

Swansea Bay University Health Board  
**Minutes of the Special Meeting of the Health Board**  
**held on 1 May 2025 at 9am**

| <b>Present:</b>       |       |  |
|-----------------------|-------|--|
| Jan Williams          | (JW)  | Chair  |
| Stephen Spill         | (SS)  | Vice Chair   |
| Abigail Harris        | (AH)  | Chief Executive  |
| Jean Church           | (JC)  | Independent Member   |
| Marie Davies          | (MD)  | Director of Planning and Partnerships  |
| Richard Evans         | (RE)  | Executive Medical Director   |
| Anne-Louise Ferguson  | (ALF) | Independent Member   |
| Andrew Griffiths      | (AG)  | Independent Member   |
| Darren Griffiths      | (DG)  | Executive Director of Finance and Performance  |
| Deb Lewis             | (DL)  | Chief Operating Officer/Executive Director of Primary Care & Community and Mental Health & Learning Disabilities |
| Nicola Matthews       | (NM)  | Independent Member (Until minute 41/25)  |
| Christine Morrell     | (CM)  | Executive Director of Allied Health Professions and Health Science   |
| Reena Owen            | (RO)  | Independent Member   |
| Patricia Price        | (PP)  | Independent Member   |
| Tina Ricketts         | (TR)  | Executive Director of Workforce and OD   |
| Gillian Richardson    | (GR)  | Interim Executive Director of Public Health  |
|                       |       |  |
| <b>In Attendance:</b> |       |  |
| Pat Dunmore           | (PD)  | Chair of Stakeholder Reference Group   |
| Matt John             | (MJ)  | Director of Digital  |
| Hazel Lloyd           | (HL)  | Director of Corporate Governance   |
| Claire Mulcahy        | (CMu) | Senior Corporate Governance Manager  |
| Carys Richards        | (CR)  | Senior Corporate Governance Manager  |
| Richard Thomas        | (RT)  | Director of Insight, Communications and Engagement   |
|                       |       |  |
| <b>Apologies:</b>     |       |  |
| Andy Griffiths        | (AG)  | Associate Board Member   |
| Keith Lloyd           | (KL)  | Independent Member   |
| Judith Vincent        | (JV)  | Associate Board Member   |
| Nuria Zolle           | (NZ)  | Independent Member   |

*The meeting commenced at 9am.*

| Minute No.                         |  |
|------------------------------------|--|
| <b>PART 1: PRELIMINARY MATTERS</b> |  |
| <b>55/25</b>                       | <b>WELCOME / INTRODUCTORY REMARKS</b>  |
|                                    | <p>JW opened the meeting by welcoming all present and extending a warm welcome to LR, newly appointed Executive Director of Nursing and to TR, Incoming Executive Director of Workforce and Organisational Development. Both were joining the Board for the first time, with Pat Dunmore joining formally, following the confirmation of her appointment as an Associate Board Member (through role as chair of Stakeholder Reference Group).</p> <p>JW outlined the Board’s role and responsibilities as the governing body of the organisation and explained that the Board had a bi-monthly business meeting cycle. There were times when the Board had to meet outside that cycle for a special purpose and such a purpose had prompted a meeting today.</p> <p>JW reminded the Board that, at its March 2025 meeting, Board members had decided not to approve the 2025/26 Annual Plan (the Plan), but to submit it to Welsh Government (WG) for scrutiny and assessment (<b>Minute 32/25</b>). WG had responded on 11 April, 2025, asking the Board to undertake further urgent work to improve on the position set out in the Plan, calling for a reply by 2 May, following the special Board meeting.</p> <p>JW also advised that, in keeping with the Board’s commitment to transparency and accountability, the agenda included verbal updates on mental health and learning disability services (MHLN services) and on maternity and neonatal services.</p> |
| <b>56/25</b>                       | <b>DECLARATION OF INTEREST</b>   |
|                                    | <p>JW invited members to identify any declarations of interest outside those already documented in the Declarations of Interest Register, CR advised that she had a family member working in MHLN services. PD queried</p>   |

