Swansea Bay University Health Board (SBUHB)
Minutes of the Special Board Meeting
held on 25 June 2025 at 12:00pm

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
Christine Morrell	(CM)	Executive Director of Allied Health Professions and Health Science
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Gill Richardson	(GR)	Assistant Director of Policy, Research and International Development
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)

In Attendance:		
Jason Blewitt	(JB)	Audit Wales
Hazel Lloyd	(HL)	Director of Corporate Governance
Osian Lloyd	(OL)	Head of Internal Audit
Leanne Malough	(LM)	Audit Wales
Claire Mulcahy	(CM)	Senior Corporate Governance Manager
Carys Richards	(CR)	Senior Corporate Governance Manager
Claire Taylor	(CT)	Llais

Richard Thomas	(RT)	Director of Insight, Communications and Engagement
Sarah Utley	(SU)	Audit Wales
Mel Walker	(MW)	External Reviewer

Apologies:		
N//A		

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	DDRIC	Digital, Data, Research and Innovation Committee
QSC	Quality and Safety Committee		

The meeting began at 12:04.

Minute Ref:	**Agenda Item**
PART 1: PRELIMINARY MATTERS	
1.1 WELCOME AND APOLOGIES	
101/25	JW opened the meeting by extending a warm welcome to all, and particularly to CT from Llais, attending the Board for the first time. JW set out the role of the Board as the Governing Body of the organisation and the highest level of decision making, with financial stewardship for £1.75bn of public money. The Board had a bi-monthly programme of meetings; however, there were times when the Board

	had to meet outside of this cycle, with this special Board meeting being one such time. JW then summarised the purpose of the meeting.
1.2 DECLARATION OF INTERESTS	
102/25	RO and CM declared an interest in Agenda item 4.2: the Mental Health and Learning Disabilities Report; KL had already registered his interest. There were no other declarations outside those already on the Declarations of Interest register.
PART 2: ANNUAL ACCOUNTS	
2.1 ANNUAL ACCOUNTS 2024-25	
103/25	DG advised that the Audit Committee (AC) had received the draft Annual Accounts in May 2025 and had met again immediately prior to the Board meeting. DG extended his thanks to both the Audit Wales team and the HB finance team for their work in delivering the 2024/25 audited accounts. The AC had scrutinised the accounts in detail, as had Audit Wales (AW) He drew attention to one significant issue highlighted in the AW ISA260 report: the need to strengthen governance arrangements for interim executive director appointments; there were no other significant issues mentioned. DG reported that SBUHB had failed to meet its statutory duty to meet its revenue resource limit over a three-year period; the organisation did not have an approved balanced three year Integrated Medium Term Plan (IMTP); this would result in a qualified regularity audit opinion. JW thanked DG and the finance team for their hard work and diligence in compiling the accounts. She then invited NZ, as chair of the AC, to comment. NZ assured the Board that the AC had considered all elements of the accounts and reports; she was content with all the changes made, against a robust audit trail. As chair of the AC she commended the Annual Accounts to the Board and recommended their ratification following approval at the Audit Committee. NZ extended her thanks to both AW and the SBUHB finance team for all their hard work. On behalf of the Board, JW thanked NZ and the AC members for their rigorous oversight and scrutiny.

	JW then invited JB to present the ISA260 Report under Agenda item 2.2
2.2 ISA260 AUDIT OF FINANCIAL STATEMENTS	
104/25	JB drew attention to key elements of the report: • The provision of an unqualified true and fair assurance position, with a qualified regularity opinion on the accounts. • Confirmation that there were no uncorrected misstatements. • The finding around the need to strengthen the governance arrangements in relation to interim executive director appointments; the Board had not ratified one interim appointment in 2024/25 and Welsh Government (WG) had not approved it, as required under the requirements set out in a WG letter issued in 2021. Finally, JB extended his thanks to DG and to the wider HB finance team for their support during the audit; he confirmed that he was content to ratify the Annual Accounts for submission to WG. The Board **received, considered** and **took assurance** from the financial statements and the discussions under items 2.1 and 2.2; and **ratified** the audited Annual Accounts for 2024/25, to facilitate onward submission to WG by 30 June 2025.
2.3 LETTER OF REPRESENTATION	
105/25	DG outlined the required process, with the CEO and the Chair both signing the Letter of Representation, discharging their due duty in respect of the Annual Accounts and all relevant disclosures. DG confirmed that submission to WG would follow. The Board **approved** the Letter of Representation.
PART 3: GOVERNANCE, RISK AND INTERNAL CONTROLS	
3.1 HEAD OF INTERNAL AUDIT'S OPINION	
106/25	JW invited OL to summarise the Internal Auditor's opinion. Referring to the detailed report, OL drew particular attention to: • The purpose of the Internal Audit Opinion and Annual Report, as a component of the overall assurance process.

