



Swansea Bay University Health Board (SBUHB) Minutes of the Board Meeting held on 30 July 2026 at 10:45am

Present		
Jan Williams	(JW)	Chair
Abigail Harris	(AH)	Chief Executive Officer
Jean Church	(JC)	Independent Member
Marie Davies	(MD)	Executive Director of Planning and Partnerships
Andrew Griffiths	(AG)	Independent Member
Raj Krishnan	(RK)	Interim Executive Medical Director
Claire Osmundsen-Little	(COL)	Interim Executive Director of Finance and Performance
Reena Owen	(RO)	Independent Member
Patricia Price	(PP)	Independent Member
Charlotte Rees	(CR)	Independent Member
Liz Rix	(LR)	Executive Director of Nursing and Patient Experience
Stephen Spill	(SS)	Vice Chair
Hugo Van Woerden	(HVW)	Interim Executive Director of Public Health
Nuria Zolle	(NZ)	Independent Member

In Attendance		
Helen Annandale	(HA)	Chair of the Health Professionals Forum
Sujoy Banerjee	(SB)	Consultant Neonatologist (For Agenda item 5.3)
Denise Chaffer	(DC)	Maternity and Neonatal Oversight Panel Chair (For Agenda item 5.3)
Pat Dunmore	(PD)	Chair of the Stakeholder Reference Group
Amy English	(AE)	Interim Regional Director, Llais
Kathy Greaves	(KG)	Clinical Director Midwifery (For Agenda item 5.3)
Ffion Green	(FG)	Programme Lead: Corporate Nursing and Patient Experience (For Agenda item 5.3)
Paul Harry	(PH)	Head of Finance: Service Intelligence (For Agenda item 4.5)
Matthew John	(MJ)	Director of Digital
Alun Llewelyn	(AL)	Associate Board Member
Hazel Lloyd	(HL)	Director of Corporate Governance



Andrew Nelson	(AN)	Director of Performance and Business Intelligence (For Agenda item 4.5)
Emma Owen	(EO)	Assistant Director of Workforce and Organisational Development
Hannah Parsons	(HP)	Assistant Director of Operations (For Agenda item 4.5)
Carys Richards	(CER)	Senior Corporate Governance Manager
Heather Richards	(HR)	Health Board Partnership Forum Chair
Jon Scott	(JS)	Interim Delivery Unit Director
Richard Thomas	(RT)	Director of Insight, Communications and Engagement
Craige Wilson	(CW)	Deputy Chief Operating Officer

Apologies

Anne-Louise Ferguson	(ALF)	Independent Member
Deb Lewis	(DL)	Chief Operating Officer/ Interim Executive Director of Primary Care & Community and Mental Health & Learning Disabilities
Nicola Mathews	(NM)	Independent Member
Theresa Ogbekhiulu	(TO)	Associate Board Member
Tina Ricketts	(TR)	Executive Director of Workforce and Organisational Development

Observing in-person

Arwel Roberts	Council Associate at the General Osteopathic Council (GOsC)
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Acronyms

Acronym	Definition	Minute Reference
AAA	Alert, Advise, Assure	122/26
AC	Audit Committee	114/26; 118/26; 122/26; 134/26
AGM	Annual General Meeting	116/26
AI	Artificial Intelligence	116/26
APB	Area Planning Board	117/26
ASTRA	Avoiding Short-Term Respiratory Admissions to the Neonatal Unit	124/26
BJC	Business Justification Case	119/26; 121/26
BSOTS	Birmingham Symptom-specific Obstetric Triage System	124/26



CAMHS	Child and Adolescent Mental Health Services	122/26
C.diff	Clostridioides difficile	122/26
CEMT	Chief Executives Management Team	117/26
CHC	Continuing NHS Healthcare	123/26
CT	Computed Tomography	122/26
CTG	Cardiotocography	124/26
DALB	Drug and Alcohol Leadership Board	117/26
DDRIC	Digital, Data, Research and Innovation Committee	116/26; 122/26
DU	Delivery Unit	121/26; 123/26
ED	Emergency Department	113/26; 122/26
EPRR	Emergency Preparedness, Resilience and Response	117/26
HAIs	Healthcare Associated Infections	122/26
HB	Health Board	114/26; 120/26
H DUHB	Hywel Dda University Health Board	118/26; 119/26
HIE	Hypoxic Ischaemic Encephalopathy	124/26
HIW	Healthcare Inspectorate Wales	124/26
HMP	His Majesty's Prison	114/26
HPR	Health Board Principal Risk	123/26
IPC	Infection Prevention and Control	122/26
IPR	Integrated Performance Report	122/26
IV	Intravenous	122/26
JCC	Joint Commissioning Committee	115/26; 117/26; 122/26
KPIs	Key Performance Indicators	124/26
LINAC	Linear Accelerator	119/26
LTAs	Long-Term Agreements	117/26
MBBRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	124/26
MNVP	Maternity and Neonatal Voices Partnership	124/26
MoNET	Multi-professional Neonatal Education and Training	124/26
NHSPI	NHS Performance and Improvement	120/26; 121/26; 122/26
NPT	Neath Port Talbot	117/26; 120/26; 124/26
PFC	Performance and Finance Committee	119/26; 120/26; 122/26; 123/26
PFAG	Planning and Finance Assurance Group	119/26



PHC	Population Health Committee	122/26
PID	Project Initiation Document	118/26
Q1	Quarter 1	117/26
Q3	Quarter 3	122/26; 123/26
Q4	Quarter 4	123/26
QI	Quality Improvement	124/26
QSC	Quality and Safety Committee	122/26; 124/26
RJC	Regional Joint Committee	118/26
Rio	Electronic Patient Record (EPR) system	121/26
RPB	Regional Partnership Board	121/26
SBUHB	Swansea Bay University Health Board	Title
SLAs	Service Level Agreements	118/26
SPOA	Single Point of Access	124/26
WG	Welsh Government	113/26; 116/26; 117/26; 120/26; 121/26; 122/26; 123/26; 124/26
WODC	Workforce and Organisational Development Committee	114/26; 123/26; 138/26
WTE	Whole Time Equivalent	110/26; 122/26

The meeting began at 10:43.

Minute Ref:	Agenda Item
PART 1. PRELIMINARY MATTERS	
1.1 Welcome and Introductory Remarks	
110/26	JW opened the meeting by extending a warm welcome to everyone attending, and to those observing, the Board meeting. As the Governing Body of one of the largest UK organisations, the Board constituted the highest level of decision making, with stewardship of: £1.8bn of public money, the employment of 14,500 whole time equivalent (WTE) staff, and the health and care services for approximately 400,000 people across Swansea and Neath Port Talbot, and for much larger populations for specialist and regional services.



	SBUHB was a strategic population health body, with a statutory duty to promote and protect public health and to prevent disease. The agenda for the meeting covered the breadth of the Board's responsibilities; open government was important, and the meeting provided the Board with a platform to hold itself accountable to the public and to explain the rationale for decisions taken covering the three time horizons in which the Board worked: the long, medium and short term. JW then mapped the key agenda items against the Board's responsibilities for: strategic direction setting; setting the risk appetite and overseeing strategic risks; building and sustaining strategic partnerships; oversight of delivery against the in-year plan; practising good governance; and setting the tone and culture of the organisation. The Board wanted staff to come to work and be their best authentic selves and to know that they could speak up safely in respect of any concerns.
1.2 Apologies for Absence	
111/26	Deb Lewis, Tina Ricketts, Theresa Ogbekhiulu, Anne-Louise Ferguson, and Nicola Matthews had tendered apologies.
1.3 Declaration of Interests	
112/26	There were no declarations of interest outside those already on the Declarations of Interest Register.
PART 2. MAIN AGENDA	
2.1 Chief Executive's Report	
113/26	AH referred to the detailed update provided in her report and drew particular attention to: Emergency and unscheduled care services; these remained in escalation and AH thanked all staff across the organisation for their extraordinary efforts during the extreme weather conditions over recent weeks. These had contributed to the highest levels of



Emergency Department (ED) activity ever recorded; capturing the learning from the service response was important, given the forecast of further extreme weather. NM had asked a question about staff in the ED, as 18 months had elapsed since the Board meeting with key ED staff. AH set out the arrangements in place to engage with staff. In September, the Board would have the opportunity to review the 2026/27 Winter Plan, including the implementation of the 45-minute ambulance handover target.

- Gorseinon Hospital: In September 2025, the Board had approved a temporary service change to relocate in-patient beds at Gorseinon to Singleton hospital; this was subject to a six-month extension in February 2026 and AH now sought Board approval to extend this until November 2026, to support the completion of a required engagement and consultation exercise.