|   |   |
|---|---|
|   | <p>whether she needed to declare an interest linked to another position; JW confirmed that she did not need to do so for the purposes of the meeting, but should enter the position in the Register.</p> <p><b>Action: PD/HL</b></p>  |
| <p><b>PART 2: ANNUAL PLAN 2025/26</b></p> |   |
| <p><b>57/25</b></p>                       | <p><b>ANNUAL PLAN 2025/26</b></p>   |
|   | <p>Following on from her introductory remarks, JW invited DG to update the Board on the Plan submission, WG response and the actions required as a consequence. DG welcomed the opportunity to update the Board, in line with the transparent approach adopted to scrutiny and constructive challenge of the financial position. He advised that:</p> <ul style="list-style-type: none"> <li>• Following the Board’s submission of the Plan for WG scrutiny and assessment, a response, on 11 April 2025, from the NHS Wales Chief Executive, stated that WG did not support the Plan and viewed it as unacceptable, with further urgent work required to: de-risk the Plan; mitigate and reduce the planned deficit; set out the options and choices available to SBUHB to improve on the position; and identify the choices/options necessary to deliver the target control of £17m.</li> <li>• In a supplementary letter, on 23 April 2025, WG had confirmed that SBUHB could access independent financial support; this was welcome, and the Board had received copies of both letters. DG would work with colleagues on the Performance and Finance Committee (PFC) on the specific actions set out in each.</li> </ul> <p>DG then turned to the report compiled for the special meeting; this covered five key areas. DG acknowledged that the overall position fell short of the required savings targets but drew attention to the systems and processes that the Recovery and Sustainability Board had put in place and the accelerating pace. He drew specific attention to:</p> <ul style="list-style-type: none"> <li>➤ Page 5 of the Report; this set out current savings levels, with a savings target of £55.4m, equating to 5% of SBUHB delegated budget. The total savings identified to date were £16.97m, with an additional requirement for corporate directorates to deliver £4.6m of savings, within the £55.4m.</li> </ul> |

- The savings pipeline, on Page 6, with savings assessed at £22.6m; DG confirmed that the savings reflected the Cabinet Secretary's requirements on variable pay. The increase of over 2000 Whole Time Equivalent (WTE) posts over the last five years warranted detailed analysis and subsequent workforce redesign.
- Further mitigating actions throughout Q1; these would assist in managing spend whilst the recurring savings programme was subject to further development.
- A focused debate at PFC; this had helped to refine governance and assurance requirements, including clarity on reporting lines.
- A current development of a draft list of further options and choices, with the Executive Team working on these in addition to the current Plan; further work would identify in full the quality, financial and reputational impacts of each of the choices.
- The progression of regional joint commissioning opportunities in partnership with Hywel Dda University Health Board (HDUHB); there were also service opportunities to operate at scale with other health board partners.

Summarising the overall position, DG confirmed the current totals as being: £16.97m of identified savings; the expected delivery of corporate savings of £1.2m, not yet on the tracker; pipeline opportunities of £22.64m; further options and choices currently at £7.4m but with the need for further detailed work up, impact assessment and discussion. DG acknowledged that, taken together, the totals did not constitute a fully costed savings plan that met the 5% and did not provide a clear line of sight to the £55.4m target.

DG summarised the work underway to source external financial support; this should assist in identifying additional savings opportunities, both in the latter part of 2025/26 and the subsequent two years. He concluded by indicating that the required Accountable Officer letter was at an early drafting stage, with the need to hear the full debate at the meeting prior to adding further detail. JW confirmed that all Board members would see the final draft, for comment, prior to submission.



**Action: AH/DG**

JW then invited PP to comment, as chair of PFC. PP confirmed that the April 29 meeting of PFC had majored on reviewing all aspects of the Plan, with specific reference to the expectations set out in the WG letter of 11 April 2025. The level of confidence remained unchanged, at 'reasonable', but, on behalf of the Committee, PP cautioned against expecting anything more than 5% saving for 2025/26. Any additional savings must be framed as part of the three-year trajectory as £55.4m in this financial year was extremely challenging.

PP then commented on the need for quantification of Executive led savings themes, and proposed 5%, with additional indicative saving targets for the schedule of choices/options. The fact that 73% of the £16.7m of Service Group savings was categorised as 'red' was a cause for concern. PP highlighted the need for greater focus, alignment across the different workstreams and the avoidance of duplication. PFC members also saw the need for greater pace and looked for the external financial support to assist in this.

PP concluded by advising that PFC would review its current oversight and scrutiny arrangements, to assure itself that these remained fit for their purposes, given the increased pace and content of the savings programme. This could include a review of the PFC in-year work programme.

