



**Swansea Bay University Health Board (SBUHB)  
Minutes of the Special Board Meeting  
held on 16 December 2025 at 2:00pm**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive Officer
Marie Davies	(MD)	Executive Director of Planning and Partnerships
Richard Evans	(RE)	Executive Medical Director & Deputy Chief Executive
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
Keith Lloyd	(KL)	Independent Member
Martin Lloyd	(ML)	Independent Member
Nicola Matthews	(NM)	Independent Member
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Tina Ricketts	(TR)	Executive Director of Workforce & OD
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
Nuria Zolle	(NZ)	Independent Member (via Teams)

<b>In Attendance:</b>		
Matthew John	(MJ)	Director of Digital
Hazel Lloyd	(HL)	Director of Corporate Governance
Carys Richards	(CR)	Senior Corporate Governance Manager
Richard Thomas	(RT)	Director of Insight, Communications and Engagement

<b>Apologies:</b>		
Jean Church	(JC)	Independent Member
Christine Morrell	(CM)	Executive Director of Therapies and Health Science
Gill Richardson	(GR)	Executive Director of Public Health (Interim)

<b>Observers:</b>		
Ashleigh OCallaghan	(AO)	Chief Business Officer



<b>Acronyms</b>			
SBUHB	Swansea Bay University Health Board	WG	Welsh Government
CHC	Continuing NHS Healthcare	MH	Mental Health
JCC	Joint Commissioning Committee	MIU	Minor Injury Unit
LD	Learning Disability	PFC	Performance and Finance Committee

*The meeting began at 14:03.*

<b>Minute Ref:</b>	<b>Agenda Item</b>
<b>PART 1. PRELIMINARY MATTERS</b>	
<b>1.1 WELCOME AND INTRODUCTORY REMARKS</b>	
220/25	JW extended a warm welcome to all attending the meeting. She set out the role of the Board as the Governing Body of the organisation, meeting on a bimonthly basis, with an agenda that covered the breadth of the Board’s responsibilities. There were occasions when the Board had to meet outside the normal meeting cycle, to consider specific issues; this special meeting would receive a report on the updated financial assessment of, and the actions required to address, the financial challenges and actions to close the savings gap.
<b>1.2 APOLOGIES FOR ABSENCE</b>	
221/25	Jean Church, Nuria Zolle, Keith Lloyd, Chris Morrell, and Gill Richardson had tendered their apologies for the meeting.
<b>1.3 DECLARATION OF INTERESTS</b>	
222/25	There were no declarations of interest other than those already identified on the register.
<b>PART 2. MAIN AGENDA</b>	
<b>2.1 THE 2025/26 PLAN AND UPDATED FINANCIAL ASSESSMENT</b>	



223/25	<p>JW apologised to the Board for the late issue of the report; this resulted from the need to present the most up to date position as possible, in readiness for the Public Accountability Meeting with the Cabinet Secretary and Welsh Government (WG) officials on 18 December 2025. She invited DG to take Board members through the report, drawing out the key issues for discussion and consideration. DG referred to the purpose of the report: to set out the collective actions required to address the savings gap. He drew attention to:</p> <ul style="list-style-type: none"><li>• The £4.2m deficit in month 08; this was the second-best in year position to date;</li><li>• The £51.4m position to date; this was £12.3m above the stated plan and allowed for a maximum £7.3m total overspend during the final quarter of 2025/26, the equivalent of £1.8m or better per month.</li><li>• The plan set out £55.4m of savings options, with a forecast delivery of £42.4m, with £33.8m of this referring to savings schemes placed on the WG tracker and £8.6m of other in year opportunities.</li><li>• The key focus for the savings component of the Plan was on Executive led schemes and year-end additional controls on spend; DG referred to the position update found at Page 9 of the report and confirmed that the quantum; if achieved, would be almost sufficient to meet the savings gap.</li><li>• The work planned to revise the bed model; this work had started, for implementation at the of January 2026; it would help to mitigate against the current challenge in improving flow and releasing capacity back into the system.</li><li>• Urgent and emergency care improvement opportunities, including scrutiny of, and workforce redesign at, the Minor Injury Unit (MIU) and Neath Port Talbot hospital. Community based schemes were also subject to scrutiny through a Community Services Review, due to provide initial findings end of December 2025.</li><li>• The fact that £6.8m savings delivered in 2025/26 would drive around £30m of recurrent savings in 2026/27.</li><li>• Further actions on variable pay, including controls developed with the support of the strategic partner (Deloitte), to apply across the workforce. Executive directors now scrutinised and signed off vacancies, with the introduction of system-based</li></ul>
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controls, including an hours-based budget allocation, to ensure operation across the full month.