AH extended her apologies on behalf of the Executive for some slippage against timescales and milestones; she referenced the positive visits and informal conversations with the local community and with local politicians and extended her thanks to NM for facilitating these opportunities. AH commented on the temporary use of the ward accommodation to host additional clinics and services. She extended her thanks to AE from Llais for her advice on the engagement process and asked the Board to delegate the sign off of the engagement material to her, in consultation with JW.

- The commitment to delivering the Annual Plan for 2026/27; she recognised the role of the Executive in strengthening delivery and ensuring sufficient capacity to deliver at scale and pace; this included a focus on the prioritisation of key deliverables.

JW thanked AH and invited comments and questions.

PP referred to the need to improve flow and the challenges this posed, with 234 clinically optimised patients subject to delayed discharge; this comprised 17% of the bed base. The current position caused avoidable harm to those patients who no longer needed clinical care and added to service costs. PP acknowledged the extensive work with local authority and third sector partners but concluded that the time had come for WG to take action at a national level.

AH and MD added detail on the work underway with local partners and the setting up of a national group looking at the integration of community-based services, under the policy umbrella of Community by Design.



JS supported a national approach; to share learning and identify common ground; he and CW highlighted the reduction in the number of clinically optimised patients, down to 152 at the time of the meeting and the lowest in recent times. Both emphasised the need to focus on a downward trajectory, with the national group now in place to oversee a system-level change.

JC welcomed the establishment of a national group; she noted funding provided previously by WG to support specific actions e.g. waiting list reductions First Consultation initiative, acknowledging the benefits of the funding. Any further funding would need to focus on whole patient pathways to avoid any additional challenges at specific points along the pathway.

The Board:

- **RECEIVED** the report and **TOOK ASSURANCE** from the discussions on the key areas of escalation, operational pressures, and strategic risk.
- **APPROVED** an extension to the current temporary transfer of the inpatient beds previously provided at Gorseinon hospital, to Singleton hospital, until the end of November 2026. This would support a full and compliant engagement process, prior to the Board making a final decision at its November 2026 meeting.
- **DELEGATED AUTHORITY** to AH to approve and issue the full public engagement materials outside the Board meeting cycle, in consultation with JW and subject to appropriate Executive, clinical, and governance reviews.
- **PLACED ON RECORD** its thanks to NM for her work in engaging with the local community over the last year and in supporting Geraint Bowen (GB), Gorseinon hospital site manager, and the team on the ground at the hospital. The Board owed GB and the local team a debt of gratitude for everything they had done to ensure that Gorseinon hospital continued its role as a vibrant community hub.

2.2 Risk Report



114/26	Introducing this item, JW referenced the Board's role in setting the strategic risk appetite, determining and overseeing strategic level risks. She invited HL to provide an update. HL drew attention to nine risks set out in the Strategic Risk Register; following a recent update the Executive Board would consider them on 12 August 2026, before consideration by the Workforce and Organisational Development Committee (WODC) on 20 August with onward submission to the September Board meeting. There were 29 corporate risks, 17 of which were above the Board's risk appetite. JW thanked HL and her team for their work on all aspects of risk; she invited comments. PP referred to AH's earlier comments and the need to frame risk in the context of the whole system scale of change underway and the challenging financial position. The Board had a significant change and improvement agenda across a range of services, and the sheer scale of this could, of itself, lead to a system delivery risk; PP proposed the inclusion of a whole system operational delivery risk in the Strategic Risk Register, with clearly articulated mitigations and expected improvements. NZ supported the need to describe a broad, whole system operational risk, collating all the service changes and risks, and the interactions. The Board and its Committees needed assurance based on evidence of impact, rather than on individual actions. The Audit Committee (AC) had discussed this issue and welcomed the recent improvements to the Risk Registers; NZ highlighted the need for more work on cross-Committee oversight of whole system risks. Responding, AH welcomed the discussion, advising that the Executive had also discussed this issue. Executive directors acknowledged that delivery capacity and capability was challenging, given the breadth and scale of service transformation underway, with some delays resulting in changes to timelines and delivery against milestones. <i>Organised for Success</i> would assist in shaping the workforce, with the right capacity and capability, in the right places, and at the right level. The introduction of the clinically led leadership model was fundamental, with work underway to support clinical leadership across the HB.
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JC expressed concern at the number of changes to timelines, sometimes by months or even a year. JW added detail on a risk NM had highlighted going back to 2022; this concerned staffing levels in HMP Swansea and was not a risk that the Board could mitigate alone. LR agreed to review this specific risk; the Executive would also work on the whole approach to profiling the timelines for risk mitigation.

Action: LR/Executive Directors

Summarising the discussion, JW reflected on the open and accountable identification and mitigation of organisational risks. The next stage of effective risk management involved the scoping of a whole system operational delivery risk and the associated strategic risk implications. The Executive review of priorities would sit alongside this and would inform the reset of strategic, corporate and operational risks. A further cross-Committee workshop would reflect on the approach to scrutiny and oversight of whole system operational delivery risk.

The Board:

- **RECEIVED** for **ASSURANCE** the report and supporting appendices.
- **ACKNOWLEDGED** the progress made and good practice in risk identification and mitigation.
- **AGREED** to add a whole system operational delivery risk to the Strategic Risk Register, reflecting the strategic implications.
- **AGREED** to receive an update report at the September 2026 Board meeting, setting out the outcome of the Executive-level review of service priorities and consequent risks at strategic, corporate and operational level.
- **AGREED** to convene a cross-Committee workshop on scrutiny and oversight of whole system operational delivery risk.

PART 3. PATIENT/STAFF EXPERIENCE

3.1 Patient Story

115/26

LR introduced Huw, a dialysis patient. Speaking in Welsh, Huw described





the background to his condition, the worry this had generated and the way in which the consultant and the dialysis team had afforded him every care and support. The 'self-care' option gave him more freedom and the ability to speak with the team in Welsh was a major plus point, from Huw's perspective.

LR stressed the importance of helping Huw to remain independent and to help him converse in his first language. The renal dialysis service was a regional service, and Southwest Wales was home to a large number of Welsh speakers., all of whom valued conversing in their preferred language.

RO asked whether SBUHB maintained a register of staff who spoke other languages and who could volunteer their services, should that be necessary; this could be a helpful alternative to Language Line. RO had already mentioned this to TR, who would explore this further.

Action: TR

AH advised that the Joint Commissioning Committee (JCC) commissioned the renal dialysis service. Huw had shared his story at the last JCC meeting.

JS welcomed the story and that Huw described himself as 'belonging to the Unit'; with staff going out of their way to give him additional care and support.

JW asked LR to extend the Board's thanks to Huw and to the staff of the Renal Dialysis Unit.

The Board **RECEIVED** the Patient Story for **ASSURANCE**.

PART 4. SETTING STRATEGIC DIRECTION

4.1 Transforming for the Future





116/26	MD referred to the paper provided; this provided an update on the programme of engagement work that began in 2025 on the strategic Clinical Plan <i>Transforming for the Future</i>. She drew attention to: • The complexity of the programme, involving a range of stakeholders and the importance of establishing firm foundations; MD also highlighted progress to date. • The programme of clinical workshops underway, to begin populating and describing the clinical models and levels of care. • WG leadership of the development of a national clinical plan; the expected timeline for completion – April 2027 – would possibly be subject to delay, with the consequent implications for the SBUHB timelines moving from September 2026 to April 2027. JW thanked MD and invited comments and questions: NZ asked about the achievability of the timelines and milestones; she highlighted the risks and sought assurance on a prioritisation process. AG also referred to: the need to manage the timelines alongside other transformational programmes underway, the iterative process adopted and the possibility of developing a worked example of the principles in practice. Responding, MD welcomed this suggestion and agreed to consider it further. Action: MD On digital transformation, JC asked whether there were opportunities to include artificial intelligence (AI) options. MD confirmed that this would form a critical enabler as part of the wider digital architecture. CO-L echoed the above point, viewing AI and estates as two fundamental enablers. AG confirmed that the Digital, Data, Research and Innovation Committee (DDRIC) was progressing this agenda. Action: AG
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RO proposed the specific inclusion of the reduction in health inequalities as a principle. MD explained the thinking behind the current wording of 'fair access to safe and effective services'. JW took the view of the meeting; this fell in favour of including a specific principle in respect of health inequalities and JW asked MD and RO to agree a form of words to reflect this.

PP asked for clarity around the resource envelope and the need to plan for a return to financial balance in 2028/29. MD outlined the approach to resource allocation and utilisation and the importance of robust demand and capacity modelling to inform the 'resource shift left'.

JW followed on with reference to the need for a 'life course' approach to internal resource allocation, a point that PP and JC had raised previously.