JW thanked PP and the Committee members for their rigorous scrutiny of the Plan, insightful analysis and clear steer for the full Board. She invited other PFC members to comment. JC, RR and SS all emphasised the need for clarity around process and responsibilities for delivery, extra pace, the avoidance of overlap in savings schemes and early indication of the practicality/acceptability, or otherwise, of actions set out in the choices schedule. All supported a review of the current scrutiny and oversight model, given the increasing importance of this agenda. JC added detail on the urgency of rigorous performance management and SS emphasised the importance of at least informed estimates for missing figures and of a timeline for costing those actions on the choices schedule.

Before inviting others to comment, JW reflected on the fact that, whilst SBUHB population share of of the NHS Wales allocation formulae was 12%, the 2025/26 Plan included savings equating to 20% of the total savings identified across NHS Wales, with the highest % savings submitted by any health board. This followed from delivery of £59m



savings in 2024/25. The Board acknowledged that the organisation had to make more recurrent savings, but it was important to recognise the scale of achievement and ambition.

JW then invited comments.

MD welcomed PFC reflections and challenges as these helped clarify work around choices; safety and quality considerations would discount some choices, but it was important to ensure due process and an evidence base to underpin any discounting. The avoidance of double - counting was also important, a point that DL emphasised, particularly around Service Group and Executive-led themes.

ALF reflected on the need to engage effectively with the HB workforce as the service redesign proposals developed; staff may be concerned about job security and the impact of further savings, given the significant level of savings generated already.

JW supported this point, emphasising the need to engage staff in what would be a workforce transformation programme. The recommendations from the Ministerial Advisory Group included several relating to workforce redesign, with Boards expected to receive detailed headcount data from June 2025 onwards. JW asked TR for her initial reflections on the programme of work ahead.

TR indicated that an analysis of temporary staff usage would be an early priority, as it was always preferable to employ permanent staff. An audit tool would assist with an analysis of staff numbers, skill mix and growth in different staff groups over the last five years. TR was a strong advocate of giving due recognition to the contribution that staff made, day in day out; there was, however, a need for a conversation with staff on what constituted a sustainable workforce fit for the future.

JW thanked TR for her analysis, indicating that RO, as chair of WOD Committee, had initiated work across this agenda.

AH emphasised the imperative of engaging with staff, particularly following the low response rate to the latest Staff Survey. The agenda facing SBUHB would call for organisational redesign to deliver a high performing and effective organisational model. This would inevitably include the need to consider current structural arrangements, along with productivity and efficiency opportunities. Streamlining and consolidating efficiencies would free up time for service delivery and AH looked for more staff voices to come through and influence this debate.

JD asked about the funding arrangements for forthcoming pay awards. DG summarised the approach at both UK and WG levels, setting out the process involved and governmental roles in each country.

JC reflected on the focus in the meeting on finance and workforce; she advocated adopting a broader perspective, looking 'up and out' at opportunities presented by regional working, major change programmes, innovative ways of raising capital and partnership working. Delivery of the £17 m control total would continue to be unrealistic without this broader strategic approach. JW welcomed these comments, all pertinent to the review of organisational strategy that the Board would consider at a Board Briefing later in the day.

CM was keen to promote a focus on services that provided better public value and better outcomes for patients; the emphasis should be on service efficiency and redesign, rather than on reduction. JW welcomed this important point; the sheer number of quality improvement initiatives underway across SBUHB was testimony to staff commitment to quality and innovation- the next step centred on designing a systematic approach.

Responding to the points raised, DG welcomed the range and depth of discussion and committed to incorporating them as the Plan developed. He also reflected on the significant list of Targeted Intervention (TI) requirements that WG expected SBUHB to meet; this needs to be considered fully and aligned with the work identified above on scrutiny and oversight.

JW then invited AH to offer her formal advice to the Board, as the Accountable Officer. Responding, AH:

- Acknowledged the substantial progress made in 2024/25, with more savings delivered than by any other HB; a more substantial component of these savings being recurrent.
- Emphasised the importance of providing best value and demonstrating good decision making; delivering a Plan that described productivity and efficiency gains, as well as transforming services to deliver a sustainable model, was essential.
- Identified the need to overlay the Plan with the MAG recommendations and the Escalation and Intervention Framework; adding the Cabinet Secretary's priorities provided SBUHB with a route map to follow.

