DL also commented on the additional administrative work involved, including the booking and scheduling arrangements; the preference to use SBUHB consultant staff should help mitigate against the additional work.

KL shared his disappointment that WG had not included neurodiversity in the funded work, given that this was the longest local waiting list. DL advised that, in 2024/25 WG had provided £900k of additional funding to reduce the neurodiversity waiting list; this had supported joint working with local authority partners to address waiting times. Funding had reduced significantly for 2025/26, with an adverse impact on planned improvements.

JC asked how SBUHB would hold the insourcing company to account. DL summarised a detailed tendering process and the robust oversight arrangements in place.

DG reported on the additional funding in-year to increase the capacity for endoscopy; he reflected on the complexity and different funding streams and contracts that DL and the team were progressing.

JW extended the Board's thanks to DL and the team for their painstaking work in managing such a diverse number of financial streams and waiting time initiatives.

The Board:

- **CONSIDERED** the report and the implications of the WG expectations in respect of additional outpatient activity.
- **APPROVED** the awarding of the contract to HBS UK for the provision of insourced initial patient assessments from 21/07/25 to 31/03/26
- **REMITTED** oversight of the contract to PFC.

6.6 CORPORATE GOVERNANCE REPORT



139/25	<p>HL referred to the routine report, including the standard range of issues.</p> <p>The Board RECEIVED: the Matters considered In-Committee at the 28 May 2025 Board meeting; Welsh Health Circulars; The Common Seal Register; Board Business Cycle.</p>
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6.7 MINUTES OF PREVIOUS BOARD MEETINGS

140/25	<ul style="list-style-type: none"> i. 29 May 2025 ii. 25 June 2025 (Special) iii. 15 July 2025 (Special) <p>The Board APPROVED the minutes of the three previous Board meetings.</p>
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6.8 ACTION LOG

141/25	<p>HL updated the Board on the work underway to collate all the actions from three meeting held in quick succession; she agreed to issue the Action Log outside the meeting cycle.</p> <p>Action 20: HL</p> <p>The Board REVIEWED and took ASSURANCE from the update provided on the Action Log.</p>
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PART 7. ITEMS FOR NOTING

7.1 BOARD ADVISORY GROUPS REPORT

142/25	<ul style="list-style-type: none"> i. Health Board Partnership Forum ii. Stakeholder Reference Group iii. Health Professionals Forum <p>PD advised that further members had joined the Stakeholder Reference Group (SRG); the last meeting had focussed on the Maternity and Neonatal and SRG members were impressed by the Board’s attitude and that of staff at all levels of maternity and neonatal services, in accepting the Independent Review Recommendations.</p> <p>JW confirmed that she and other Board member were always happy to meet with the SRG and discuss the work of the Board in more detail. There would also be an opportunity to meet before the Annual General Meeting in September.</p>
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	The Board took COGNISANCE of the Advisory Groups Report
7.2 CHAIR'S REPORT	
143/25	The Board RECEIVED and took COGNISANCE of the Chair's activities since the last Board meeting in January 2025.
PART 8. ITEMS FOR DISCUSSION	
8.1 ANY OTHER BUSINESS	
144/25	There was no other business.
8.2 REVIEW OF MEETING EFFECTIVENESS	
145/25	<p>TR provided a summary of her observations during the meeting:</p> <ul style="list-style-type: none"> • The Reading Room had constituted a useful development in providing a full range of papers to support the Board's deliberations; further improvements included changes to the covering papers and additional information in AAA reports. • The discussions on risk and risk appetite had demonstrated progress in refining the risks and the risk appetite. Committee reports would change to include relevant risks and risk appetite. • Further consideration of cross Committee working, to avoid silo working or duplication • On metrics, the sheer number of data points considered risked losing sight of the key objectives and drivers. <p>Before closing the meeting JW extended her thanks on behalf of the Board to JD for her service and dedication during her 8 year term on the Board; she had been a steadfast advocate for the voice of staff, been a member of many committees, and offered thoughtful and wise counsel during challenging times, particularly during Covid -19. JD was an enthusiastic supporter of the SBUHB Charity and had made a major contribution to its development. She had also overseen a number of service changes, always focussed on the implications for patients and staff.</p> <p>All Board members joined JW in wishing JD well for the future.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Next Health Board Meeting: 25 September 2025

The meeting concluded at 16:12.