CO-L outlined the work underway on service costing; this would increase transparency around resource allocation and, over time, map across to service outcomes. Detailed service costings would support the shift to primary and community services and away from an institutional costing model.

AH built on the 'life course' concept and advised that the top 100 leaders recognised the need to map the longer-term financial strategy against this concept.

PD reminded the meeting that, at the Annual General Meeting (AGM), the Board had agreed to change the form of verb underpinning the principles from 'should' to 'will'. MD agreed to make this change.

Action: MD

RT emphasised the importance of applying the principles to all transformational work underway, including that on maternity and neonatal services, mental health, cancer, and unscheduled care.

The Board:



	• CONSIDERED the progress made in delivering the Transforming for the Future programme. • ACKNOWLEDGED that the delay in WG developing the National Clinical Plan would impact on the timeline for completion of the local strategic plan from November 2026 to April 2027. • ENDORSED the proposed principles for change, subject to the inclusion of a specific principle around the reduction in health inequalities, and the change in the form of verb from 'should' to 'will'. • AGREED to apply the principles to all transformation programmes. • AGREED to undertake more work on resource allocation modelling on a 'life course' basis.
4.2 Planning and Partnerships Report • APB Drug and Alcohol Strategy and Delivery Plan • ENDORSE The NHS Wales EPRR Annual Report 2025/26 prior to submission to Welsh Government	
117/26	MD referred to the detailed papers provided; she drew particular attention to: • A report for the Board on Q1 delivery against the 2026/27 Annual Plan. • The endorsement sought for the work of the Drug and Alcohol Leadership Board (DALB), developed in response to the 2025 Drugs Commission report. • The implementation of a formal, monthly integrated performance review for all Long-Term Agreements (LTAs), for the JCC, and for commissioning health boards. • The need for sign off of the Emergency Preparedness, Resilience and Response (EPPR) annual report and supplementary appendices; this required Board approval before submission to WG. JW thanked MD and invited comments and questions. HVW commented on the 2000 responses to the Heat Survey; these would provide valuable information on extreme weather. JW thanked



HVW for considering this important matter and asked MD to add detail on local and national actions around climate adaptability.

MD described the relevant local architecture in operation, with an updated adverse weather policy out for internal engagement. On wider climate adaptation, MD referred to the adaptation plan that supported risk mitigation, including areas such as flooding, adverse weather and climate change. AH agreed to raise the implications of extreme weather for existing and future capital expenditure at the next Chief Executives Management Team (CEMT) meeting.

Action: AH

CW summarised his recent attendance at a national debrief on the extreme heat.

HVW referred to the work of the Ventilation Group; these covered issues including the hiring of air conditioning units and any infection control implications and requirements. JW asked HVW to share this with AH for the CEMT meeting.

Action: HVW

JC posed three questions: (i) the impact of the JCC £6.3m deficit and any commissioning risks resulting from the Swansea and Neath Port Talbot Drug and Alcohol Service Alliance; (ii) the outcome measures and performance measures applied by the Area Planning Board (APB); and (iii) the measures in hand to address workforce and demand capability across the range of services provided.

SS asked about access to substance misuse services and for clarity on the provision of these.

Responding to both sets of questions, MD advised that:



- SBUHB would have advance notice of any potential revenue implications associated with the APB plans; these would need approval before implementation.
- APB resourcing came from a number of sources; there was a commitment to explore redesign of the pathway using the current revenue envelope.
- A comprehensive dashboard was in place, for use by the DALB, when reviewing performance on a quarterly basis. MD agreed to provide JC with information on this, and to follow up SS query on service access.

Action: MD

- On the JCC funding deficit, MD advised that 2025/26 had formed a transition year, making both commissioner and provider requirements more challenging. Further discussions were underway in-year at Executive level to explore both commissioner and provider areas of risk.
- On staff release for training, MD recognised that this was challenging but confirmed good engagement and the exploration of alternative opportunities.

AH referenced the attendance at the September 2026 Board meeting of the JCC chair and chief commissioner. This would provide the opportunity to discuss both commissioner and provider issues.

RO commented on the need to overhaul the current LTA methodology, given that the existing model was now outdated. CO-L confirmed the intention to provide a report to the September PFC meeting, as a re-baselining exercise. AH added detail on communications with neighbouring health boards.

AL referred to the Alliance model in place for drug and alcohol services; the Neath Port Talbot (NPT) Social Services Scrutiny Committee had considered a recent report and acknowledged the progress made. He thought that there would be benefit for the Board in considering the same type of report.



	Action: MD JW reflected on the breadth of material and updates included in the report; she asked AH/MD to look at the format and determine the optimum format for reporting to the full Board. Action: AH/MD The Board: • CONSIDERED and AGREED the items as requested through the report. • ENDORSED: ○ The NHS Wales EPRR Annual Report 2025/26 prior to submission to Welsh Government (Appendix 7). ○ The SBUHB Loss of Utilities, (gas, electricity, water) Multi-Utility Failure Framework (Appendix 8). ○ The Drug and Alcohol work programme • RECEIVED for ASSURANCE: ○ The position outlined on organisational resilience, risks and priorities. ○ The continued embedding of a resilience-by-design approach and the actions to address key system fragilities.
4.3 Cancer Programme Plan	
118/26	JS commented on the paper provided, as follows: • It proposed a Cancer Improvement Framework and the establishment of a formal Executive sponsored Cancer Improvement Programme, sponsored by the Medical Director; this would build upon the Cancer Improvement Plan presented at the June 2026 Board meeting. • That immediate operational recovery work continued, particularly on tumour site improvement plans, pathology recovery, diagnostics, and pathway improvement. The paper reflected a broader approach to coordinating cancer improvement across: prevention, earlier diagnosis. diagnostics, treatment, workforce,



personalized care, research and inequalities, with a focus on the next five to ten years.

- Improving the suspected cancer pathway was essential to improve overall long-term outcomes; it called for a whole system approach.
- Board endorsement was sought for the Framework and approval of the Executive sponsored Cancer Improvement Programme. A Programme Initiation Document (PID) would include detailed governance arrangements and an implementation plan.
- A cancer performance report from Audit Wales had issued the day prior to the Board meeting; the September Audit Committee (AC) meeting would consider it, although an initial review of the report indicated that the proposed SBUHB approach aligned with the requirements.
- The programme would provide a bridge between immediate recovery work and long-term service transformation.

AH thanked JS and extended her thanks to Hannah Parsons for her work in developing the proposed actions, informed by a workshop held earlier in 2026. The programme would reflect the in-year delivery requirements and the broader, longer-term requirement to drive service change, with a shift to prevention across both primary and secondary care services, taking into account the equity agenda. HVW supported this whole pathway approach, including prevention, detection and treatment.

AH went on to refer to the cancer related work planned through the Regional Joint Committee (RJC) with Hywel Dda University Health Board (HDUHB).

AG raised the prospect of moving away from Service Level Agreements (SLAs) towards an LTA approach: this would remove anomalies in access to clinical trials. RK confirmed the intention to review SLAs.

JW commented on the current funding model for the Southwest Wales Cancer Centre; she referenced the need to engage other health boards in sharing the financial risk and determining more proportionate funding shares.

Responding, CO-L reported on the regional level discussions that had begun; AH highlighted the Audit Wales reference to the need for a



	costed cancer plan; the Executive would raise this at a forthcoming meeting with their colleagues in HDUHB. JW welcomed the Executive level discussions underway with HDUHB and looked forward to an update on progress. The Board: • CONSIDERED the progress made since the June 2026 Executive Board paper in developing the SBUHB approach to cancer improvement, including the development of tumour-site improvement plans and other supporting workstreams. • RECOGNISED the need to build on the immediate recovery actions set out in the Single Cancer Pathway Improvement Plan through a broader, coordinated approach to improving cancer outcomes. • ENDORSED the proposed Cancer Improvement Framework as the underpinning structure for the Cancer Improvement Programme. • APPROVED the establishment of a formal Executive-sponsored Cancer Improvement Programme, with the Medical Director acting as Executive Sponsor. • SUPPORTED the development of a Programme Initiation Document, setting out the detailed governance arrangements, programme support requirements and implementation plan for future consideration by the Board.
4.4 5th Linear Accelerator (LINAC) Business Justification Case (BJC)	
119/26	MD summarised the background to the need for additional LINAC capacity; she reported that PFC had scrutinised the BJC documentation and PP confirmed that PFC members had taken sufficient assurance. On the revenue implications, CO-L advised that these would apply from 2027/28 and would feature in the planned care revenue allocation and budgeting. That allocation also planned sixth and seventh LINACS, but with no current revenue funding identified at this stage. The Board:



- **APPROVED** the BJC to seek £6.832m from the Welsh Government and £2.8m recurring revenue expenditure, divided equally (£1.4m each) with Hywel Dda University Health Board.
- **ACKNOWLEDGED THAT** the Planning and Finance Assurance Group (PFAG) had scrutinized the BJC documentation. On 24 June 2026, the Swansea Bay Executive Board had agreed to include the £1.4m revenue costs in the £34m planned care funding process.
- **CONSIDERED** the seriousness of adverse patient safety and outcomes should the 5th Linac development not proceed at pace.
- **CONSIDERED** the 6th/7th bunker and the potential change in position regarding BJC2.
- **SUPPORTED** the intention to develop the choices and options for a single and double bunker in greater detail.

