



**Swansea Bay University Health Board (SBUHB)  
Minutes of the Special Board Meeting  
held on 26 February 2026 at 8:45am**

<b>Present:</b>		
Jan Williams	(JW)	Chair
Stephen Spill	(SS)	Vice Chair
Abigail Harris	(AH)	Chief Executive Officer
Jean Church	(JC)	Independent Member
Marie Davies	(MD)	Executive Director of Planning and Partnerships
Anne-Louise Ferguson	(ALF)	Independent Member
Andrew Griffiths	(AG)	Independent Member
Deb Lewis	(DL)	Chief Operating Officer/Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Martin Lloyd	(ML)	Independent Member
Nicola Matthews	(NM)	Independent Member
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Charlotte Rees	(CR)	Independent Member
Gill Richardson	(GR)	Executive Director of Public Health (Interim)
Tina Ricketts	(TR)	Executive Director of Workforce & OD
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience

<b>In Attendance:</b>		
Helen Annandale	(HA)	Associate Member
Alison Clarke	(AC)	Deputy Director of Therapies and Health Science
Pat Dunmore	(PD)	Associate Member
Matthew John	(MJ)	Director of Digital
Raj Krishnan	(RK)	Deputy Executive Medical Director
Alun Llewelyn	(AL)	Associate Member
Hazel Lloyd	(HL)	Director of Corporate Governance
Carys Richards	(CER)	Senior Corporate Governance Manager
Richard Thomas	(RT)	Director of Insight, Communications and Engagement

<b>Apologies:</b>		
Richard Evans	(RE)	Executive Medical Director & Deputy Chief Executive
Christine Morrell	(CM)	Executive Director of Therapies and Health Science



Hugo van Woerden	(HVW)	Deputy Director of Public Health
Nuria Zolle	(NZ)	Independent Member

Observers:		
N/A	-	

Acronyms			
DHCW	Digital Health and Care Wales	OD	Organisational Development
QSC	Quality and Safety Committee	SBUHB	Swansea Bay University Health Board
WOD	Workforce and Organisational Development	WODC	Workforce and Organisational Development Committee
WTE	Whole-Time Equivalent		

*The meeting began at 08:46.*

Minute Ref:	Agenda Item
<b>PART 1. PRELIMINARY MATTERS</b>	
<b>1.1 Welcome and Apologies</b>	
030/26	<p>JW extended a warm welcome to the meeting, with a particular welcome to: Charlotte Rees, the incoming Independent Member for the University; Alun Llewellyn, newly-appointed Associate Board member for local government; Helen Annandale, also newly-appointed chair of the SBUHB Health Professionals Forum. With Pat Dunmore already in place, as chair of the Stakeholder Reference Group, the Board now had all but one Associate Board Members in place. The closing date for the Associate Board Member (Inclusion) was imminent.</p> <p>JW set out the role of the Board as the Governing Body of the organisation; it constituted the highest level of decision making in the organisation, with stewardship of £1.8 bn of public funds, employing 14000 WTE staff, and providing healthcare, health protection and public health services for a population of 400,000 people across Swansea and Neath Port Talbot. SBUHB also provided regional and specialist services for much larger populations.</p>



	<p>The Board met on a bimonthly basis, with an agenda that covered the breadth of the Board’s responsibilities. There were, however, occasions when the Board had to meet outside the normal meeting cycle, to consider specific issues; this special meeting would consider an extension to the temporary transfer of 30 beds from Gorseinon to Singleton Hospital, on patient safety grounds.</p>
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## 1.2 Declaration of Interests

031/26	<p>There were no declarations of interest other than those already on the register.</p>
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## PART 2. MAIN AGENDA

### 2.1 Service Considerations: Gorseinon Hospital

032/26	<p>JW welcomed RE to the meeting and invited LR to provide a summary of the paper and the proposal, with input from RE and RK.</p> <p>LR drew attention to:</p> <ul style="list-style-type: none"> <li>• The agreement at the September 2025 Board meeting to transfer the services provided at West Ward, Gorseinon Hospital, to Ward 3, Singleton Hospital as a temporary transfer, until 31 March 2026. The Executive Team now sought an agreement for a further extension until 30 September 2026.</li> <li>• The patient and staff safety concerns that had led to the temporary transfer; these included: <ul style="list-style-type: none"> <li>- The availability of medical cover, both in- and out of hours.</li> <li>- The acuity of some patients; this had led, at times, to unplanned transfers back to acute hospital settings.</li> <li>- The security and safety risks associated with an isolated care setting.</li> <li>- The high proportion of temporary bank staff; on some shifts 50% of staff were bank staff; this resulted in ongoing concern about safe and appropriate staffing levels.</li> </ul> </li> </ul>
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- Some culture-related challenges, linked to multidisciplinary working.
- Estate related issues, these had become more evident on inspections undertaken following the transfer.
- Additional concerns had emerged since the transfer, with some families raising patient care concerns, including incidents, not reported previously. LR advised that both Quality and Safety Committee (QSC) and the Workforce and Organizational Development Committee (WODC) had considered these concerns.
- Work undertaken since the temporary closure to address these issues included:
  - The provision of senior nursing support embedded in the model on site at Singleton, with the input of practice development nurses and investment in staff development.
  - A revised staffing rota, implemented to ensure that the workforce could meet patient needs; recruitment to the remaining 2.6WTE staffing vacancies was underway.
  - A reduction in the use of temporary staff, with variable pay costs reduced by £200k; the appointment of additional staff should secure a further reduction.
  - A reduction in sickness levels from a previously high level.
  - Positive staff feedback included comments about staff safety and lack of isolation.
  - The provision of enhanced medical cover, with registrar level input in place 24/7 and improved Consultant level involvement. This had reduced the number of transfers to acute care settings, because of the increased ability to manage changes in need on site.
  - The restriction of capacity to 30 beds.
  - Enhanced monitoring and leadership support/intervention.
  - An appropriate level of incident reporting from a previous baseline of under reporting.

