



**Swansea Bay University Health Board (SBUHB)  
Minutes of the Special Board Meeting held on  
11 September 2025 at 9:00am**

<b>Present:</b>		
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
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
Martin Lloyd	(ML)	Independent Member
Nicola Matthews	(NM)	Independent Member
Christine Morrell	(CM)	Executive Director of Allied Health Professions and Health Science
Patricia Price	(PP)	Independent Member
Tina Ricketts	(TR)	Executive Director of Workforce & OD
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
Karen Stapleton	(KS)	Deputy Director Strategy
Craige Wilson	(CW)	Deputy Chief Operating Officer
Nuria Zolle	(NZ)	Independent Member (via Teams)

<b>In Attendance:</b>		
Delyth Brushett	(DB)	Audit Wales
Pat Dunmore	(PD)	Stakeholder Reference Group Chair
Hazel Lloyd	(HL)	Director of Corporate Governance
Osian Lloyd	(OL)	Head of Internal Audit
Carys Richards	(CR)	Senior Corporate Governance Manager
Richard Thomas	(RT)	Director of Insight, Communications and Engagement

<b>Observing:</b>		
Theresa Ogbekhiulu	(TO)	Welsh Government Aspiring Board Member Programme
Simon Carr	(SC)	Deloitte
Ella Oregon	(EO)	Deloitte



<b>Apologies:</b>		
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
Reena Owen	(RO)	Independent Member
Gill Richardson	(GR)	Assistant Director of Policy, Research and International Development

<b>Acronyms</b>			
SBUHB	Swansea Bay University Health Board	IM(s)	Independent Member(s)
EQIA	Equality Impact Assessment	LTA	Long Term Agreement
PFC	Performance and Finance Committee	HDUHB	Hywel Dda University Health Board

The meeting began at 9:00am.

<b>Minute Ref:</b>	<b>Agenda Item</b>
<b>PART 1. PRELIMINARY MATTERS</b>	
<b>1.1 WELCOME AND APOLOGIES FOR ABSENCE</b>	
146/25	<p>Opening the meeting, JW extended a warm welcome to all attending the Special Board meeting, and particularly to: Martin Lloyd, attending his first Board meeting as the new Independent Member (Trades Unions.) and Theresa Ogbekhiulu, attending as a member of the Welsh Government (WG) Aspiring Board Member Programme, a leadership programme designed to support and help people from Black, Asian and Minority Ethnic backgrounds.</p> <p>JW also welcomed Simon Carr and Ella Oregon from Deloitte, and Delyth Brushett from Audit Wales.</p> <p>JW went on to outline the role of the Board as the Governing Body of the organisation, responsible for the financial stewardship of £1.8bn of public money and an employer of 12,800 WTE staff, making it one of the largest public bodies in the UK. The Board had statutory duties around public health, health protection, and the provision of safe,</p>



	<p>quality health services for the 400,000 population of Swansea and Neath Port Talbot.</p> <p>The Board had a bi-monthly programme of scheduled meetings; however, there were times when a matter was of such importance that the Board had to convene a special meeting. This was such a meeting, convened to consider the 2025/26 financial position. JW apologised for the late circulation of the finance paper and advised that the Director of Resources would present it in detail.</p> <p>JW indicated that another matter also warranted discussion at the meeting, prior to further consideration at the Board meeting on 25 September. This concerned West Ward at Gorseinon Hospital. Marie Davies, Deb Lewis, and Reena Owen had extended their apologies.</p>
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## 1.2 DECLARATION OF INTERESTS

147/25	<p>NM declared an interest relating to the Gorseinon Hospital discussion; there were no other declarations outside those already on the Declarations of Interest Register.</p>
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## PART 2. MAIN AGENDA

### 2.1 ANNUAL PLAN - FINANCE UPDATE

148/25	<p>JW invited DG to present the finance paper in detail; DG began by referring to the updated Financial Plan for 2025/26, with detailed documents accessible in the Reading Room. Following the meeting he and AH had a scheduled meeting with the Chief Executive and Director of Resources of NHS Wales to brief them on the outcome of the Board’s deliberations.</p> <p>DG drew attention to:</p> <ul style="list-style-type: none"> <li>• The table at Page 3. This set out the 2025/26 SBUHB Annual Plan (the Plan), as submitted to Welsh Government (WG) for scrutiny and assessment, following the March 2025 Board meeting. The Board had not approved the Plan, given the level of deficit, and WG had assessed it as being unsupportable and unacceptable.</li> <li>• The 2025/26 Plan was the first of a three-year trajectory and it forecast £58.7m deficit at the year end, based on delivery of £55.4% savings requirement. Years two and three also</li> </ul>
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required significant savings, to ensure a return to balance in 2027/28.