- Welcomed the decision by WG to support the request for external support and expertise; she and DG would work with the CE, NHS Wales and the WG Delivery Unit to progress this.
- Recognised the need to benchmark across Wales and other parts of the UK and identify other organisations with similar challenges and services to learn from; DG was progressing this.
- Emphasised the need to proceed at pace and gain traction early on in the financial year; reviews of operating models would be key to this, as delivering a wide range of services across multiple sites could drive inefficiency and increase costs. The three year IMTP would help to deliver a sustainable model.
- Welcomed the advice and scrutiny by the PFC and endorsed the advice provided; this would be helpful in finalising the accountability letter to WG. AH viewed the Plan as credible but stretching and challenging to deliver; the view from PFC that the level of assurance was unchanged gave the Executive a clear steer in terms of the actions needed to increase the level of assurance.

JW concluded this item by thanking everyone involved for their constructive and helpful contributions; the unambiguous advice from PFC provided an important steer in compiling the response back to WG and also helped to shape priority actions.

The Board:

- **Received** and **considered** correspondence from WG in response to the submission of 2025/26 Annual Plan and in relation to the commissioning of external financial support.
- **Acknowledged** the increased level of savings in the Plan, together with the caveats at this point in the year.
- **Acknowledged** the identified pipeline of further potential savings and **looked for** the immediate acceleration of these.
- **Acknowledged** that the currently available savings and pipeline opportunities did not meet the required £55.4m savings.
- **Acknowledged** the work underway to identify mitigating opportunities in Quarter 1 to bridge the savings gap.

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• <b>Endorsed</b> the view of the PFC that the Board could not commit to increase the level of savings in 2025/26, given the challenge associated with delivery of £55.4m.</li> <li>• <b>Took account of and accepted</b> the advice of the Accountable Officer.</li> <li>• <b>Agreed</b> the basis of the response to WG, setting out the Board position on the requests set out in WG letter of 11 April, 2025.</li> <li>• <b>Agreed</b> the submission of further options and choices to WG for separate discussion.</li> <li>• <b>Agreed</b> that the Executive would consider the implications of the MAG report recommendations, in respect of any further savings opportunities</li> <li>• <b>Agreed</b> that the Board would continue with its detailed scrutiny on a weekly, fortnightly and monthly basis, making any amendments to the format of this scrutiny in line with the proposed PFC review.</li> </ul> |
|--|---|

### PART 3: MENTAL HEALTH AND LEARNING DISABILITIES

|              |  |
|--------------|--|
| <b>58/25</b> | <b>UPDATE ON MENTAL HEALTH AND LEARNING DISABILITIES</b>   |
|              | <p>JW began by referencing the WG launch on 30 April 2025 of <a href="#">the Mental Health and Well-being Strategy</a> (the Strategy) this would have significant implications for the SBUHB MHLTD transformation programme. SS had attended the launch, and JW invited him to provide the Board with a synopsis of the Strategy. SS advised that:</p> <ul style="list-style-type: none"> <li>• It was a ten-year Strategy, developed over the last two years; in addition to mental health it also focused on wellbeing and supported the Wales Wellbeing Goals.</li> <li>• There were four vision statements relating to: (i) putting building blocks in place to support mental health and wellbeing; (ii) providing people with the knowledge and opportunities to promote their own wellbeing; (iii) developing a connected system of services where people would receive an appropriate level of support; and (iv) seamless, person centred, and needs led mental health pathways accessed without delay.</li> </ul> |

- There were significant workforce gaps, with 80 consultant vacancies in the field of mental health across Wales and several hundred nursing vacancies.
- The Strategy called for the development of units across Wales delivering an open access recovery model, with same day support without the need for referral.
- WG had developed the model with advice from a Canadian company; the model had linked across to Health Education and Improvement Wales (HEIW) Strategic Mental Health Plan and the WG Digital Strategy for Mental Health.
- Delivery would be via a three-year plan, transforming acute and crisis mental health services with pathways into community mental health services.
- There would be significant work required to develop and implement the required infrastructure and develop the workforce; there were detailed performance measures, with HB accountability for delivery over the three-year period.
- WG had not yet decided whether to introduce new legislation.
- Health Boards would need to implement the plan within existing resources, as there was no new funding.

DL had also attended the launch and found the Strategy to be high level, with little detail on implementation; she had contacted the WG policy lead to discuss implementation requirements in more detail. There was no further information on the commissioning of the Canadian company, and any ongoing role. Data and evidence was limited, with little background provided or numbers; the Canadian experience had reportedly included a reduction in the bed base, but as this was higher than that in Wales, this was not necessarily transferable. DL confirmed that she would continue discussions with WG and ensure connectivity with local planning and the transformation programme.