4.5 Planned Care

120/26

JW thanked AN, HP, and PH for the significant work that underpinned the plan.; she invited CW to summarise the proposed Planned Care Recovery Programme (the Plan).

CW referred to an extensive slide pack and highlighted:

- The purpose of the Plan, developed in response to WG requirements to provide a sustainable planned care programme; sustainability into the future was essential.
- That the Plan built upon the interim plan on 104 weeks, submitted to WG on 19 July; this had gained positive feedback. The Plan presented to the Board built on that 19 July submission and set out a sustainable, strategic delivery programme.
- The clarity of WG guidance around the use of existing capacity, with additional investment requested only to meet demonstrable service gaps.
- The three pillars of the planned care programme that underpinned the Plan: (i) referral and early diagnosis; (ii) capacity, productivity and treatment; and (iii) follow up, surveillance and living well. The key themes developed, and based on these pillars, were: sustained recovery; optimizing surgical pathways; transformation of outpatient activity; digital



	enablement; maximizing productivity, strengthening patient work; and investment. • The funding request; this combined residual capacity requirements and transformational investment, with investment possibly offsetting residual capacity, once fully optimised and quantified. • Opportunities, as set out in the slide deck, across theatres, outpatients, the workforce, diagnostics, digital, regional opportunities, and productivity gains. • Further work, subject to Board approval, to provide detailed ongoing assurance and appropriate governance; this would include clarity on delivery milestones, benefits realization, and explicit performance reporting that demonstrated the direction of travel. • The risks associated with the programme, including resourcing and workforce engagement to deliver the capacity and productivity gains identified. Possible growth in demand also warranted specific mitigation. JW thanked CW and then turned to PP, as chair of PFC. PP recognised and appreciated the detailed work involved in developing the Plan, in a very limited timescale. It included a credible analysis of demand and capacity, with evidence of productivity improvements, and opportunities for regional working. The evidence base was comprehensive, with clinicians engaged in the scrutiny of costs NHSPI scrutiny for core specialties and cancer services. The ask for 2026/27 investment was around £20.7m to £23.8m, to cover both the 52-week and 104-week breaches. The financial ask exceeded that based solely on a population share; WG may not therefore agree the full funding and SBUHB would need a robust prioritisation process. PFC had also considered workforce availability and the mitigating actions proposed; these concerned robust workforce planning and opportunities for regional planning in key strategic areas, including anaesthetics. PFC also took assurance on the availability of outsourced sessions.
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PP welcomed the focus on long term sustainable solutions, rather than on the purchasing of non-recurrent additional capacity. Some productivity savings already formed part of the £65m savings requirement and it would be important to avoid double counting.

PP and PFC members were clear on the governance requirements, based on a full understanding of the baseline position and explicit targets, milestones and trajectories. Outputs must be subject to explicit tracking, with aligned accountability and escalation arrangements.

PP concluded by drawing attention to the non-recurrent funding available from WG; this constrained the development of a sustainable plan.

JW thanked PP and invited other PFC members to comment.

JC fully supported PPs comments and added her thanks for all the work involved in compiling the Plan; she welcomed the detail set out in it and was content to take assurance.

JW asked HVW to comment on the fact that the financial costs exceeded the population share. HVW highlighted the levels of deprivation across the SBUHB catchment area, singling out the high prevalence of disability and long-term illness, particularly in Neath Port Talbot. One recent survey had identified that this area had a higher level of disability than in any local authority in England; the age profile of the population was another factor.

AL referred to the significant pockets of deprivation in Neath Port Talbot; this was a factor reflected in the local authority's funding allocation from WG. The HB and local authority could work together to collate the statistics as essential background contextual information, AL also referred to anti-poverty strategies in place that aligned closely with the population health agenda.

JW then invited AH to comment.



AH expressed her thanks to the team for developing the comprehensive Plan and providing the evidence base. She welcomed WG's early commitment to continue funding and stressed the importance of learning from others. AH was also mindful of the need to align local and national work. She advised that best value from the investment depended on a recurrent allocation. The Recovery and Sustainability Board had also scrutinised the Deloitte work on cash releasing efficiency opportunities to optimise the impact and included this work in the Plan.

AH went on to thank HVW for his analysis of these population health indicators that would impact on resource requirements. She commented on the specific relevance of the analysis for utilisation of cancer services. There was a clear read across from this work to the Cancer Improvement Plan; the full engagement of clinicians would ensure that the Planned Care Recovery Programme included all relevant cancer statistics.

JW thanked everyone for the rich, informative discussion on a major submission. She restated the Board's thanks to all involved in the production of the Plan. She, AH and HL would review the whole system scrutiny and oversight of the Plan, at both Committee and Board level.

Action: JW/AH/HL

The Board:

- **RECEIVED** and **APPROVED** the Sustainable Planned Care Recovery Plan 2026/27 and the associated funding requirements, submitted in response to Welsh Government requirements.
- **ENDORSED** the strategic approach set out in the Plan, recognizing the emphasis on exhausting productivity, transformation, digital and regional opportunities before seeking additional recurrent investment.
- **SUPPORTED** the proposed investment priorities, acknowledging that the funding requirement reflected both:
 - the residual recurrent capacity gap required to deliver the planned care trajectories through the current operating model; and



	- the transformational investment required to deliver a sustainable improvement in productivity, patient outcomes and long-term financial position. • RECOGNISED that delivery of the Plan was dependent on WG funding decisions and that, in the absence of full funding, the Board might need to review delivery trajectories, implementation timescales and associated risks. • ACKNOWLEDGED the principal delivery risks and mitigations set out in the Plan, including workforce availability, operational pressures, productivity delivery, demand growth and regional dependencies. • DELEGATED authority to the Chief Executive, in consultation with the Chair, to approve any minor amendments required following Board discussion or subsequent Welsh Government clarification, provided that these did not materially alter the strategic direction or funding assumptions of the Plan. • AGREED regular progress reports through the established governance arrangements, including delivery against trajectories, productivity improvements, benefits realisation, financial performance and risk.
On return from a short break, JW outlined the use of the Consent Agenda provision, given the number of significant items on the agenda.	
4.6 Mental Health Transformation Programme	
121/26	Introducing this item, AH advised the Board that Mel Walker (MW), the External Specialist Strategic Advisor, had now completed her commission. On behalf of the Board, AH extended her grateful thanks to MW for her expert advice and guidance to the Board on the scale of the mental health challenge, and for her work in supporting the Service Group with its improvement journey to date. Turning to the paper, AH reported that it set out a progress report on all aspects of the transformation programme and of the constituent five workstreams. She drew attention to: • The escalation of the service to one of 'service of concern' in the autumn of 2024; this enabled SBUHB to access additional support.



- Progress across the five workstreams and the position on each as part of the stabilization plan:
 - The production of the quality and safety dashboard, a first in Wales; this would operate as a live dashboard, giving SBUHB the facility to track improvement and progress.
 - The work underway via the estates workstream, focused on the three time horizons, to improve the environment and undertake refurbishment, whilst the service continued to operate at almost full capacity.
 - Workforce enhancements to (i) right size the crisis home treatment team and prevent unnecessary admissions, and (ii) enhance nursing in the adult care wards. Additional investment would take place on an invest to save basis, through a reduction in avoidable admissions and placements outside NHS Wales.
 - Continued work on informatics.
- RT continued to work closely with the Service Group to ensure (i) the embedding of a process to ensure continuous engagement and co-production into all service development, and (ii) the running of a formal engagement process alongside communications work around service redesign.
- TO, as an incoming associate Board member (Inclusion and Belonging) had asked to engage with this programme to focus on access for the global majority population; AH referenced a forthcoming meeting with Neath Port Talbot local authority colleagues on this and she would invite TO to attend.
- The full alignment of the programme with the model underpinning the national service model. This centered on supporting individual needs in a timely manner, irrespective of the place of presentation. It would also ensure a timely assessment alongside any necessary therapeutic interventions. WG took the view that this model would see a reduction in acute beds.
- The significant role of digital as fundamental to the programme components.
- The Business Justification Case (BJC) to support capital for the second stage of the stabilization plan; work was underway and the Board would consider it at a future meeting. It would facilitate



	the optimum use of capacity and service consolidation on fewer sites. • The third time horizon/the longer-term permanent solution to acute provision; this was now subject to nationally led consideration and would include all adult mental health beds, the mother and baby unit and older people's service. • The national level work on young people's services; the September and November Board meetings would include updates on this work. • The establishment of a Board level mental health post; this would replace the role undertaken by MW, who had agreed to act as external assessor to the interview panel. • The welcome support from MD and her team, along with senior support from the Delivery Unit (DU) team. • The further work required on resourcing to inform the understanding of income received through the general allocation process and that received for commissioned services. This work would capture and reflect the total cost of delivering mental health services. JW thanked AH for the detailed update and invited questions and comments. MD confirmed that the RPB was keen to engage with community related service redesign components; she welcomed this partnership approach and would ensure a complete interface with the transformation programme. SS emphasised the importance of sequencing the various components of the programme to ensure optimum delivery; in his view the volume of out of area placements would continue until the completion of the community service redesign. There could be a time lag and that was a key factor. SS questioned the expectation around cost neutrality. AH advised that the reduction in the number of out of area placements would provide a financial benefit, alongside a reduction in variable pay costs and in the
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right sizing of the permanent workforce. TR would address this through a specific piece of work.