- The 2025/26 Plan centred on making systems more cost effective, productive and efficient; future years would focus on substantial strategic and transformational changes to shape the organisation to meet the needs of its population.
- The chart at Page 4 set out the Month 05 position; an in-month deficit of £5.9m resulted in a cumulative deficit to date of £37.8m, some £13.3m off plan and a savings delivery gap of £15.9m.
- To deliver against the £58.7m year-end position, months 06-12 could not exceed a £3m variance from Plan in any month. To give some context, Month 05 had seen the lowest variance, at £5.9m

Summarising the position, DG advised that year end delivery depended on a significant reduction in monthly run rates; in the next section of his presentation, DG outlined the actions intended to achieve this reduction.

- Page 5 described the intensification of the work in hand, with additional actions to supplement those in place from Month 01.
- External support had helped to drive down the deficit, based on the strategic executive led themes, and additional planned care savings. The aim was to deliver more robust and recurrent benefits.
- A review of one-off opportunities, with control mechanisms applied to underspend areas to maintain or even increase level of underspends. This was primarily pay-related but also included non-pay elements.
- The summary table, at page 6, set out the component parts of the Plan; these focused on delivery of the £55.4m savings plan, to reach the £58.7m year-end deficit total. A series of savings delivery actions had identified £46.4m savings to date, leaving a gap of £9m. The Recovery and Sustainability Board had agreed further actions to address this quantum of savings.
- The second table at Page 6 set out individual lines against delegated spend, with further benefit realisation from corporate underspends, a review of balance sheets opportunities and refreshed assessments of risk; the savings delivery trackers



- identified £21.8m of in-year savings assessed as green and £ 3.3m as amber; the full year effect of these would be £33.6m.
- Page 8 set out the impacts of further work on schemes; testing of red schemes was underway, assessing the prospect of moving to green or amber, with a £1.7m savings opportunity identified to date. Analysis of the executive led work-streams would continue, designed to embed recurrent savings.
  - All such savings would amount to £6.8m in-year, with a full year effect of £29.5m. Variable pay controls and savings on other budget lines, including travelling expenses, would also realise additional savings. The Recovery and Sustainability Board continued to review savings' potential.
  - The recurrent element of the Plan now exceeded £55.4m, with the potential to reach £59.3m; this was significant, given that SBUHB had historically found it challenging to convert non recurrent savings opportunities.

Summarising, DG advised that, at this stage, SBUHB had all the component parts necessary to deliver the £55.4m savings included in the Plan submitted to WG in March 2025.

He drew attention to two other issues:

- New, in-year, risks that were unknown, and could not be foreseen, in March 2025; these were unmitigated as yet, and teams were working hard to identify mitigating actions.
- The scale and challenge facing SBUHB in developing a strategic and financial strategy that delivered a cohesive and sustainable services, underpinned by a sound financial position. This was still work in progress, with actions including: an assessment of all fragile service; a review of current internal resource allocative efficiency, across the life course and range of services, recognising the need to increase spend on population health and primary/community services and to 'shift left' treatment-focussed services; a reassessment of Long Term Agreement (LTA) activity with other health boards; the need to respond to developing treatments and services for cancer care; and services provided with Hywel Dda University Health Board (H DUHB).



JW thanked DG for his comprehensive presentation. Given the late circulation of the paper, she offered PD the opportunity of a separate briefing for the Stakeholder Reference Group and PD welcomed this.