	• The summarised results of the internal audit work performed during the year, with 27 audit reviews reported and their outcomes: 1 substantial; 16 reasonable; 9 limited; and 1 advisory review. • The summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards. • The Internal Audit focus on risk; the Board would need to consider and integrate the findings with other assurance mechanisms to develop a fully rounded assessment of control for the purposes of the Annual Governance Statement. OL advised that the overall opinion for 2024/25 was one of limited assurance. He recognised that this would be a disappointing outcome and referenced the briefing paper; this set out the rationale. OL extended his thanks to HB colleagues for their continued support and co-operation in delivering the annual programme of audit work. JW thanked OL for his presentation and invited NZ, as chair of the AC, to comment: NZ shared her disappointment at receiving a limited assurance opinion; the AC would use the findings to support learning and she looked forward to working with Internal Audit to revert back to reasonable assurance for the 2025/26 year. NZ also gave a commitment to enhance oversight and diligent scrutiny. The audit tracker would enable continuous oversight of the position. She looked forward to working with OL to ensure that SBUHB secured an improved assurance opinion for 2025/26. Thanking OL for the work undertaken, AH also expressed disappointment at the assurance rating and assured the AC that discussions with Executive Team colleagues had reinforced the need to contribute and respond in a timely manner; she confirmed a commitment to provide greater oversight of the executive sign off process. The Board **received** and **took assurance** from the Head of Internal Audit's Opinion; **acknowledged** the commitment on behalf of the Executive Team to secure improvements; and **remitted** oversight to the AC to continue their diligent scrutiny.
3.2 ANNUAL REPORT 2024-25	
107/25	Introducing the Annual Report, HL advised that the Board had to submit an annual plan to WG each financial year; an Annual General

	Meeting (AGM) in September provided the opportunity to review delivery of the plan, in public session. The report provided an outline of SBUHB governance, performance and financial position for 2024/25; this included the annual audit opinion from the Head of Internal Audit. The final report reflected all the changes proposed during the drafting process. JW extended her thanks to HL and the Governance team for their diligence in developing the annual report. The Board **considered** and **approved** the Annual Report 2024/25 for submission to Welsh Government, to meet the deadline of 26 June 2025.
3.3 ACTION LOG	
108/25	The Board **RECEIVED** the Action Log.
PART 4: QUALITY, SAFETY, PERFORMANCE AND RESOURCES	
4.1 FINANCIAL UPDATE REPORT	
109/25	Introducing this item, DG emphasised the importance of the report in setting out the detail of the approach, scale and range of actions required to address the 2025/26 financial position. It formed a platform for future years and reflected the requirements set out in the 6 June 2025 letter from the Chief Executive of NHS Wales. This required SBUHB to achieve a better outturn for 2025/26 than that of 2024/25 (£42.5m deficit) as a milestone towards the £17m deficit control total. The Performance and Finance Committee (PFC) had considered the report in detail, with further discussion at an Independent Member briefing on the 24 June 2025. DG thanked colleagues for the helpful feedback and confirmed that work was underway on the suggestions made. He drew particular attention to: • Table 1, at Page 6: this set out the submitted plan and the ambition of a 5% savings target of £55.4m, with a consequential deficit of £58.7m. • Table 3, at Page 7: this described the context for the current and future years, with a line of sight to the target total over a three year period.