AH recognised the challenges for staff in meeting day to day operational requirements whilst also transforming the service in a timely way.

SS commented further on the unpredictability of out of area placements and sought confirmation that such placements would continue in the short term, if necessary, until the implementation of changes to the staffing model. He recognised that ultimately this would provide a more robust costing model. AH assured SS on this point.

MJ provided an update on RIO; this was progressing well but procurement for the next stage would require WG investment.

PP asked about monitoring the benefits of the invest to save proposal, including the impact on variable pay. JW asked PFC to oversee this.

Action: PP/CO-L

JW confirmed that she and AH would write formally to MW expressing thanks for her support, advice and guidance. JW also confirmed that the Board would continue its deliberations in forthcoming meetings.

Action: JW/AH

The Board:

- **CONSIDERED** progress made through the Mental Health Transformation Programme.
- **CONSIDERED** the developments relating to governance, quality and safety reporting, and partnership arrangements.
- **CONSIDERED** the outcome of discussions with WG and NHSPI on the mental health estate.
- **TOOK ASSURANCE FROM** the ongoing management of quality, safety and estate risks within Mental Health services.



- **APPROVED** the move to phase 2 of the Mental Health Transformation Programme.

PART 5. IN YEAR DELIVERY: QUALITY, SAFETY, PERFORMANCE AND RESOURCES

5.1 Integrated Performance Report

122/26

MD outlined the changed format for the Integrated Performance Report (IPR), with the alerts from the Committee chairs featuring at appropriate points. This was a trial change, although the detailed scrutiny and oversight at Committee level remained unchanged.

MD then invited the lead Executives to provide an update on their areas of responsibility.

Population Health

HVW commented on:

- Ongoing work and progress on the two breakthrough objectives.
- Four alerts raised through the Population Health Committee (PHC):
 - The strategic importance of the Tata Health Impact Assessment for medium term planning;
 - The ongoing resource constraints;
 - The sustainability risks associated with short term grant funding;
 - Equity of data for palliative and end of life care.

SS added detail on the Tata Health Impact Assessment; the SBUHB planning process should include the major impact of this.

Quality and Safety

RK advised that:

- On healthcare associated infections (HAIs), the significant challenge on C.diff continued. Key contributing factors were: patient flow, high bed occupancy, and the effects on cleaning and decontamination processes.



- Antimicrobial stewardship, however, was strong with the lowest antibiotic prescribing rate in Wales and the primary care rate falling faster than the Wales average. Secondary care was the second lowest broad spectrum antibiotic prescriber.
- Scrutiny meetings were in place with individual Service Groups for E.coli and for Klebsiella.
- Intravenous (IV) to oral antibiotic switch compliance continued to improve, reflecting adherence to Infection Prevention and Control (IPC) requirements and to mandatory training.
- Each service group had targets to deliver against.

Perinatal Services

On radiology, RK highlighted issues with 20-week scan reporting. This was an issue across Wales and both WG and NHSPI were aware of it.

Tissue Viability

LR referred to this breakthrough objective, referencing:

- The highest incidence across NHS Wales health boards; SBUHB was committed to an in-year reduction of 30%.
- The challenges in setting a baseline for this target; the data set did not include a mandated field on avoidability, with the resultant need to conduct a manual data review.
- Increases in pressure ulcers, linked to the times of peak demand in acute hospitals; a strategic group would use audit to inform a staff education programme.
- Work underway to return to a centralized tissue viability team, to drive improvement; digital identification of pressure ulcer damage was now available, with validation through photography; Digital Cymru was supporting this work.

On QSC matters, LR highlighted:

- The backlog of patient complaints; this related to the former Putting Things Right process; each Service Group now had a clear plan to eradicate the backlog.



- Listening to Patients was operating well; it offered early resolution and this had resulted in a reduction of 38% in formal complaints.
- Assurance concerns on fire safety. CO-L confirmed agreement on a resourcing plan to mitigate risks, with actions planned to address other issues, mainly at the Morriston and Singleton sites. The risk scores had reduced from 20 to 16 on the basis of the work underway, and the detailed plan.

Operational Performance and Planned Care

CW highlighted:

- The maintenance of 52 and 104 week waits; however, without continued investment, the position would deteriorate.
- A slight improvement in cancer performance in June, up to 54% at four months against a previous figure of 46%. The backlog had now stabilized but would continue to pose challenges, linked to cellular pathology. Q3 onwards should see an improvement.
- Improvements in diagnostics, particularly in radiology, due to the return of sonographers.
- The detailed discussion on stroke services at PFC.
- A downward trend in out of area placements, some short-term sickness in Child and Adolescent Mental Health Services (CAMHS); this had led to a dip in June that should recover in July.

On alerts, JC reflected on:

- The risk associated with the two-site working for maternity and neonatal; the Corporate Risk Register now included this risk. It remained a strategic priority for the future configuration of perinatal services.
- The ask of the Mental Health and Learning Disability Service Group for an urgent update on actions to address the outstanding Caswell Clinic recommendations and the reasons for the delays in closure. Responding, AH referred to information set out in the slide deck pack, setting out the actions to deliver the required improvements, as agreed with the JCC. AH summarised the discussions with the JCC; these included the operational implications of providing services from facilities owned by



another health board. The JCC had a rapid review of both medium and low secure services underway; this would report in a year.

Urgent and Emergency Care

JS referred to:

- The 12-hour wait breakthrough target and alert, with a requirement to deliver a 10% reduction in 12 hour waits from a baseline of 1350. Despite improvements in flow and discharge numbers, this number was increasing.
- The reduction in clinically optimised patients had not resulted in an improvement in patient flow through Morriston ED. Actions introduced to date had to accelerate to cover all wards. Weekend discharge numbers remained low; a weekend discharge team was now in place, to reduce delays from Thursday through to Monday.
- Earlier bed management actions were impacting on the 45-minute handover, with the current position at 75.4% against a target of 80%.
- ED specific actions included: zoning, clarity on the consultant in charge remit, weekly performance meetings to drive improvement, the proposed reset week in August, and accelerating the wait to consultation time.

On alerts, CW provided further detail on the clinically optimised patient agenda and the plans to prepare for winter.

Workforce

EO highlighted:

- Sickness absence, a breakthrough target; the position remained challenging, with levels of sickness absence increasing over recent months. This was mirrored across Wales, with the setting up of an all-Wales Task Group. SBUHB remained committed to robust governance arrangements and supporting service leaders to implement and manage the sickness absence processes effectively.



Alerts centred on the Strategic Workforce Plan and Organised for Success. EO indicated that, at 1.3%, SBUHB had the lowest pay growth in Wales.

CO-L confirmed that the vacancy control process was having an effect and the grip on delivery against headcount reduction would need to continue. In response to a query from JW, CO-L agreed to provide a briefing, as part of the Finance Report, on reconciling a reduction in whole time equivalent (WTE) employees and an increase in the pay bill

Action: CO-L

Governance

HL referred to two AC reports, one on a limited assurance Governance report for the Morriston Service Group; the second concerned Audit Wales findings on Executive Director appointments. HL confirmed the completion of all relevant actions.

Stroke Services

MD highlighted a presentation to PFC on stroke services. PP continued to have concerns about the data, which appeared to show challenges across Wales. Current stroke pathway improvements continued but traction was challenging. The PFC had asked for further detail on proposals to improve the pathway for CT scanning and ring fencing of stroke capacity. PFC acknowledged the regional work underway on 24/7 stroke consultant access.