**Action: DG**

JW then invited PP, as chair of the Performance and Finance Committee (PFC) to give the Board its advice. PP drew attention to three issues:

- PFC recognition of the scale of work undertaken with the support of Deloitte; PFC required a clear exposition of the financial position, and the paper delivered that. The full year effect of 2025/26 savings- £59m - in addition to the recurrent £38m of the £59m savings delivered in 2024/25, represented a significant recurrent savings total, PP wondered whether other health boards had achieved similar savings totals.
- The significant risks that had emerged in year and the potential to mitigate these fully in 2025/26. PP suggested that such mitigation would warrant radical savings options, over and above those required to meet the £55.4m savings total.
- The delivery risk resulting from the withdrawal of support from the Deloitte team; SBUHB had to build internal capacity and capability and this would take time.

JW asked AH to include a response to the question about internal capacity and capability in her Accountable Officer advice to the Board; JW then invited questions and comments.

SS supported PP's comments and commended the papers for their level of detail and clarity. He referred to the £9m 'gap' and sought further detail and assurance on this component.

Responding, DG advised that actions to deliver this included: a reduction of £6.25m in variable pay spend, £750k gain through theatre efficiency, with the remainder identified from procurement controls. DG agreed to provide a detailed briefing on these actions.

**Action: DG**

JW invited SC and EO from Deloitte to comment on this point. SC referenced the work undertaken to avoid the duplication of savings opportunities. SBUHB had to drive up the in-year value of the Plan, and this called for significant and sustained effort, including the need to address challenging operational issues.



ALF extended her thanks to the finance team and PFC for all the work and scrutiny that underpinned the detail set out in the papers. From her perspective, the Board had to make explicit its ongoing commitment to service provision for the population; the papers did not comment on that commitment.

AG welcomed the invitation to attend the PFC meeting on 8 September, as this had increased his understanding of the Plan. The transparent approach to sharing and explaining the calculations and figures had given him confidence in the deliverability of the proposed actions.

JC also thanked the finance team for explaining the detailed figures to Independent Members. She expressed concern at the £21m deficit ceiling available to cover the remaining seven months of the 2025/26 year. She emphasised the need for pace and rigour and to gain ownership of the 'ask' across the organisation. This called for significant cultural change and a fundamental reset of internal resource allocation. JC also commented on the need to impress on WG officials the three-year trajectory to which the Board was working.

JW thanked everyone for their contributions and then invited DG to provide his professional advice to the Board.

DG advised that, in his professional opinion, the £55.4m savings plan was robust, acknowledging the need to provide further confidence on the £9m highlighted earlier in the meeting. The unforeseen, new in-year risks remained unmitigated at this stage; work in hand to indemnify mitigations would reduce the volume of such risks but not eliminate them. DG also reiterated the need for major cultural change, to impress on the organisation the need for a transformational approach to secure service and financial sustainability.

JW invited any further questions or comments on DG's professional advice. There were none. She expressed the Board's thanks to DG, to PP and the members of the PFC for their advice and counsel.

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

AH extended her thanks to DG and the finance team, and to the Deloitte team, for their rapid analytical work to provide the granularity of data needed to inform the Board's decision-making.

AH then reflected on the presentation she made to the Board in February 2025, after her first 100 days, and the continuing relevance of that to the current agenda, and the need to:



- Strengthen both corporate and clinical leadership, with Executives being more visible and driving key changes across the organisation.
- Articulate SBUHB long term goals more clearly; the launch of the refreshed Organisational Strategy at the AGM earlier in the week was helpful in this respect.
- Clarify the SBUHB organisational design and operating model, building and developing clinical leaders to drive change.
- Ensure that the characteristics of a high performing organisation formed the basis of the change process, including: open and transparent communication; a clear continuous improvement methodology; strong workforce engagement across the organisation; and high-quality management. Collectively, these building blocks would support and drive organisational success and deliver safe, high quality services.
- Drive further work on productivity, efficiency and care pathways.
- Modernise the workforce, supporting JC's comments on the urgent need for cultural change.
- Ensure a 'rounded' set of data, to include safety, quality, finance and performance and guard against the domination of any one element.

AH advised that, in her assessment, the organisation-wide change process was underway, but now had to accelerate. AH acknowledged the 'delivery risk' that would result once the Deloitte team withdrew; there was an increasing understanding of the capacity and capability gaps and AH was confident that SBUHB had more HB had more capability than was immediately visible. TR would focus on identifying and mobilising that capability in the coming weeks and months, as part of the drive to secure organisation-wide engagement in the delivery agenda.