	• Table 4, at page 8: this referred to the current position at the end of Month 2; this was off plan with a £17m deficit, some £7m above trajectory. Lack of delivery against savings was the primary driver for the deficit; progress made centred on reductions in service pressures and in mental health placements. • WG expectations, at Page 9, of: actions that SBUHB had to take to reduce the £58.7m position; the development of an improved plan to reduce to the 2024/25 outturn position of £42.5m (a reduction of £16.2m against the current position); and a fully quantified set of actions to address the new 2025/26 target of £42.5m, along with progress in mitigating the risks of non-delivery. • The point in time projection, at Table 5: a deficit of £92.5m if there were no further changes/actions ; the clear challenge of moving from a possible year end position of £92.5m to the required £42.5m, with an additional £50m requirement above the deficit level in the plan and the additional £16.2m target. • Table 7, at Page 12: this set out the £50m shortfall and the immediate steps required to support medium term recovery; these included a cap on variable pay and additional levels of corporate underspend. • The actions required immediately to address the deficit set out in Section 7 of the report. DG extended his thanks to LR and TR for their work on variable pay, with urgent work also needed on vacancy control. The focus on capping spend had to be recurrent and DG acknowledged that this necessitated both cultural and behavioural change across the organisation. • Revisiting the red pool schemes not actioned in 2024/25, to determine opportunities; this would provide a significant range of additional options. • The further financial risks for the year, set out in Table 9, on Page 18: these comprised mainly unfunded pressures arising in year and broader general risks which were routinely reviewed. • A scenario table, at Page 20: this profiled the trajectory required to achieve £42.5m, alongside two other options that provided a mid-point and worst-case scenario. The Board's discussions and views would help refine the trajectory. • The need to proceed at scale and pace including: - An immediate agreement on variable pay caps;

	- An immediate hold on corporate spend to ensure delivery of the additional corporate contribution; - An assessment of non-recurrent in-year opportunities by mid-July; - Introduction of the preferred external support supplier by early July, with first phase analysis completed within four to six weeks. Summarising the position, DG advised that the Board had a proposed way forward to reach the £42.5m deficit; this would be dependent on minimising risk and maximising opportunities. JW extended her thanks to DG and the finance team for the phenomenal amount of work involved in developing and itemising the position. JW then invited PP, as chair of the PFC, to provide the Board with the Committee's formal advice. PP set this out as follows: • The need to ensure that the variable pay cap of £32.3m resulted in recurrent savings, to signal a permanent change in culture/ behaviour. • The need to categorise corporate savings of £7m as recurrent and to reduce budgets accordingly. • The PFC was of the view that the 2025/26 savings target stated as £11.1m (Table 7) was too low a figure and failed to take account of: - Red savings included in the tracker £12.8m; savings should be recognised only when they were green or amber; - The need to assess and quantify the level of certainty on risk. Tables 9 and 10 identified the lowest level as £17m but these lacked mitigating actions; savings had to cover these. • The sensitivity analysis on Table 10 should reflect the higher level of savings required, rather than the best case of a £59.5m deficit. • The report needed to assure the Board of the process in place to drive the broad range of savings opportunities at pace. Independent Members required greater assurance in this respect. • The need for a single, co-ordinated governance channel for delivering Executive level savings programmes. This included

	clarifying role and accountability of Executive Team members as Senior Responsible Officers (SROs) driving specific savings schemes. • Clarity around programme stakeholders and the role of Service Groups: attendance and engagement must be mandatory, with a coordinated approach and a move away from silo working. • There should clear, effective support systems in place, with evidence- based targets. • The external support available had to come alongside and provide valuable insight, evidence and capacity. • Independent Members were concerned about some entries included in the £290m opportunities/red savings; this approach lacked realism and some opportunities could impact significantly on staff morale in service areas that were already challenged. • In collaboration with key stakeholders, Programme Boards would need to assess the appetite for risk against each proposed action. JW thanked PP and PFC members for their robust oversight and clear advice to the Board. She then invited comments. RO endorsed PP's comments. On savings, whilst SBUHB had relied in previous years on non-recurrent savings, the organisation had to pivot to recurrent savings, to deliver a sustainably improved financial position for the future. RO also advised that the PFC was keen to understand in more detail the governance arrangements that would support executive leads for savings programmes; DG would hold a Board level workshop in July, to explore governance issues and provide further assurance to the Board. JC extended her thanks to DG for the detailed work undertaken. She welcomed the significantly improved and more detailed scrutiny now in place; this provided Independent Members with a level of detail not accessible previously. MD warmly welcomed the proposed workshop to align oversight and assurance on delivery of savings plans. Whilst the Executive lead for Continuing NHS Healthcare (CHC) MD acknowledged that Service Groups would deliver some of the savings identified. The CHC Programme underway had focused on improving both the commissioning, and delivery of, complex longer-term care, both internally and with partners; the workshop would be a helpful opportunity to explore a fully joined up approach.