- The impacts of (i) sickness and absence and (ii) the recent increase in acuity through emergency pathways; these both placed additional demands on services as the Christmas period approached.
- The request from WG to provide an additional 3000 outpatient appointments in year and additional bariatric and cardiac surgery, to support the all-Wales position; DG emphasised the importance of securing full recompense for this additional activity.
- Additional controls established on non-pay, with senior staff scrutinising and approving purchase requests; this included consideration of the potential to suspend access to some catalogue lines as the financial year end approached. An exercise was underway to identify safe deferment of ordering until 2026/27.
- The implementable plans – set out at Page 9 – to reach the £13.1m gap; these accounted for £11.7m resulting in a £1.4m shortfall still to meet.
- The next steps and additional opportunities identified at Pages 11 and 12 of the report. Board support was sought to undertake further work on four actions:
  - (i) Stretching the variable pay gap from the current level of 50% to 60%, releasing an additional £1.4m, with impact assessments ensuring a focused consideration of safety.
  - (ii) Changes to the emergency and unscheduled care model, with a focus on MIU redesign; this would release an estimated £0.4m part year effect.
  - (iii) Planned theatre capacity exceeded that required to treat the 1,397 people awaiting treatment as part of the 104-week commitment. January 2026 would see work to cohort patients and make the best use of theatre availability, standing down capacity where possible, and saving both variable pay and non-pay costs-quantification of savings would follow.



- (iv) A detailed review, during Q4, of Long-Term Agreements across all providers, as highlighted by the strategic partner.

Considered collectively, DG advised there would be sufficient value in these further actions to close the gap between £13.1m and £11.7m The Performance and Finance Committee (PFC) had considered the actions that morning and the report before the Board reflected the PFC discussions.

JW thanked DG for his detailed update; she invited AH to comment before opening up the discussion.

AH recognised the need to push further on savings in Quarter 4 and advised that the Executive Team had discussed and endorsed the actions. She reflected on the need to position the variable pay actions in the context of a significant increase in overall staffing numbers in recent years. The Deloitte team would support the work to drive savings and address the underlying deficit, with the additional actions proposed for Quarter 4 designed to accelerate delivery.

JW invited questions on a themed basis, starting with **mental health:**

NM referred to plans to reduce the number of out of area mental health placements and asked how services would provide safe care locally.

ML sought confirmation that mental health (MH) service and learning disability (LD) service planning would reflect the different needs of both client groups.

RO sought confirmation of local authority partner engagement, given the need to work in partnership to repatriate people, particularly to community-based care options.

Responding to these points in turn, AH advised:

- (i) On out of area placements, active meetings were underway with the MHL D Service Group to determine how best to avoid such placements; a case-by-case review would ensure optimum use of local beds and services, with additional scrutiny of placements made out of area. MD also reported that placements funded under an overarching Continuing NHS Healthcare (CHC) category not only included fully NHS funded placements, but also joint funded packages of care and s117 aftercare service requirements that would involve partnership working. The introduction of a digital



system to capture data would allow improved and enhanced tracking and closer management of out of area placements. DL confirmed the intention to improve the local infrastructure, to drive best use of local specialist capacity; this was a pan- Wales issue and would involve working with the Joint Commissioning Committee (JCC) as well at local level, on how patients could step down safely from hospital to community supported care.

(ii) AH confirmed that MH and LD services were considered both collectively, as part of the same Service Group, and separately, in respect of service models; a more detailed 'deep dive' exercise into the budget allocations for both services was underway, with the first meeting, attended by Deloitte, considering the 12% excess run rate against budget on variable pay. This was a higher utilisation of variable pay than SBUHB could afford, with recent use of 130 WTE used in one week across the Service Group; this had safety and quality implications in addition to costs. Work would continue at pace to address urgent acuity-based out of area requests.

(iii) On partnership working, AH acknowledged the need to work together to repatriate existing out of area placements as well as taking actions to avoid any further such placements unless absolutely unavoidable. JW asked about the level of confidence associated with this level of repatriation. Responding, DL confirmed that patient safety would be paramount and that there was scope to use local services more effectively.

Turning to **Urgent and Emergency Care**, PP referred to the proposed savings of £1.6m by implementing a specific service model for clinically optimised patients; she asked about the level of confidence in the delivery of the plan to reduce the number of clinically optimised patients by at least 100 by the end of March. This was an issue across Wales and PP sought information on the cost to SBUHB of this category of patient.

Responding, DL reflected on the fact that providing care for this cohort of patients in an acute setting was inappropriate and



potentially harmful, resulting in deconditioning and a reducing possibility of a return to independent living. Clinically optimised patients were spread across hospital sites, on wards with patients who had high acuity needs and were acutely unwell. Placing clinically optimised patients together made it easier to adapt staffing and service models to better meet their needs. SBUHB was funding a dedicated social worker post to maintain active planning for discharge and throughput. The initial 30 patients would transfer during the week of 5 January 2026, with further cohorts joining them, once the model of care was embedded.