Specifically on confidence in the Plan under consideration, AH reflected on the limited level of confidence as recently as six weeks previously; this had now improved and the additional granularity underpinning the information available had increased the confidence level.

AH acknowledged that the Board could not meet WG expectations at this stage, given that the savings plans spanned a three-year trajectory, with some components requiring capital investment. SBUHB had, however, delivered a higher level of savings than any



other health board in 2024/25 and was scheduled to do so again in 2025/26.

On fragile services, AH was clear that the Board would have difficult options and choices to consider, at both local, regional and supra regional levels.

JW thanked AH for setting out the organisational context with such clarity, for her advice on the current, and year-end financial position. AH had described the scale of both the financial and service sustainability agenda, one to which the Board would return in future meetings

JW invited any further questions or comments.

ML wanted to draw the Board's attention to how hard staff were working and the need to engage staff fully in the change agenda, by being open and transparent about the challenges facing the organisation.

Responding, AH:

- Recognised the need to have clear mechanisms in place to engage with staff at all levels in the organisation, informing and involving them in the decisions and actions needed in the short, medium and longer term. This included discussions on the current financial Plan.
- Referred to the positive position in which SBUHB found itself in respect of recruitment and retention, with full recruitment to nursing posts. Staff found this hard to accept and TR had undertaken a wide-ranging benchmarking exercise, to confirm the SBUHB comparative position and the result showed that the savings set out in the Plan were achievable.
- Commented on the current number of Organisational tiers and the need to clarify the optimum span of control between Executives and the front line.
- Referenced plans to support service group triumvirates in managing money, people, service change and delivery.

TR also commented that:

- The current approach to annual workforce planning had to evolve into a strategic workforce planning and development process, designing workforce solutions that supported the delivery of the SBUHB strategic and operational plans.
- As line managers had an important role in engaging with and informing staff of plans for change, she was designing a suite



of leadership and management programmes, to ensure that all those with such responsibilities across SBUHB had the required skill set and capability.

- Organisational culture and the need to empower people to make decisions and changes aligned with the earlier discussion on building up improvement capability across the organisation.

JW thanked AH and TR for their additional contributions. She then moved to the recommendations.

The Board:

- **CONVEYED** its thanks to DG and the finance team, and SC and EO from Deloitte, for the range of detailed work undertaken at pace over recent weeks.
- **CONSIDERED** and **ACCEPTED** the professional advice of DG, the Director of Finance and Performance.
- **CONSIDERED** and **ACCEPTED** the advice of AH, as Chief Executive and Accountable Officer, on both the wider contextual position and specifically on delivery against the £55.4m savings plan.
- **SUPPORTED** the action that AH set out on organisational organisation, culture and capability, and **AGREED** to relieve a tailored report on these matters at a future meeting.
- **ACCEPTED** that it could not commit to move to a £42.5m deficit at the 2025/26 year-end.
- **CONFIRMED** the £55.4m savings plan, as originally envisaged, **CALLED FOR** further detail on the £9m as yet outstanding and **REMITTED** scrutiny of this detail to the PFC.
- **ACCEPTED** that new, additional unforeseen costs impacted adversely on the £58.7m year-end deficit position; these remained unmitigated at this stage and the Board **LOOKED FOR** urgent, specific focus on mitigating actions.
- **ACCEPTED** that, given the scale of the savings already identified in the original Plan, the scale of the additional ask, the fundamental cultural reset required, and the need to build up capacity and capability to deliver, the Board could not at this point commit the organisation beyond the original savings quantum.



- **ASKED** the Chief Executive and Director of Resources to review the delivery risk associated with the withdrawal of the Deloitte team and identify the replacement capability required.
- **CONFIRMED** the need for teams to work tirelessly for the remainder of the year, to identify additional opportunities, including difficult choices.
- **REITERATED** the Board's view that the scale of the challenge required a three-year recovery and sustainability trajectory.
- **CONFIRMED** its commitment to delivering against current strategic and operational plans.