	JW asked about the timeline for the work; MD confirmed that work had already begun, she was aiming to accelerate this by engaging with the Regional Partnership Board (RPB) group on complex care and by centralising the commissioning model. NZ welcomed MDs update and also the greater level of scrutiny now in place. She sought assurance around building and enhancing long term planning arrangements across the organisation, for example on workforce planning. MD confirmed that processes were in place, with a newer approach focusing on continuous review and integrating planning processes; a session scheduled for September would refresh and reiterate expectations for 2026/27 planning purposes. The July Board meeting agenda would include an item on this. **Action: MD/HL** JW invited TR to provide an update from a workforce perspective. TR reported her agreement with the Workforce and Organisational development Committee (WODC) to bring a first iteration of the workforce plan to the October Board meeting; the work had progressed in partnership with Hywel Dda University Health Board (HDUHB) to ensure capacity and capability across the west Wales region. RO confirmed that the next WODC meeting would include consideration of an early workforce plan. SS commented on the concern voiced by PFC members about the pace of change; as Q1 ended, there was still much to do. Whilst SS acknowledged the importance of medium and longer term considerations, he proposed a relentless focus on the rest of 2025/26. AH welcomed and appreciated the work undertaken to strengthen the plan; she recognised the risks associated with it and the need to balance these against the need for immediate savings. Referring to SS comments, the Recovery and Sustainability Board now met fortnightly and in person to drive progress. She welcomed the pending external support, its role being to work alongside the team, rather than undertake a diagnostic approach. SBUHB had gone further than any other HB in 2024/25 in delivering savings but had relied on non-recurring opportunities; work in 2025/26 and beyond would need to change emphasis and concentrate on recurrent savings. Multiple site working and the opportunities around digital options to improve productivity and efficiency would have to assume greater importance. Finally, AH indicated that she would be meeting the Chief Executive of NHS Wales shortly to discuss these issues. JW asked DG about the framing of the response to WG; the 6 June letter had recognised the importance of governance and assurance and DG confirmed that the report acknowledged this. He would draft

	the response along the lines of the Board discussion and would reflect the changes requested by PFC and Board in the final document. **Action: DG** JW commented on the importance of regular communication with staff and asked RT to outline the proposed messaging. RT set out a two-strand approach: continuous factual updates on the financial position, combined with targeted messaging to provide more impact on key points, using appropriate behavioural change techniques. The Board: • **Considered** financial performance for Month 2 2025/26 and the Year to Date (YTD) position. • **Received** and **accepted** the advice from the PFC. • **Considered** and **discussed** the component elements identified in the 2025/26 plan to deliver the £42.5m deficit and **supported** the intention to gain headroom against the trajectory. • **Accepted** the risks, emphasising the need to alert WG to the risks associated with a pressurised agenda and staff working at maximum speed and effort. • **Supported** and **agreed** the further actions and timing of these, as set out in section 10 of the report; these would ensure delivery of the options presented (in Appendix 4 and 5) to achieve the £42.5m milestone deficit at the end of 2025/26. • **Acknowledged** the risks and the sensitivity assessment undertaken, as reflected in the report.
4.2 MENTAL HEALTH AND LEARNING DISABILITIES REPORT	
110/25	JW welcomed MW, the independent expert advisor commissioned to provide expert advice on mental health and learning disability services. Her work would support the Board in its ambition to improve the delivery of comprehensive safe, high quality, responsive mental health and learning disability services and become a Centre of Excellence. AH set out the context for the review; this included: recognition of the need to transform services; several prevention of future death reports identified by HM Coroner; and an ageing estate that required major updating but lacked capital support from WG. Collectively, these factors had led to the commissioning of an external review across the full range of mental health services, from community-based support