JC expressed her concern about the number of issues raised around stroke services, particularly in the context of a regional approach. She advised that QSC would return to this agenda, supplementing the PFC scrutiny, through a specific focus on the regional service footprint.

Action: JC/LR/MD

Summarising the discussion, JW drew attention to the number of references to data accuracy, completeness, and timeliness. She asked MD/CO-L to schedule these and forward to the DDRIC for consideration.

Action: MD/CO-L



JW indicated that the established AAA reporting process would return in the September Board, subject to the further refinement of the alignment between the IPR and AAA report formats.

The Board:

- **CONSIDERED** the monthly update in respect of performance against escalation measures and de-escalation criteria.
- **ACKNOWLEDGED** and **DISCUSSED** SBUHB performance against key measures and targets.
- **CONSIDERED** the service specific update of Stroke performance and **SUPPORTED** the ongoing work of both PFC and QSC.
- **CONSIDERED** the updates provided by the Executive Directors in response to the ALERTS from the Committees of the Board and **SUPPORTED** the associated actions.
- **SUPPORTED** the return in the September Board to the established format of AAA reporting, refined to avoid duplication with the IPR.

5.2 Finance Report

123/26

CO-L introduced the report on the financial position, highlighting:

- The background to the submitted three-year plan for 2026/2029; the deficit of £76.6m for 2026/27 meant that neither the health board nor WG could approve the plan, as it breached statutory requirements.
- The in-month deficit for Month 03 of 2026/27, of £7.1m, with a year-to-date deficit of £23.3m. There was a modest capital underspend of £645k for year to date, with non-pay compliance exceeding the public sector payment policy target of 95%.
- That the Month 03 position remained consistent with the overall direction of travel, although the trend in achieving the forecast position of £65m savings was of concern. At £7.1m deficit, the Month 03 position was £0.8m higher than expected.
- The shortfall in delivery of savings; the Month 03 target stood at £5.4m, of which only £2.9m had materialized, leaving a Q1 shortfall of £10.4m (£16.3m target against delivery of £5.8m)



savings). This shortfall remained the principal reason for the financial position as at Month 03.

- Several operational factors that affected the position:
 - Continuing NHS Healthcare (CHC) spend increased in-month, particularly for mental health and learning disabilities, in both patient numbers and average cost. CHC growth was an area of risk and was included in the forecast risk position.
 - Prescribing costs had generated a £0.3m pressure in month, caused by shortages and high procurement costs.
 - Temporary adult placements; these reduced in number in month, from 18 to 11, but with a limited financial benefit.
 - A positive movement in-month, with a reduction in variable pay from £4.7m to £4.4m.
 - The conclusion of an external consultancy contract and the impact of favorable LTA performance.
- The significant work underway via the Recovery and Sustainability programme and the opportunities pipeline.
- Fortnightly finance meetings with each Service Group; these had generated an additional £6m of savings opportunities to add to the tracker.
- The weekly Executive meetings, these included close oversight on variable pay, non-pay controls, pay restrictions, and further opportunities to strengthen the delivery pipeline.
- The need for pace in driving delivery opportunities.
- A small underspend of £0.9m on capital, with the cash balance stable at £3.821m; these were within tolerance levels.
- Finance risk HPR 92 remained one of the highest risks for the HB, scored at 25.
- The principal risks to delivering the financial plan; these continued to include: delivering the savings programme; ongoing CHC pressures; primary care prescribing pressures; the potential impacts of the resident doctor contract; energy cost volatility; and wider operational pressures that exceeded the available funding. Despite work underway the substantial level of risk remained within the red and in pipeline savings.
- A detailed year end forecast; PFC had received this at its 28 July 2026 meeting, and NHSPI had weekly scrutiny in place.

Summarising the position, CO-L advised that the Board remained financially challenged, with the underlying position dominated by the scale of the savings challenge, the cost pressures already set out, and the need to accelerate the delivery of existing recovery plans.



JW thanked CO-L and invited PP to provide the advice of the PFC. PP highlighted:

- Savings plan developments; 48%, equivalent to £30.9m, were at green or amber, with a year-end forecast of £40.9m; 75% (£30.7m) of this was recurrent savings. At this rate, the year-end would see SBUHB at £34.3m below the value required to support the plan moving into 2027/28.
- A current in-year shortfall of £24m; the full £65m savings had to be in place by the end of Q2, and this challenge was significant. PP suggested PFC or the Board undertaking deep dives in early August/September on the themes of: medical workforce, planned care, nursing workforce, and procurement.
- The absolutely key risk around service delivery; PFC looked for a year-end profile of the required position, profiling of the savings position on a themed, scheme by scheme basis, with clear links between non-delivery and accountability.
- PFC assurance on the governance processes in place to prevent any double counting.
- The need for assurance on the full opportunity pipeline, including the basis for identification, confidence in delivery, expected phasing requirements, key dependencies, and the assessment/prioritization of the savings. This was essential, as delivery in Years 2 and 3 depended on savings delivery in 2026/27. The current reliance on non-recurring in-year savings would make delivery in future years even more challenging.
- PFC assurance on governance processes, enhanced accountabilities and escalation, all derived from the Recovery and Sustainability report.
- PFC consideration of a recent letter from WG; the requests aligned with those that the Committee had identified.

PP advised that at this stage, PFC could not take assurance on delivery of the full £65m savings requirement; it remained a critical risk and was subject to ongoing scrutiny.



JW thanked PP and PFC members for their advice; she invited JS to comment further on the delivery agenda; he advised that savings delivery against the schemes identified remained the key issue; the DU would offer full support to the Service Groups. Gaps in identifying improvement opportunities also had an impact.

The DU had reviewed capacity and capability, to identify the expertise and resources required to directly support the delivery of savings. He emphasised (i) that delivery was 'everyone's business' and (ii) the focus must be on delivery and not only on the financial position and the savings requirement. There was a need to fund invest to save proposals and to build on whole organisation engagement mechanisms in place.

JW thanked JS and invited SS to comment.

SS supported PPs comments and analysis. He thought it likely that SBUHB would reach the £65m savings in the coming months but too late in the year to realise the full effect. The reliance on non-recurrent options to drive delivery would compound the challenges in 2026/27, and some key savings targets still lacked quantification.

RO clarified the WODC position; whilst staffing numbers had reduced, with the lowest growth in pay across Wales, pay costs continued to rise, albeit at a lower rate than previously. Variable pay had also reduced, and this, taking into account right sizing the workforce, was essential to the delivery of recurrent savings. However, some Service Groups had signalled their difficulties in identifying these savings.

PP advised that Neath Port Talbot Singleton Service Group had a shortfall of £15.7m and Morriston Service Group a shortfall of £14.8m.

JC emphasised the need to move away from non-recurrent savings, advocating a review of in-year budget utilisation, to avoid a reliance on savings towards year-end. She supported an 'economies of scale' approach, rather than relying on individual Service Groups.

NZ referred to JS' comments and identified Organised for Success as a key driver in aligning organisation wide cultural cohesion and financial accountability.



AH welcomed the helpful points raised. She reflected on the work already undertaken on cultural change and the need to drive accountability for both service and financial management; engagement with the Health Partnership Forum (HPF) had supported this, as had staff training and greater engagement with the regular 'Ask Abi' staff engagement sessions. The most recent session had included open and direct discussions with staff on right sizing the workforce. TR was also working on organisational cultural change. Finance business partners working with Service Group leaders would help to drive down the workforce trajectory. Intensive work undertaken throughout August would drive pipeline development, with outcomes evident in September.

JW thanked members for their views and comments; she invited RT to consider how to engage the whole organisation, with tailored messaging across all staff and Service Groups. She then summarised the position, acknowledging the ways in which SBUHB was better placed in 2026/27 than in previous years, and the ongoing challenges:

- The recognition at both Board and WG level that the current position was unacceptable and unsupportable.
- The increased accountability resulting from the Performance and Accountability Framework.
- The development of a pipeline of opportunities, with controls, strengthened governance, and programme management.
- The current review of operating arrangements, to strengthen capacity, capability, accountability, and a focus on delivery.
- Despite these additional controls, the Board was not in a position at this stage to take assurance on delivery of the £65m savings requirement.
- PFC advice on a critical delivery risk around converting opportunities into cash releasing savings, despite clear accountabilities and DU support; there were risks associated with the capacity and capability required to deliver at the required scale and pace.



- The PFC recommendation to undertake deep dives on a thematic basis into medical workforce, planned care, nursing workforce, and procurement. JW suggested the use of existing mechanisms to conduct the deep dives throughout August, reporting back to the PFC in September.
- The impact of the Month 04 position on the actions required in Q3 and Q4.

JW then returned to RT for his professional advice on messaging.