### PART 3. ANY OTHER BUSINESS

#### WEST WARD: GORSEINON HOSPITAL

149/25

JW outlined patient safety issue concerns that had emerged in respect of West Ward, Gorseinon Hospital. The Board would consider the matter formally at the 25 September meeting, but false rumours circulating on social media platforms called for an immediate statement, to correct such rumours and allay public concerns. JW then invited AH to brief the Board.

AH referred to a number of safe staffing concerns that posed a risk to patient safety at the in-patient ward at Gorseinon Hospital. In response to these concerns, she had asked LR and DL to assess the level of assurance around the safety and quality of the service. That assessment had raised serious concerns and had not provided assurance, with the resulting need for immediate action, in the form of an urgent, temporary closure of the ward and transfer of the service to an empty ward in Singleton Hospital. This would provide staff with more support, overnight medical support and senior nurse leadership oversight and support.

Discussions with staff had also prompted public interest and concern; through NMs good offices, JW and AH, together with LR and Rhodri Edwards, Consultant Geriatrician, had met with local Councillors earlier in the week and explained the rationale for considering such urgent action. JW and AH had agreed to issue a statement, after the Board meeting today, to set out the position. AH then asked LR to provide more detail on the background.

LR explained that West Ward was a single ward, providing sub-acute, step- down care, with no access to overnight medical cover. Recent months had seen staff from all disciplines raise a number of concerns, with safe staffing concerns being a key theme. Staffing shifts on the



ward now depended on 50% temporary staff and this raised patient safety concerns. There were also issues with sickness levels, team dynamics and culture; those in nurse leadership and management positions had tried a number of interventions in the months since February, but these had not resolved the concerns. LR reminded the Board of its statutory duty to safeguard patient safety and advised that the number of 'red flags' now identified called for the Board's immediate attention. Mitigating actions were in place on a very short-term basis, in advance of the Board considering the matter formally on 25 September.

LR concluded by confirming that patient safety concerns related solely to West Ward and did not impact on any other service provided on site at the hospital. Despite this, public concerns centred on fears of hospital closure so an early statement was essential, to allay fears and counter false rumours.

RE supported the position as set out by AH and LR; he advised the Board that, in his view, the number of red flags posed a risk to patient safety.

RT reported on the plan to issue a written statement immediately following the meeting; this would emphasise that the Board had not made a final decision, set out the rationale for considering an urgent, temporary closure of the ward area and refute irresponsible rumours circulating on alternative uses. The statement would confirm that the rest of the Hospital would continue to act as a vibrant local hub and that Gorseinon was an important part of the SBUHB NHS estate.

JW extended her thanks to NM for facilitating the meeting with local councillors; she asked RT to liaise with NM on the statement.

**Action: RT**

NM welcomed the proposed statement and the notion to consider the matter fully at the Board meeting on 25 September. Community concerns centred on the longevity of the hospital and NM suggested formal public engagement with the community when considering the longer term

JW thanked AH and LR for the briefing, and RE for his additional advice to the Board. She confirmed that the paper for the formal Board meeting on 25 September would include the legislative basis of the Board's statutory duty to protect patient safety, together with a synopsis of all the interventions that had failed to resolve the position or to identify any solution short of urgent, temporary ward closure and service transfer.



	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>REGISTERED</b> its significant concern at the patient safety concerns set out in the briefing.</li> <li>• <b>SUPPORTED</b> the short-term mitigating actions.</li> <li>• <b>AGREED</b> to issue a written statement immediately after the meeting, to set out the facts and to counter false rumours.</li> <li>• <b>DETERMINED</b> to consider the matter formally at the 25 September Board meeting.</li> </ul>
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**MOTHER AND BABY UNIT: TONNA HOSPITAL**

150/25	<p>AH drew the Board’s attention to the regional Mother and Baby service, based at Tonna Hospital. The Unit was not purpose built and its infrastructure was old, with an urgent need for roofing and heating repairs. The Unit would need to close to admissions for a brief period. The Joint Commissioning Committee had agreed the changes and had held discussions with Llais. AH would provide a further update at the 25 September Board meeting, as part of her Chief Executive’s Report.</p>
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**Next Health Board Meeting: Thursday 25 September 2025**

The meeting concluded at 10:11am.