	options through to specialist inpatient mental health treatment and care. AH reminded the Board that MW had joined SBUHB in January 2025 and had shared her early findings and insights at the February Board Development Session. The Board meeting was the opportunity for MH to present her findings in public and AH invited her to do so. MW thanked the Board for the opportunity and drew attention to the detailed information provided in the report; she was grateful to everyone who had engaged with the review. MW then summarised her work to date as follows: • The initial scope of the review had focused on mental health (MH) services; she would consider learning disability (LD) services as a further piece of work. • SBUHB had prioritised the provision of high quality and safe services and needed the right governance and risk mechanisms in place to support proper oversight. The time was right to review these, linked to a number of serious incidents that had resulted in prevention of future death reports. HM Coroner had expressed concerns about the lack of consistency in applying the lessons identified. • SBUHB had not attracted capital funding from WG in response to a strategic outline business case submitted around the redevelopment of Cefn Coed Hospital; this provided an opportunity to consider a new redesign. • The policy context alongside other relevant reports provided SBUHB with a framework through which to develop high quality services. • There were serious concerns around the quality of the inpatient estate for adult and older people's services; this compromised the delivery of safe, high quality, dignified and therapeutic care. MW was pleased to acknowledge the work already undertaken to address a number of immediate issues via a Task and Finish Group. The July Board meeting would include an agenda item on this. • Staffing levels were below the mental health safe staffing principles, with a high proportion of new staff; this placed additional pressures on ward managers in supervising a high number of inexperienced staff and temporary staff. • There were suboptimal multidisciplinary inputs to deliver a managed plan of treatment and care; this led to delays in the patient's journey and poorer outcomes. In addition, there was no

	consistent multidisciplinary team working across the service which was usual practice for MH and LD services. • Meaningful engagement with patients and carers to listen carefully to their voices should be normal practice to enhance the design and delivery of care, delivering better services and better outcomes. • There was a dispersed community model; contemporary evidence indicated that this model led to a number of smaller services, each with a handover requirement creating significant potential for gaps in care. The Coroner had highlighted these gaps, also evident in other serious untoward incidents. • Board/Committee level governance and oversight was minimal, with corporate services viewed as being distant from the Service Group; the Board spent insufficient time on oversight and scrutiny, or on assuring itself of the safety and quality of services. • Performance information and other data capture systems were weak, leading to insufficient information on which to plan services and review outcomes. The provision of reliable information was key to the delivery of safe patient care. MW expressed concerns about the Board's level of awareness of the challenges facing services and its capacity to ensure that services were safe and effective. There were at least 50 data sources, many of which were manual; the Service Group and Digital team needed to work together to rapidly improve the position. • The lack of a Board programme of visits was of concern; these were particularly important for mental health services which included locked environments. • The Service Group management triumvirate was new but committed to improving services; the Service Group welcomed the new interest from, and commitment of, the Board. • Access to primary care, wellbeing and physical healthcare services required stronger management to improve morbidity and mortality in people with MH and LD. • The setting up of a Transformation Programme Board, in response to the challenges identified and supported by the Board in February. This included a series of workstreams as set out in the Board paper; MW welcomed the input and chairing of

	workstreams by people working across the organisation. The programme would embed engagement and co-production. • Local Authority (LA) partners had engaged with the work; MD was supporting the work to ensure that LAs and the Regional Partnership Board (RPB) were fully engaged in longer term strategic developments. • The Service Redesign Group was examining all services, with a Planned Care Group looking at Community Mental Health Teams (CMHTs) and assertive outreach and the Unscheduled Care Group exploring inpatient care, crisis home based treatment and single point of access. LAs would participate in the work. • On leadership, MW commented on the support that both the Transformation Programme and the Service Group would need. • MW acknowledged the reflection and positive intent of the Board in recognising and accepting the scale of change necessary. On behalf of the Board, JW thanked MW for her thorough and evidence-based analysis, and her commitment to helping the organisation achieve its ambition. She then asked DG to summarise the estate issues. DG referred to the Estates Update and Actions table at Page 11 of the report and also to the levels of engagement with stakeholders. He had directed resource to the immediate estate issues and WG had signalled an opportunity to bring forward £1m of funding from 2026/27 to this year. DG also confirmed the active work underway on environmental repairs, including replacement windows, recognising these as short-term improvements that did not contribute significantly to the sustainability of the estate. WG officials had visited the site and DG was in informal discussion with them. Immediate and longer-term improvement work would run concurrently wherever possible. DG also committed to active engagement with all stakeholders on the longer-term strategic review. JW drew attention to the Board leadership role for mental health services, invested in the role of vice chair; she invited SS to share his reflections. SS began by thanking MW for her report and the time she had spent over the last months, joining him on informative service visits. He summarised the Board's plans over time, consultations undertaken, and the impact of COVID-19. SS reflected on the fact that, when WG did not support the strategic outline case, the Board found itself without an alternative plan. This was an oversight and it had contributed to the current position, for which SS expressed his regret.