RT advised a balanced approach to messaging, recognising how hard staff were working, whilst at the same time being clear that the scale of savings required called on the workforce to do things differently. He outlined the three main routes used for communication with staff: at management level based on accountabilities; corporate messaging; and specific campaign messaging. He proposed actions across all three opportunities to drive engagement and motivate staff to respond and take ownership of the challenge, with a specific focus on corporate messaging in the lead into September.

Action: RT

The Board:

- **ACKNOWLEDGED** that, given the financial deficit, the 2026/27 Annual Plan was unsupportable, and unacceptable; it meant that the Board could not approve the Plan, a position that WG shared.
- **ACCEPTED** the advice of PFC that, given the risks associated with savings identification and delivery, the Board could not take assurance on delivery of the full £65m savings requirement at this stage.
- **REVIEWED** the financial position as at Month 03, and the resulting risks; Board members emphasized the urgent need to accelerate the conversion of pipeline opportunities into cash releasing savings, in line with the full report.
- **AGREED** to conduct deep dives during August, into medical workforce, nursing workforce, procurement and planned care.
- **CONSIDERED** and commented on the SBUHB financial performance in respect of cash, capital and balance sheet.
- **AGREED** the approach outlined by RT to follow a three-strand approach to organisational messaging.



- **CONSIDERED** the latest letter from WG and **AGREED** the next steps on the financial recovery plan.

5.3 Perinatal Services

- i. **Perinatal Committee Report**
- ii. **Perinatal Oversight Panel Report**
- iii. **Improvement Plan**

124/26

i. **Perinatal Committee Report**

JW extended a warm welcome to FG, KG, SB, and DC.

LR reminded the Board of its consideration a year ago of the Independent Review report compiled by the Oversight Panel, the Family Led Review, and the Llais report. Throughout the last year, the team had worked tirelessly to shape the Perinatal Committee report to provide optimum openness, transparency and accountability. The report was dynamic in content and would be subject to ongoing refinement.

LR highlighted:

- Demonstrable improvements across quality and safety indicators, supported by stronger governance.
- Healthcare Inspectorate Wales (HIW) recognition of progress across safety systems, leadership, escalation processes, and multidisciplinary team working.
- No cases of hypoxic ischaemic encephalopathy (HIE) reported in 2026, with a sustained reduction reported over time.
- Continued improvements in perinatal mortality figures, in line with comparable UK wide organisations.
- Robust MBBRACE reporting.
- Strong statutory and mandatory training compliance, exceeding the WG target of 85%, with improvements in medical workforce compliance. The SBUHB position was strong compared with other Welsh health boards.
- Medical and midwifery workforce pressures; these were managed on a daily basis, supported by flexibility and the adaptability of



the team. Workforce gaps were covered without adverse impact on the service.

- Positive friends and family satisfaction. Continuing engagement and co-production with local communities would enhance the understanding of the needs of women and families
- The establishment of a single point of access (SPOA) for maternity, with dedicated maternity staff; this was work in progress with more to do on optimizing call handling.
- The Birmingham specific obstetric triage system (BSOTS) process, used to monitor the triage system.
- A continued focus on the workforce and on capacity pressures, particularly in post-natal wards, driven in part by the rise in Caesarean sections.
- Continued improvements to paediatric radiology, with mitigating actions in place as an initial step.
- The continued risks associated with two-site working; the Corporate Risk Register captured these with current exploration of strategic options for the future.
- The role of the Perinatal Committee report in informing and assuring the Board, whilst also providing a challenge opportunity to drive improvements. LR extended her thanks to the team for their role in creating and shaping the report.

JW thanked LR and invited JC to comment, as chair of QSC. Responding, JC welcomed the systematic approach taken to analysing the available data, seeking evidence to inform and assess outcomes. A small number of recommendations remained outstanding, including the strengthening of communications with families. The important work undertaken over the last year had helped QSC to consider the whole approach to quality improvement (QI). JC also welcomed the positive interaction between the Oversight Panel and the team.

JW thanked JC for her scrutiny and advised that TO would be working with the Perinatal programme, looking at cultural responsiveness.

JW invited questions.



On triage, RO sought assurance on the effectiveness of the SPOA for the triage service and whether roles and expectations were clear. JW acknowledged the importance of this point and invited KG to comment on the current position, together with plans for future improvement.

KG advised that the SPOA was the result of detailed improvement work; it was a valuable additional mechanism, aimed at ensuring that women could access the right kind of help at the right time. Following BSOTS implementation, completed in November 2025, a dedicated team of appropriately skilled midwives now supported the triage system. The Women's Health Experience Midwife was surveying system users to determine any difficulties in navigating the menu options available. KG recognised that the menu options were lengthy, although generally women using the system found it easy to navigate. Work would continue on refining the system and updating staff accordingly.

AG asked about the integration between the SPOA system and BadgerNet. KG confirmed that BadgerNet was a whole maternity electronic patient record, with a specific module included for BSOTS. Midwives accessed this model to input information about triage calls directly on to a live system. This enabled appropriate referral for each woman who might require clinical interventions, depending on their issue.

The Board:

TOOK ADVICE ON:

- The sustained progress across maternity and neonatal services, with improved governance, strengthened multidisciplinary working, and enhanced safety systems evidenced through HIW findings, workforce compliance, and quality metrics.
- The implementation of targeted quality improvement programmes (e.g., ASTRA, bedside respiratory support during delayed cord clamping for preterm births, digital systems such as BadgerNet and computerised CTG) to address key drivers of risk and variation.
- Data systems; these were undergoing a period of transition and validation; whilst changes may impact on completeness in the short term, this work was critical.



TOOK ASSURANCE ON:

- The robust governance and oversight arrangements in place including real-time monitoring, multidisciplinary review, and clear escalation pathways from ward to Board.
- The active management of all risk with no overdue actions, and delivery aligned to planned milestones, supported through structured improvement programmes.
- The clear evidence of the translation of learning into practice. and workforce development.
- The approval of the HIW improvement plan, published, and actively progressing, with strengthened oversight ensuring delivery and closure of actions.

TOOK ALERTS ON:

- Ongoing system pressures, including workforce capacity, postnatal flow, and demand related to acuity and mode of birth (particularly caesarean-associated neonatal admissions).
- High-level risks that remained under active management, including paediatric radiology capacity, training delivery constraints (MoNET), and wider service configuration challenges (e.g. two-site working and critical care access).
- Transitional risks associated with digital implementation and national system dependencies, including data quality, survey limitations, and reporting consistency.
- The need to maintain focus on equity of access, consistency of escalation, and timeliness of care, as identified through HIW and internal review processes.

ii. Perinatal Oversight Panel Report

JW welcomed DC to the meeting, recognising the major milestone in service improvement since the Independent Review reported a year ago. DC thanked the Board for the opportunity to attend the meeting and drew attention to:

- The clinical site visits undertaken in June 2026 to both Morriston and Singleton hospitals and to the stand-alone Birthing Centre in Neath Port Talbot hospital. A mini-Conference followed later in the day with facilitated workshops that explored areas of the Improvement Plan (the Plan).



- Following the site visits, the Oversight Panel had to consider the Plan and the feedback from the workshops. DC and panel members had then met with LR and the in-house workstream leads.
- The Plan set out the scale of improvement achieved, as measured against the individual review recommendations; this process must continue with the Plan being a dynamic document, evolving as the improvement journey continued. Reviews undertaken both in Wales and England should inform ongoing work, as should the Nottingham review. The Board would need to keep these and other reviews in mind, to identify any additional learning.
- A recent NHS England document on triage; this would be a valuable tool to support ongoing improvement, and the SBUHB team was aware of it.
- The Oversight Panel's satisfaction that the Plan provided enough depth and assurance to allow the Board to sign it off. In doing so the Board should commit itself to continuing the improvement journey.
- The amount of narrative in the Plan; progress reports should be more focused. The Oversight Panel recommended the Board to consider outcomes data over the past year, collated as a summary report that highlighted key outcome measures and key metrics.
- Triage; the Board needed ongoing monitoring to assure itself that there were no unintended consequences. Key metrics in this respect were: (i) the number of dropped calls; (ii) the number of interruptions for the triage midwives and the impact of those on patient experience; and (iii) the number of calls from people of a diverse background. These metrics, along with real time feedback. Would provide valuable insights.
- Engagement with families; further work was needed, including on co-production, underpinned by more robust Key Performance Indicators (KPIs). The Board should also take the opportunity to work more closely with Llais and charities more closely.
- The need for awareness raising at the Morriston site and the broader opportunities that this could offer.
- The risks of two site working; DC had set these out in a separate letter to JW and AH. The Oversight Panel backed the significant mitigating actions in the Plan but recognised that these would not reduce the risk completely.
- The Oversight Panel offer to develop sharper more focused reports that focused on the areas requiring assurance.