On the estimated costs, DG advised that 100 clinically optimised patients was the equivalent of four acute wards, with the staffing and service provision alone likely to equate to £6m per year.

On the wider unscheduled and emergency care position, AH reflected on the need to prevent winter respiratory virus admissions where possible, making the best use of virtual wards across each primary care cluster. JW asked for a report to the Board in January 2026, on the virtual ward model, to include the number of beds available and usage by cluster. **Action: DL**

JW acknowledged the point that PP made about the WG allocation to local authorities to support the winter planning agenda; partnership working across the delayed pathways of care agenda would feature at the 18 December meeting.

MD recognised this as an issue across Wales, with the position deteriorating across health boards; she outlined the role of the Regional Partnership Boards in overseeing delivery against system-wide winter plans.

On **non-pay costs**, NM sought assurance that the tightened controls on procurement and ordering non pay items had filtered down through the organisation, with clear consequences for Service Groups and Departments that did not deliver their contribution to the deficit position.

AH emphasised the need for the whole organisation to understand the extraordinary actions required during Quarter 4 to deliver on the financial position; there would be a strong focus on safety, with all decisions underpinned by robust risk assessments. Leaders had to take ownership and responsibility, and an embedded performance and accountability framework would set out the clear consequences of non-delivery. The Top Leaders Forum had met, and the requirements of all budget holders, together were set out. AH sought the participation of all staff in generating ideas for savings.



On **communication and engagement with staff**, ALF sought assurance that staff were aware of the critical financial position but also that they should not compromise safety and quality. She asked about the messaging to staff on this point.

AH invited RT to provide an update on communications and engagement; he emphasised the importance of all staff playing their part. LR confirmed that she met regularly with staff through professional fora and asked colleagues to disseminate the key messages. Constant engagement was crucial. Adjusting the Board's risk appetite as required and undertaking regular risk assessments to support decision making were also essential.

JW asked RE to describe the arrangements in place to communicate with and engage, medical staff; he summarised the key professional for a and his regular meetings with clinical leads and clinical directors.

DG referred to inconsistencies in expenditure across some areas and the opportunities for improved efficiency. He used the examples of digital solutions to reduce printing costs, more consistent management of sickness and absence, a reduction in differing lengths of stay, and improved theatre productivity.

ALF was assured by the responses; she suggested that staff would want to see how reducing variable pay could assist in maintaining quality and safety, as controls must make a difference.

Returning to that point, RT agreed that, at the year-end, it would be important to document the impact of all the actions taken.

RO was concerned that **timescales** were tight; she asked if Deloitte had expressed a view on achievability. DG assured the Board that the Deloitte team had worked alongside him and SBUHB colleagues throughout. The options were well constructed; the timescales reflected the urgency of the savings requirements; the controls in place now, and as proposed, should enable delivery.

On behalf of NZ, JW sought assurance that non recurrent opportunities were feasible in the time available and that the groundwork in place to support delivery. NZ wanted to remind the Board of the importance that Audit Wales would place on this when giving its external opinion at the year-end. Responding, DG confirmed that he could give assurance for the delivery of the opportunities and that he had no professional concerns around the actions to be reviewed; he referred to Page 14 of the paper, that set out the opportunities in detail. DG agreed to discuss the matter with NZ outside of the meeting. **Action: DG/NZ**



SS referred to the route to reach the £58.7m through the savings set out in the report: there was little leeway. He raised the possibility of unexpected issues emerging during the winter period and asked Executive colleagues about the level of agility in the system to respond, given that there were only three months left of the financial year.

AH confirmed that the weekly Executive meeting dedicated significant time to driving delivery of the financial plan, with tracking in place to monitor progress and assurance. She recognised the need to provide timely data flows, particularly around weekend planning and the need to track actions through Service Groups and down to departmental level, to assess progress. SS confirmed that this provided him with some assurance.

JW invited the board to raise any other areas of questioning. There were none. She then moved to the recommendations, seeking Board approval for each recommendation in turn.

JW extended her thanks to DG and colleagues for the report and for taking Board members through the proposals in detail.

The Board:

- **CONSIDERED** the options presented to address the 2025/26 Financial Plan and £55.4m savings target.
- **CONSIDERED** all risks associated with the options presented.
- **AGREED** the recommendations set out in Section 4 of the report.
- **CONSIDERED** further opportunities alongside the risks that still needed mitigation.
- **AGREED** the actions to deliver £11.7m of savings in line with the existing plan.
- **AGREED** the further work set out in section 4 to close the gap of £13.1m.
- **ACKNOWLEDGED** the protection in the planned care plan of delivery against the 104-week target and **AGREED** to maintain this.
- **AGREED** to consider further mitigation and contingency (should additional risks arise through the routine monitoring of the financial position) through the Recovery and Sustainability Board, with oversight from the Performance and Finance Committee.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

**Next SBUHB Board Meeting: Thursday 29 January 2026**

*The meeting concluded at 15:05.*