	SS underlined the positive opportunity of the new *Wales Mental Health and Wellbeing Framework,* the NHS Wales Performance and Improvement assessment, the forthcoming Drugs Commission report and the HM Coroner's reports, all of which would help shape service transformation. SS urged progress at pace, acknowledging the need for investment that, in his view, should come from other areas. JW thanked SS for his reflections and then invited questions: NZ found the report uncomfortable but worthwhile reading. She supported the need to address immediate issues and to manage this in parallel with service transformation; she welcomed AHs assurance over securing the leadership capacity to drive the transformation. The Board and Committees would also need appropriate oversight arrangements. On informatics and data, NZ looked for assurance that the Digital Strategy included the requirements; and that wider transformation issues, such as culture and coproduction, were in scope. Responding, AH shared her concerns about paper-based records; this remained an issue across many mental health services in Wales. She proposed discussions with WG on the development of digital opportunities, given that some health boards had made progress. AH went on to confirm that the Board would receive the NHS Performance and Improvement assessment at its July meeting. Referring to the oversight and governance points raised by NZ, JW confirmed that she would work with HL and committee chairs to agree the approach. **Action: JW/HL/relevant committee chairs** MJ provided background information on a mental health integrated digital solution proposed in 2017, a complicated programme with functionality taking some time to develop. Whilst Local Authorities had adopted the system, SBUHB had not, although some 700 staff could access and use the system, using LA connections. This arrangement would end in January 2026, with an expected replacement system in place; this offered timely opportunities to consider digital options. Additionally, most inpatient service data were captured on digital systems; community and outpatient services were not digitised and warranted the greatest attention. JW invited AG to provide an update on how the Digital, Data, Research and Innovation Committee (DDRIC) would oversee this work. AG reflected on the concerns identified in the report; he had asked MJ for an urgent report for the next DDRIC meeting to establish a baseline and identify any immediate and shorter-term remedies. AG

	was clear that the Board needed a more balanced focus on mental health services. JW thanked AG for raising this point and emphasised the importance of the Board's commitment to parity for mental health and physical health services. All Board members supported this principle. NM extended her thanks to MW for all the work undertaken; the report made for difficult reading and she voiced her concern about the lack of Board awareness of these issues at an earlier stage. NM sought assurance that mechanisms were now in place to escalate matters to Committee/Board level in a timely way. JW invited AH to respond. AH recognised the concerns and the need to design more roust escalation systems. An executive dashboard was already in place but did not yet include MH information, due to the issues that MW had raised. The work underway to improve the information position should enable the development of a dataset for the Board; AH reflected on the tendency to focus performance discussions on planned care and unscheduled care; there had to be a better balance, with performance data that covered all services. The Service Group collected a considered amount of information; this required distilling and the identification of key indicators for both the QSC and Board level assurance; the Performance Report would also cover mental health indicators. JW suggested that the resumption of Board visits, work on refreshing the risk appetite and risk management, together with the Board Development Programme, would all help build the Board's ability to identify risks at an early stage. KL extended his thanks to MW; the work included learning disability services, and he sought confirmation on the timeline for that. KL welcomed the intention to embed oversight in the QSC work programme but was concerned about both capital and revenue resources to drive the work forward and enable delivery. Finally, he asked about timescales for the work. JW confirmed there would be a separate report focusing on learning disability services; the Board would receive this later in the year. AH recognised the need to support the transformation programme, with revenue funding required to support both the transformation project and the costs associated with implementing the service model. Moving to a more consolidated approach, as opposed to the current dispersed service model, offered opportunities for revenue release. On capital, DG confirmed that SBUHB was dependent on WG releasing resources to address safety and risk in the short term, along with long term sustainable solutions.