On behalf of the Board, JW extended grateful thanks to DC and the Oversight Panel for the feedback. On two-site working, she advised that the Board would consider the case for change at its September 2026 meeting. JW also welcomed the offer of support to streamline the reporting process, with a focus on key metrics.

Board members then accepted the next steps that the Panel had proposed; JW invited DC to return to the September Board meeting before the Oversight Panel stepped down. This would allow DC to review the next steps.

JW then invited AE, on behalf of Llais, to comment on the Plan and progress to date.

AE welcomed the opportunity and placed on record Llais recognition of the significant effort and progress made over the last year, undertaken in the spirit of openness and accountability. She also acknowledged the significant role of the Oversight Panel, and of QSC. Llais was delighted to see the significant improvements and strengthened governance arrangements, with evidence of comprehensive, equitable and safe care.

LR welcomed the feedback and looked forward to developing the Maternity and Neonatal Voices Partnership (MNVP) Network that Llais was hosting for Wales.

AH thanked DC for the feedback, confirming that the team would action her additional points, to continue to strengthen the service. She reflected on the journey over the past year and reiterated the unreserved apologies the Board had made for poor experiences and outcomes. AH extended her thanks also to AE and Llais for the offer of continued input and reinforced the commitment to listen, in real time, to women and their experiences.

AH then referred to the move to Care Groups from Service Groups, with a specific group for children, women and families; this would facilitate an ongoing focus on the service and the commitment to continuous improvement. AH extended her personal thanks to DC and the Oversight Panel members.



iii. Improvement Plan

LR drew attention to the letter at the front of the Improvement Plan (the Plan) that she and RK had signed; she acknowledged the significant work that RK undertook in the early days of developing the Plan and subsequently. There was a clear commitment to listen, to learn, and to improve. The Plan had already driven significant progress and would continue to do so.

The Plan included the recommendations from: all Oversight Panel reports and visits; from Llais; from HIW; from the all-Wales Assessment; and from the Family Led Review. A gap analysis was underway against the Ockendon recommendations and the Amos review in England. The Board would receive the result of this at the September meeting.

Action: LR

LR acknowledged that it was not possible to undo the harm and distress caused to some families; she committed to continuing to engage with the Swansea Bay community and to explore different ways of doing that, including through co-production. The maternity and neonatal teams were fully engaged on the improvement agenda and had ambition and passion to deliver the best services and the best experiences possible.

Improvements already delivered included: the 24/7 triage process; early warning scores; training compliance; enhanced consultant workforce presence; the introduction of an induction of labour prioritisation process; an investment in the workforce; multidisciplinary leadership development; and work to strengthen the psychological safety of staff.

LR recognised DC's comments on the level of detail included in the Plan; she would streamline future reports and include improvement-related metrics. LR extended her thanks to FG, KG, SB and RK for their continued support during a testing time, together with their passion and ambition.



SB welcomed the support of colleagues over the past year, with both individual and system learning taking place; it all helped to deliver ongoing service improvement. KG added her commitment to delivering the Plan.

JW concluded the discussions by placing on record the Board's thanks to DC and the Oversight Panel, to SB, KG and the whole maternity and neonatal service.

The Board:

- **APPROVED** the updated Perinatal Improvement Plan (Appendix 1).
- **TOOK ASSURANCE FROM:**
 - The comprehensive plan in place to address the recommendations of the SBUHB Independent Review of Maternity and Neonatal Services, the Family Led Review of Maternity Services, and "Having a baby in Neath Port Talbot and Swansea Report" Llais Report, together with any actions required from the All-Wales Assessment of Perinatal Services.
 - The continuing sustainable progress made since the publication of the Independent Review on key safety actions.
 - The underpinning of the Plan by a robust governance and assurance structure.
- **TOOK ALERTS ON:**
 - **Two-site working:** While acknowledging the significant progress made in strengthening arrangements for women requiring care in non-maternity settings, including a number of Standard Operating Policies (specifically outlining the processes and escalation, for admissions of pregnant women into non-maternity sites) and workforce remodelling, there remained an inherent risk in this model of operation. The Board would receive options for service reconfiguration at the September 2026 meeting.
 - **Maternity Triage:** The 'Path to Safer Beginnings in Wales', published February 2026, recommended the establishment of a national single point of access triage service for pregnant women, co-ordinated by the Welsh Ambulance Service Trust.



	Given this, SBUHB would not continue the development of a standalone SBUHB model. To mitigate risk until the implementation of the national triage model, the health board had set up a 24/7 clinical triage unit. The service offered advice by phone and in-person; women and their families could access timely advice about any concerns, with appropriate referral and signposting. This would improve patient safety, patient experiences and improve quality and outcomes. The maternity triage unit, known as the Antenatal Assessment Unit, was staffed by two midwives trained in maternity triage; however, they also looked after patients presenting in-person. In the event of callers experiencing a delay in an immediate midwifery response, a member of the administrative staff would answer and ask the caller to hold. In these instances, if the triage midwife flagged a potentially extended delay, the administrative staff (on a 24/7 rota supporting the service) would enact the escalation process and contact the Labour Ward Coordinator for assistance. - Paediatric radiology: Outsourcing of paediatric radiology provision for plain film x-ray as an interim mitigation measure went live in February 2026. There were system-wide national challenges in respect of radiology; a regional solution would provide long term assurance and sustainability of service provision. Discussions were ongoing with Cardiff and Vale University Health Board to explore suitable options.
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PART 6. GOVERNANCE

6.1 Corporate Governance Report

125/26	HL summarised the components of the Governance report, referring specifically to the need for Board approval on the updated Remuneration Terms of Service Committee. The Board: • RECEIVED for ASSURANCE: - The matters considered In-Committee at the May 2026 Board meeting; - Welsh Health Circulars;
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- The Common Seal Register;
- Board Work Programme 2026-27.
- **APPROVED** the revised Remuneration and Terms of Service Committee Terms of Reference, for implementation from 1 September 2026.

PART 7. CONSENT AGENDA

7.1 Minutes of Previous SBUHB Board Meetings

- i. **28 May 2026**
- ii. **25 June 2026 (Special)**

126/26

The Board **APPROVED** the minutes as a true and accurate record of the meetings on:

- i. 28 May 2026
- ii. 25 June 2026 (Special)

7.2 Action Log

127/26

The Board **RECEIVED** the Action Log updates for **ASSURANCE**.

7.3 Board Advisory Groups Report

- i. **Health Board Partnership Forum**
- ii. **Health Professionals Forum**
- iii. **Stakeholder Reference Group**

128/26

The Board:

RECEIVED the discussions of the

- i. Health Board Partnership Forum held on 9 July 2026.
- ii. Health Professionals Forum held on the 11 June 2026.
- iii. Stakeholder Reference Group held on 16 July 2026.

7.4 Chair's Report



129/26	The Board TOOK COGNISANCE of the Chair's activities since the last Board meeting on 28 May 2026.
7.5 Population Health Committee Key Issues Report	
130/26	The Board RECEIVED the Key Issues Report for ASSURANCE .
7.6 Performance and Finance Committee Key Issues Report	
i. May 2026 ii. June 2026	
131/26	The Board RECEIVED the Key Issues Report for ASSURANCE .
7.7 Quality and Safety Committee Key Issues Report	
132/26	The Board RECEIVED the Key Issues Report for ASSURANCE .
7.8 Workforce and OD Committee Key Issues Report	
133/26	The Board RECEIVED the Key Issues Report for ASSURANCE .
7.9 Audit Committee Key Issues Report	
i. June 2026 (Special) ii. June 2026	
134/26	The Board RECEIVED the Key Issues Report for ASSURANCE .
7.10 Charitable Funds Committee Key Issues Report	
135/26	The Board RECEIVED the Key Issues Report for ASSURANCE .
PART 8. ITEMS FOR DISCUSSION	



8.1 Any Other Business

136/26

There was none.

8.2 Review of Meeting Effectiveness

137/26

There had been no rapporteur for the meeting. JW asked attendees to email any feedback to her or HL.

8.3 Closing Remarks

138/26

Before closing the meeting, JW indicated this was the last meeting for RO as an Independent Member of the Board, as she had completed two full terms of service.

On behalf of the Board, JW thanked RO for her eight years of consummate public service, for her wise counsel, advice and guidance across the breadth of the Board agenda, and for her diligent work at Committee level. JW drew specific attention to RO's role as chair of WODC and thanked her for the way in which she had developed its role and the good practice that she had introduced.

All Board members joined JW in wishing RO well for the future.

Next SBUHB Board Meeting: Thursday 24 September 2026

The meeting concluded at 16:07.