LR also confirmed payment of travel expenses for those staff who had transferred from Gorseinon Hospital.



Acknowledging the improvements made to date, but taking into account the ongoing issues, LR asked the Board to consider a further extension, to run to the end of September 2026. Work would continue with the staff to consider the most appropriate service model, set in the context of the wider Clinical Services Plan. A return to West Ward would require a review of the medical cover arrangements and the resolution of estates issues, to deliver a safe service.

RE provided detail on the success of the transfer to date, as it facilitated a more consistent rehabilitation model as part of a SBUHB-wide approach.

JW asked for more information on the following:

- (i) The data capture of the reduction in transfers to higher acuity settings, as this was an indicator of an improved and more stable service for patients. RE confirmed that this was in place and would feature in the next report to the Board.
- (ii) The management of the additional medical cover from within the current resource envelope. RE advised that the budget could accommodate the costs of the cover on site at Singleton; however, providing such cover following a return to Gorseinon, would require additional resource. RK also assured the Board that, from a clinical safety and risk perspective, the Consultant body was content with the current on site 24/7 medical cover in place.

JW referenced the need to consider the additional resource requirements associated with a return to Gorseinon in the round, as part of the Annual Plan process. AH confirmed that the Strategic Clinical Services Plan would address this issue. A report from DL to the March Board meeting on Community by Design would also assist discussions on future options for Gorseinon Hospital. **Action: DL**

JW then invited JC to comment from a QSC perspective and RO from a WODC perspective.



JC confirmed that QSC had considered a number of issues related to potential harm to both patients and staff. QSC members were content with the management of the transfer process, with work continuing to address cultural issues. The Board could take assurance that the current model provided improved medical care, additional support and training for staff and a reduced risk of potential harm to patients.

From WODC, RO confirmed receipt of regular updates, with a range of work undertaken on leadership and training; in line with JCs comments, she confirmed that there was more to do on culture. The additional investment in leadership and training would probably be short term in nature. Some staff had not transferred to Singleton, with redeployment into community service posts that could potentially become permanent and reduce costs whilst offering opportunities.

TR reminded the Board of the receipt of anonymous correspondence, at the time of the temporary transfer, setting out a number of concerns. The Board acknowledged the possibility of further correspondence of this kind and the importance of clear messaging to set out the basis of the Board's decisions which were patient safety considerations.

JW asked about engagement with the Partnership Forum. TR summarised the discussions and confirmed that the majority of Trades Unions had not received any concerns from members; one Trade Union had declined to engage.

ALF welcomed the positive feedback received from both staff and patients and asked about the recording of this; RE confirmed that some was captured formally, with some being informal feedback provided to clinical staff working in the area. LR reported that the transfer itself has not prompted any complaints from families.

SS sought further information on the consideration of any options other than an extension and on the resource impacts of a further extension.



Responding, LR assured SS that the work to draw up the proposed final 'functional content' plan for Gorseinon Hospital would include all options. The costs of 24/7 medical cover were included in the Singleton Hospital medical teams budget. Nursing costs should reduce as recruitment to vacant posts progressed. JW confirmed that the final report would include all costs.

RT drew attention to the fact that Ward 3 covered a wider geographical area than Gorseinon, and RE expanded on this, indicating the ways in which the beds supported the wider rehabilitation service model.

JC asked about the level of engagement of the estates function in the potential costs of refurbishing West Ward, Gorseinon. LR assured the Board that estates colleagues were engaged and were developing costings. JW reminded the Board that members had to consider all bids for discretionary capital against agreed targets, and 'in the round'. There was no provision to consider any specific scheme in isolation.

The Board:

- Took **ASSURANCE** from the actions taken to address staff, patient and family concerns.
- Took **ASSURANCE** from the information provided on the mitigation/resolution of concerns that resulted from the temporary service transfer.
- **APPROVED** an extension to the current temporary service transfer of 6 months, from 1 April to 30 September 2026, and the conduct of 'listening events' to inform the Strategic Clinical Services Plan.

Following Board approval of the extension, RT set out the plans to communicate the decision on SBUHB social media sites; the posts would include information on 'listening events' and other ways in which the community could engage in the coming months.

TR and LR outlined the plans to inform and engage with staff, particularly those staff on Ward 3, Singleton Hospital, who would have an immediate, 'in person' briefing.



On behalf of the Board, JW placed on record that fact that any suggestion that this temporary transfer preceded the closure of Gorseinon Hospital was false and baseless. The messaging out from the Board would document the significant number of services that remained on the site and make it clear that the hospital had a bright future as a 'Community Hub'. The forthcoming listening exercise would help shape the future range of services, in line with 'Community by Design'

### **3. Appointment of Interim Director of Finance**

AH was pleased to advise the Board of the appointment of Claire Osmundsen-Little, currently Director of Finance and Business Assurance at Digital Health and Care Wales (DHCW), as the Interim Finance Director. Ms Osmundsen-Little would commence her role, initially on a shared basis with DCHW, on Monday 2 March 2026. All Board members welcomed the appointment.

**Next SBUHB Board Meeting: Thursday 26 March 2026**

*The meeting concluded at 09:17.*