	DG also drew attention to other options to identify resources, including: the reallocation of estates funding; the £12.5m in the discretionary fund that the Board could reallocate; and the request to draw down £1m funding in 2025/26 intended for use in 2026/27. Accessing resources for a major strategic shift in the estate and service model would require the adoption of a Business Case process. AH reflected on the opportunities for benchmarking and enhancing the role of prevention and early intervention services to reduce inpatient service model costs. On timelines, MW referred to summary statements and updates in the report; she confirmed that the updates related to the work set out in the February Board presentation and that details on the work of the Transformation programme would come to a future Board meeting. PP raised the importance of partnership working with LAs and the voluntary sector; she asked whether there were examples of good practice for joint NHS/LA services and the plans to incorporate LA input into the programme. MW confirmed that good practice examples did exist; engagement of LA and voluntary sector partners was included through the RPB. CT referred to the role of Llais as the people's voice; she welcomed the reference to coproduction and engagement and asked about the breadth of engagement proposed for service redesign. MW would be meeting with CT shortly to explore these issues; she recognised the need to use both existing mechanisms, including the RPB, and to seek out wider voices, including voluntary sector representatives. She would update the Board at the July Board meeting, describing coproduction and engagement as *'the golden thread throughout the work'*. DL noted the lack of parity in WG support for digitisation; some health boards had progressed whilst others had not; she would raise this formally with WG. She also raised the fact that the Board relied on reports from the Service Group, based primarily on paper records; she proposed additional assurance through the use of WPAS as soon as possible. DL also reported on the inclusion of mental health and learning disability services in the three times daily safety huddles. JC referred back to NMs comments and the need to ensure that the Board operated on a 'no surprises' approach; she would take this opportunity to review and reset the QSC agenda accordingly. RO welcomed the time allocated to consider mental health and learning disability services in some detail; she emphasised the need to consider these services as mainstream. The WODC needed to consider workforce design and staff development as part of its work

	programme. RO also referred to previous consultation processes and the need to plan and engage openly and effectively. CM welcomed the reference to inpatient care being therapeutic rather than about containment; workforce development was as important as estates in driving an improved service model and user experience. She also recognised the ways in which newer alternative roles could add value to inpatient pathways. ALF emphasised the need to engage and communicate with staff; without context, the report could have an adverse effect on staff morale. Staff needed to know that the Board was working alongside them to deliver a new service that reflected contemporary evidence and, over time, could become a centre of excellence. MW agreed and advised that she had attended the Service Group Management Board meeting immediately prior to the Board meeting, to discuss how best to engage with staff and ensure that messaging reached them. MW reiterated that staff were positive about the Board's interest and the proposed work. LR agreed that staff were welcoming of the approach adopted by the Service Group and the Board; they were optimistic about the proposed developments. On engagement, RE noted that staff did not always have easy access to emails; Service Group management and leadership needed to convey consistent messages, positioning the early work as stepping stones towards an end goal. He also confirmed a forthcoming meeting with Llais in the next week to visit a number of sites. AH summarised the discussions: the debate had confirmed the Board's commitment to deliver improved services and become a Centre of Mental Health Excellence. She thanked MW again for her report and confirmed that the July Board meeting would include the next update, summarise progress and next steps. Closing the discussion, JW recognised the report as a seminal moment for SBUHB and added her thanks to MW for her detailed analysis. Hers was an invaluable source of expertise to inform the Board's transformation programme. The Board: • **Received** and **considered** the report of the independent expert advisor, including updates on recommendations/actions subject to prior approval. • **Recognised** the significant risk around data collection and information systems for mental health and learning disability

	services and **supported** the action taken to date to address the issues of concern. • **Endorsed** the intention to use the All-Wales Strategy for Mental Health and Wellbeing as a framework to underpin the transformation programme. • **Supported** the development of proposals to come firstly to the July and then to the September Board meetings, following an engagement exercise. The proposals would set out the options for an interim solution to address the safety and quality of the adult and older people's inpatient estate and facilities. The development of a new business case for the permanent re-provision of inpatient services would follow. • **Agreed** to receive a report on Learning Disability Services later in 2025/26
PART 5: ANY OTHER BUSINESS	
5.1 ANY OTHER BUSINESS	
111/25	There was no other business.
Next Health Board Meeting: 31 July 2025	

The meeting concluded at 14:52.