JW pointed out that the performance measures, recommendations and reporting requirements set out in the Strategy formed one set of actions that had to sit alongside those from the MAG report recommendations, the regional working agenda and those resulting from the 2025/26 planning priorities/ Cabinet Secretary priorities/enabling actions. She highlighted both the capacity and capability implications and the need for the Board to be mindful of the crowded operating environment.



AH welcomed the Strategy as providing a useful framework for SBUHB-level strategic work. She went on to brief the Board on the ongoing diagnostic work of the independent subject matter expert; following their findings on in patient services, they were now focussing on community services and community mental health teams, and opportunities for service improvement. The expert would report to the Board on all their findings and would support the Board in the establishment of the overall transformation programme; there would be a Programme Board, with a 'driver group' to secure implementation, based on five workstreams.

AH also drew attention to the NHS Executive assessment of SBUHB adult mental health services, undertaken at local request. The Board would consider this assessment as part of a wider debate at the June special Board meeting.

On 23 April, JW and AH had welcomed Judith Paget, the Chief Executive of NHS Wales on a visit to Cefn Coed Hospital and to Tonna Hospital. This had given JP the opportunity to see both operating environments and to speak with staff and patients.

LR commented on the high-level feedback, following a two-day unannounced inspection by Healthcare Inspectorate Wales (HIW) of the Laurels and Briory, two HB Learning Disability Units located in Cardiff; whilst there were a number of environmental and estates issues identified, the HIW team had found outstanding care delivery and interactions with residents. JW asked LR to convey the Board's thanks to all staff involved.

**Action: LR**

Finally, JW confirmed that the June Board meeting would receive a detailed report on interim and sustainable solutions for a range of mental health service provision across SBUHB.

**The Board:**

**Received and considered** the briefing, **acknowledging** the intention to hold a special Board meeting in June 2025, to review both interim and sustainable solutions for a range of mental health service provision across SBUHB.

**PART 4: MATERNITY AND NEONATAL SERVICES**

|              |  |
|--------------|--|
| <b>59/25</b> | <b>MATERNITY AND NEONATAL SERVICES</b>   |
|              | <p>AH confirmed that the work of the Independent Review (IR) team continued at pace, with the final report anticipated in July. The IR team was providing feedback on a regular basis, with the intention of sharing the key themes in advance of the final report, to ensure that SBUHB could give due consideration to the scope and scale of improvement planning.</p> <p>The WG Maternity Quality Statement issued in February 2025 reflected many of Ken Sutton’s comments about active listening to women receiving services, with particular attention to black, Asian and minority ethnic (BAME) women, women with disabilities, and LGBTQ communities, to ensure that SBUHB responded sensitively to their particular needs.</p> <p>Once the IR reported and the Board approved the improvement plan, LR would chair the Oversight Board to consolidate the sterling work undertaken by Gold Command and oversee delivery of the agreed improvement actions.</p> <p>AH advised that Llais would shortly publish the report into its survey work into the views of maternity/neonatal service users and families. The findings would feed into the wider IR report and AH advised that the Board would need to prepare itself for some difficult reading, through feedback from those with negative experiences. The Board would consider the findings further at the July meeting, as part of a comprehensive agenda item.</p> <p>The Cabinet Secretary had visited the maternity and neonatal service recently to talk to women, families and staff; he had welcomed the opportunity to visit different parts of the service and JW and AH thanked staff for hosting the visit.</p> <p>The May Board would consider a Gold Command oversight report on the design of a transition plan to move from Gold Command to the delivery and oversight of the improvement plan through the setting up of an Oversight Board; a deep dive exercise in May would support this.</p> <p>Finally, JW advised that Denise Chaffer and Ken Sutton would join the May Board, to provide an update on progress and the timeline for publication of the IR report.</p> |

|   |  |
|---|--|
|   | <p><b>The Board:</b></p> <p><b>Received and considered</b> the briefing and <b>agreed</b> to receive detailed reports at both the May and July Board meetings.</p> |
| <b>PART 5: ANY OTHER BUSINESS</b>   |  |
| <b>60/25</b>  | <b>ANY OTHER BUSINESS</b>  |
|   | There was no other business.   |
| <p><b>The next meeting of the SBUHB Board held in public: Thursday, 29 May 2025</b></p> |  |

*The meeting closed at 10.15am*